Request for New Training Program

Program Name: Advanced Heart Failure and Transplant Cardiology Fellowship

Length of Program in years: 1 year

# of residents/fellows requested per year: 2 fellows

Program Director: Ryan J. Tedford, MD

Program Coordinator: Anna Lee Adams

Department Chair: Don Rockey, MD

Specialty Program Director (if applicable):

Requested Effective Date: 7/1/2020

7/30/18

Program Director Signature/Date:  

Don Rockey 7/30/18

Department Chair Signature/Date:  

Specialty Program Director Signature/Date:

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

1) MUSC GMEC
2) ACGME/RRC

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

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

FOR GME OFFICE USE ONLY:

Date Received: 9/9/18

Approved by the GME:

Review of funding by Beth Jones: [Signature]

PIF/ Letter signed by the DIO:  

Form approved by GMEC: 11/2000, updated 8/2015
1. Why are you asking for a new program? (Aligning with hospital strategic planning, changes in ACGME structure, etc...)

Advanced heart failure and transplant care is a strategic priority for MUSC Health. MUSC has made a strong commitment to growing the advanced heart failure section within the Division of Cardiology and Department of Medicine. We currently have 8 advanced heart failure cardiologists on faculty – there are only 3 others in the entire state of South Carolina. Additionally, three advanced heart failure cardiac surgeons were recruited to MUSC within the last 18 months. In March of 2018, our heart transplant program officially regained CMS certification with no citations and glowing comments from reviewers. Despite the challenges of program rebuilding in FY18, we performed 12 heart transplants and 24 VAD implantations. Most importantly, our patient referrals and evaluations for these therapies have grown tremendously. We have performed more VAD and transplant evaluations in the first 6 months of 2018 than all of 2017.

From a purely financial standpoint, heart transplant and VAD implantation represent the highest case mix index in the H&V ICCE (26.318). We fully expect our transplant and VAD volumes to continue to grow in coming years as we rebuild our regional and national reputation as an advanced heart failure center of excellence. Although there is clearly a "buzz" about MUSC heart failure due to recent faculty recruitments, growing VAD and transplant numbers, and excellent outcomes, the lack of an advanced heart failure and transplant cardiology (AHFTC) fellowship program prevents us from currently being recognized as an elite national program.

In 2010, the American Board of Medical Subspecialties established a subspecialty and board certification in AHFTC. This subspecialty requires a high degree of competency in all aspects of heart failure care, including proficiencies required to manage patients undergoing cardiac transplantation and implantation of ventricular assist devices (VADs). As of July 2011, in order to sit for the board certification exam, all candidates must have completed an ACGME-accredited one-year fellowship in advanced heart failure and transplant. The fellowship occurs after completion, and is in addition to, a traditional fellowship in cardiovascular diseases.

In FY18, there were 75 ACGME approved AHFTC fellowship programs in the United States; however, one does not exist at MUSC or anywhere in the state of South Carolina. AHFTC fellowships currently exist at our most of our southeast academic competitor institutions including Mayo-Jacksonville, Emory, Duke, UAB, University of Florida, and UNC Chapel Hill. Most of these program have two or more AHFTC positons each year.

The establishment of two AHFTC fellowship positions at MUSC will 1) help provide the manpower and support to allow for continued growth of the advanced heart failure program which is financially lucrative to the institution 2) bolster the legitimacy and reputation of our advanced heart failure and transplant program around the region and country, and 3) allow MUSC to participate in the training of future leaders in advanced heart failure cardiology, and importantly, trainees with loyalty to MUSC rather than our neighboring academic competitors. This final point is critical for future market share as more advanced heart failure trained fellows will be taking community positions at large hospitals and practices (current open positions at
Trident and Grandstrand). Fellows are needed to assist on our growing heart failure services (four services currently), in local and outreach clinics, and in the catheterization lab.

Finally, the promise to establish an AHFTC fellowship program was critical in the recruitment of our current heart failure section chief in FY18.

2. When is your anticipated start date?

July 1, 2020

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

The proposed program will only enhance the experience of other trainees at MUSC. The general cardiology fellowship trainees will have access to advanced fellows for guidance and education. The advanced fellows will also help to reduce the clinical volume burden on the general fellowship — including CVICU coverage on advanced heart failure, VAD and transplant patients. Similarly, the inpatient fellow will also reduce the burden on the general fellow assigned to the heart failure step-down/floor service, offering teaching opportunities and assistance with weekend coverage.

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

There are well defined requirements for the AHFTC fellowship through the ACGME/ABIM. MUSC, the department of medicine, the division of cardiology and specifically our advanced heart failure section have the personnel, resources, patient population, and clinical experiences to meet these requirements.

These requirements include faculty/key personnel and specific resources: space/equipment/facilities, electronic medical record, and a diverse inpatient and outpatient heart failure patient population including pre and post-transplant patients and patients with VADs. A robust educational program is required to include experience with all aspects of heart failure, VAD and transplant patient care as well as procedural skills and protected time for research. Involvement in program and quality improvement is also required. We are well equipped to offer these experiences.

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

Yes. Although only 1 “key personnel” is required for 2 fellows, MUSC has 8 advanced heart failure faculty (7 of whom are ABIM board eligible/certified in advanced heart failure and transplant cardiology). Some of these faculty will serve on the Program Evaluation Committee, a requirement of the ACGME (Tedford, Judge, Van Bakel, Houston, Ramu).
Please provide a list of faculty and proposed schedule for supervision of trainees.

The two fellows will alternate on inpatient and outpatient rotations. The inpatient rotation will include patient care, oversight, teaching and education on the heart failure step-down/floor service, advanced heart failure and post-transplant/VAD patients in the CVICU, and heart failure consults. The outpatient rotation will consist of rotation thought VAD and transplant clinics, faculty local and outreach heart failure clinics, genetics center, oversight and assistance with the heart failure APP-lead discharge clinic, heart failure palliative care clinic, performing right heart catheterization and endomyocardial biopsies, metabolic stress lab, HLA laboratory experience, ICD interrogations, BIV pacemaker evaluations, and pulmonary hypertension clinics. Dedicated research time, QAPI activities, and participation in educational and teaching conferences (bimonthly heart failure noon conference which includes journal club, transplant and VAD selection meetings, cardiology grand rounds, M&M, and monthly combined CT surgery/cardiology conference) will occur on both rotations.

The following faculty will rotate on the inpatient and outpatient services and participate in mentoring and teaching the fellows. Dr. Houston, Jackson, and Tedford are responsible for procedural catheterization lab training.

- **Ryan J. Tedford, MD** (Heart Failure Section Chief; Medical Director of Cardiac Transplantation; ABIM board certified in advanced heart failure and transplantation; proposed fellowship program director)
- **Daniel P Judge, MD** (Director, Cardiovascular Genetics; General Cardiology Fellowship Program Director; ABIM board certified in advanced heart failure and transplantation)
- **Thomas G. Di Salvo, MD** (Chief, Division of Cardiology; H&V ICCE Chief, ABIM board certified in advanced heart failure and transplantation)
- **Adrian B. Van Bakel, MD, PhD** (Professor of Medicine, ABIM board certified in advanced heart failure and transplantation)
- **Brian A. Houston, MD** (Director, Mechanical Circulatory Support Program (VADs); ABIM board certified in advanced heart failure and transplantation)
- **Michael L. Craig, MD** (Heart Failure Telemedicine and Outreach)
- **Bhavadharini Ramu, MD** (ABIM board certified in advanced heart failure and transplantation)
- **Gregory Jackson MD** (ABIM board eligible in advanced heart failure and transplantation)

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

- Include a block diagram by PGY year, for a model resident/fellow.
### Diagram for the 1-year training plan

<table>
<thead>
<tr>
<th>Months</th>
<th>Fellow #1</th>
<th>Fellow #2</th>
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<tbody>
<tr>
<td>July &amp; August</td>
<td><strong>Inpatient responsibilities</strong></td>
<td><strong>Outpatient responsibilities</strong></td>
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<tr>
<td></td>
<td>- 7 weeks inpatient training</td>
<td>- 7 weeks outpatient training</td>
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<td></td>
<td>- 2 weeks research</td>
<td>- 2 weeks research</td>
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<td>September &amp; October</td>
<td><strong>Outpatient responsibilities</strong></td>
<td><strong>Inpatient responsibilities</strong></td>
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<td>- 7 weeks outpatient training</td>
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<td>- 2 weeks research</td>
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<td>November &amp; December</td>
<td><strong>Inpatient responsibilities</strong></td>
<td><strong>Outpatient responsibilities</strong></td>
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<td>- 6 weeks inpatient training</td>
<td>- 6 weeks outpatient training</td>
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<td>- 2 weeks research</td>
<td>- 2 weeks research</td>
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<td>January &amp; February</td>
<td><strong>Outpatient responsibilities</strong></td>
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<td>- 7 weeks outpatient training</td>
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<td>- 2 weeks research</td>
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<td>March &amp; April</td>
<td><strong>Inpatient responsibilities</strong></td>
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<td>- 7 weeks inpatient training</td>
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<td>May &amp; June</td>
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<td>- 6 weeks outpatient training</td>
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Vacation will be taken during research periods.

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

The MUSC heart failure section is dedicated to the tripartite mission of patient care, research and education. This is evidenced by our academic backgrounds, robust research efforts, and prior involvement in educational activities and mentoring. Although the establishment of an AHFTC fellowship is critical for our continued growth and regional and national exposure, our current heart failure services are operational without an advanced heart failure fellow, and therefore we are not dependent on them for service alone. Additionally, there is built in (and required) dedicated research time and educational opportunities within the fellowship year.

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

The fellowship will abide by the ACGME published guidelines for duty hours. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a
four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting (the latter or which will be heavily discouraged). **There will be no in-house call assigned to the AHFTC fellows.** Fellows will be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call will not be assigned on these free days. The typical schedule for the inpatient and outpatient fellow will be 7am to 6pm. Weekend coverage (7am-5pm) will alternate between the two AHFTC fellows, with one weekend coverage by the general cardiology fellows. The inpatient fellow will participate in home call along with the service attendings. In the unlikely scenario that the inpatient fellow is approaching an 80-hour violation, responsibilities can be shifted to the outpatient fellow and/or service attending given the overlap in the system.

- Please provide a copy of the schedule demonstrating compliance.

### Anticipated AFHTC Fellowship Schedule

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<tr>
<th>Monday</th>
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9. Are outside training sites needed to accommodate the educational needs of the trainees? 
If so:  
No

10. How will additional positions be financed?
If required, we plan to support up to $50,000 per year via industry sponsorship and/or philanthropic donations. We are asking MUHA to support the remainder including program director and administrative support.

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

- Please provide a summary of necessary resources.

Yes. Office space and desks are available in either the current general fellow’s office (ART 4044) and also Gazes 2nd floor. Two additional computers will need to be purchased ($3000) and conference fees of $2500 per year.

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

We anticipate administrative support will be provided by the current general fellow’s administrative assistant. The addition of two fellows will require $4,000 of support per year.

Program Director – The ACGME program requirements for GME in Advanced Heart Failure and Transplant Cardiology, the program director must dedicate an average of 20 hours per week of his or her professional effort to the program, including time for administration of the program. For an 80-hour work week, this would be 0.25 FTE. This totals $140,625 per year (salary/fringe) for directorship support.

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

- Please provide a summary of faculty research activities.
  - see attached documents

- Please describe how adequate research opportunities will be provided to trainees.

As you can see from the above faculty scholar activities, the advanced heart failure faculty at MUSC have a strong academic and research background. We have multiple ongoing investigator-initiated and industry sponsored research projects and are a part of several international, multi-center consortiums including ones focusing on mechanical circulatory support, transplantation, genetics and hemodynamics. Each fellow will have a minimum of two months of dedicated research time during their one-year fellowship.

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

- Please provide a copy of the educational goals and objectives.

Goals and Objectives
The Medical University of South Carolina Advanced Heart Failure and Transplant Cardiology Fellowship seeks the following for its trainees:

1. To provide them with knowledge and experience necessary for the provision of outstanding clinical care for patients with advanced heart failure, including medical management of advanced heart failure therapies such as cardiac transplantation and mechanical circulatory support, as part of a multi-disciplinary team.
2. To develop their skills for providing appropriate care including obtaining the history, performing a physical exam, and using appropriate diagnostic tests for patients with advanced heart failure.
3. To provide them with expertise in the evaluation of all stages of heart failure, including ACC/AHA stages A through D.
4. To ensure that they demonstrate competency in the ACGME core requirements, including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
5. To develop the skills necessary for the assessment and management of immunosuppression after cardiac transplantation, including early post-operative induction, chronic maintenance, assessment and treatment of acute allograft rejection, and treatment of chronic allograft rejection, including assessment for toxicity and complications of these therapies.
6. To produce evidence of scholarly productivity in the fields of cardiomyopathy, heart failure, cardiac transplantation, or mechanical cardiac support.
7. At the completion of training, fellows will meet requirements for UNOS certification and will be eligible for the ABIM Advanced Heart Failure and Transplant Cardiology sub-specialty board examination.

Skills and Competencies

The trainee will be able to demonstrate the following skills and competencies at the end of the program:

Patient Care and Procedural Skills:
1) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:
   a) must demonstrate competence in the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness;
   b) must demonstrate competence in prevention education, evaluation, and management of inpatients and outpatients with:
      i. acute cellular and antibody mediated rejection
      ii. acute decompensation of chronic heart failure
      iii. cardiac allograft vasculopathy;
      iv. cardiac transplant; (at least 30 patients, of whom at least five are seen during initial transplant hospitalization and peri-operative management);
      v. cytomegalovirus and other opportunistic infections;
      vi. heart failure secondary to cancer chemotherapy;
      vii. heart failure and congenital heart disease;
viii. heart failure and arrhythmias;
ix. heart failure, and who are being evaluated for implantable cardioverter-defibrillators;
   (at least 50 patients)
x. heart failure, and who are being evaluated for cardiac resynchronization therapy; (at least 50 patients)
xii. heart failure and other transplanted organs;
xiii. heart failure, and who are on mechanical assist devices;
   a. at least 10 patients, of whom at least two are being managed during peri-
      operative hospitalization
xiii. heart failure with dilated or non-dilated left ventricle;
xiv. heart failure, and who are pregnant or recently post-partum;
xv. heart failure, and who are from diverse ethnic groups;
xvi. hypertension;
xvii. hypertrophic cardiomyopathies;
xviii. infiltrative and inflammatory cardiomyopathies;
xx. new onset heart failure
xxi. pre- and post-cardiac surgery and non-cardiac surgery heart failure;
xxii. post-transplantation hypertension;
xxiii. post-transplantation renal insufficiency; and,
xxiv. pulmonary hypertension.

2a) Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:
   a) must demonstrate competence in heart failure evaluation to include:
      i. applying and interpreting approaches to evaluating symptom severity, functional
capacity, and health-related quality of life in patients with heart failure;
      ii. recognizing clinical features in all forms and etiologies of heart failure;
      iii. recognizing the indications for, and interpreting the results of all diagnostic tests
and modalities relevant to evaluating and managing patients with, or suspected of
having, heart failure or cardiac dysfunction; in particular, recognizing the impact
of such testing on the management of these patients; and,
      iv. using and interpreting the results of maximal and sub-maximal exercise testing
and cardiopulmonary exercise testing.
   b) must demonstrate competence in heart failure management, to include:
      i. assigning methods of surveillance for transplant rejection and immune status;
      ii. device interrogation and interpretation in patients with implanted cardioverter-
defibrillators or implanted cardioverter-defibrillator-cardiac resynchronization
therapy devices (at least 100 interrogations and interpretations of these devices
must be performed);
      iii. recognizing the indications for and prescribing non-pharmacologic, non-device
treatment modalities including diet and exercise;
      iv. recognizing the indications for, prescribing, and monitoring all classes of drugs
relevant to patient care; and,
      v. recognizing the indications for and prescribing immunomodulating drugs, and
managing their adverse effects, therapeutic levels, and interactions with other
drugs.

2b) Medical Knowledge: Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care. Fellows:
   a) must demonstrate knowledge of the scientific method of problem solving and evidence-based decision making;
   b) must demonstrate knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures; and,
   c) must demonstrate knowledge of basic mechanisms of heart failure, to include:
   d) cardiomyocyte biology as it applies to heart failure;
      i. differential diagnosis that includes specific etiologies and exacerbating factors for patients presenting with new onset heart failure and with acute exacerbation of chronic heart failure;
      ii. extracellular matrix biology, including the roles of matrix remodeling in the progression of heart failure;
      iii. genetics, including common mutations leading to hypertrophic and dilated cardiomyopathies;
      iv. the impact of psychosocial factors on the manifestations, expression, and management of heart failure;
      v. interpretation of endomyocardial biopsy results with regard to implications for therapy;
      vi. neurohormonal activation;
      vii. pharmacogenomics, specifically as it applies to special-needs patients with heart failure;
      viii. the role and interpretation of hemodynamic monitoring; and,
      ix. ventricular remodeling concepts.

2c) Practice-based Learning and Improvement; Fellows are expected to develop skills and habits to be able to meet the following goals:
   a) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
   b) locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; and,
   c) apply new contributions to the management and care of their patients.

2d) Interpersonal and Communication Skills; Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
   a) Fellows must demonstrate competence in providing consultation and obtaining informed consent.

2e) Professionalism; Fellows must demonstrate a commitment to carrying out professional
responsibilities and an adherence to ethical principles.

   a) Fellows must demonstrate high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians, and other health care team members, avoiding conflicts of interest.

2f) Systems-based Practice; Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

- Please provide a copy of the proposed conference schedule and topics covered.

All conferences are attended by the advanced heart failure faculty and other multi-disciplinary team members.

1. HF Didactic Conference - First and Third Friday of each month (alternates between journal club, presentations of educational/difficult ward cases, and didactic lectures). Didactic lectures topics include hemodynamic assessment, immunosuppression, VAD management, transplant clinical care concepts, rejection, acute and chronic heart failure management, and others.
2. Transplant QAPI – Wednesday afternoon (monthly)
3. VAD QAPI – Friday afternoon (monthly)
4. M&M Conference – Thursday morning (monthly)
5. Cardiology Grand Rounds – Thursday morning (weekly)
6. Combined Cardiology/CT Surgery conference – Tuesday morning (monthly)
7. Heart Biopsy/Pathology Review – every Friday morning (weekly)
8. LVAD/TX Patient Review – every Wednesday afternoon (weekly)
9. LVAD/TX Selection Conference – every Wednesday afternoon (weekly)

13. Scope of Practice information

- Please see attached.
Advanced Heart Failure Faculty Research and Scholarly Activities

Ryan J. Tedford, MD

Concise Summary of Role in Program: Program Director

Academic Appointments – List the past ten year, beginning with your current position.

- Associate Professor of Medicine; Division of Cardiology, Department of Medicine, Medical University of South Carolina, Charleston, South Carolina (7/17-present)
- Chief, Heart Failure; Division of Cardiology, Department of Medicine, Medical University of South Carolina, Charleston, South Carolina (7/17-present)
- Medical Director, Cardiac Transplantation, Medical University of South Carolina, Charleston, South Carolina (7/18-present)
- Adjunct Associate Professor; Division of Cardiology, Department of Medicine, Johns Hopkins School of Medicine, Baltimore, Maryland (7/17-present)
- Associate Professor of Medicine; Division of Cardiology; Department of Medicine; Section of Heart Failure, Mechanical Circulatory Support, and Cardiac Transplantation; Johns Hopkins School of Medicine, Baltimore, MD (11/16-7/17)
- Medical Director, Mechanical Circulator Support, Division of Cardiology, Department of Medicine; Johns Hopkins University School of Medicine, Baltimore, MD (1/16-7/17)
- Director, Cardiovascular Hemodynamics, Division of Cardiology, Department of Medicine; Johns Hopkins University School of Medicine, Baltimore, MD (1/14-7/17)
- Assistant Professor, Medicine, Division of Cardiology; Section of Heart Failure, Mechanical Circulatory Support, and Cardiac Transplantation; Johns Hopkins University School of Medicine, Baltimore, MD (7/11-6/16)
- Instructor, Medicine (Assistant Chief of Service/Chief Resident); Johns Hopkins Hospital, Baltimore, MD (2008-2009)

Current Professional Activities/Committees (limit of 10)

- Chief, Heart Failure (MUSC)
- Medical Director, Cardiac Transplantation (MUSC)
- Editorial Board, Circulation: Heart Failure
- Editorial Board, JACC: Heart Failure
- Task Force Member, 6th World Symposium on Pulmonary Hypertension
- Member, International Society of Heart and Lung Transplantation (ISHL); current 2-year Ad-Hoc Member of International Engagement Committee (IEC)
- Fellow and abstract reviewer, American Heart Association (AHA)
- Fellow and abstract reviewer, American College of Cardiology (ACC)
- Fellow and abstract reviewer, Heart Failure Society of America (HFSA)
- Pulmonary Hypertension Association (PHA) Medical Education On-Demand Faculty Member and Right Heart Catheterization Initiative Faculty Member
Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

1. Heart Failure Society of America (HFSA) Scientific Sessions Program Committee (2016-2018)
3. Invited Faculty Speaker, International Society of Heart and Lung Transplant (ISHLT) Scientific Sessions, 2014-2018
4. Invited Faculty Speaker, Heart Failure Society of America (HFSA) Scientific Sessions, 2015-2018
5. Faculty Speaker and Task Force Member, 6th World Symposium on Pulmonary Hypertension, “PH due to Left Heart Disease: Task Force Recommendations”, Nice, Francce 2018
7. Johns Hopkins Site Principal Investigator for NIH Heart Failure Network: 2015-2017
8. NIH R01 Co-investigator “Mechanisms of Right Ventricular Dysfunction with PAH” 2012-2017
9. 2018 Invited Faculty Speaker: European Society of Cardiology, American College of Cardiology and American Heart Association, American Transplant Congress
10. Hemodynamic Core Lab for two pulmonary hypertension clinical trials (Merck/Actelion)

Daniel P Judge MD

Concise Summary of Role in Program: Key Personnel/Core Faculty

Academic Appointments – List the past ten year, beginning with your current position.

1. Professor of Medicine, Director of Cardiovascular Genetics, and Fellowship Director; Medical University of South Carolina, Charleston SC 9/1/2017-current
2. Associate Professor of Medicine, Director Center for Inherited Heart Disease; Johns Hopkins University School of Medicine, Baltimore, MD 12/1/2008-8/31/2017.
3. Fellowship Director, Advanced Heart Failure & Transplant Cardiology, Johns Hopkins University School of Medicine, Baltimore, MD 7/1/2014-8/31/2017
4. Visiting Associate Professor (Professeur Associé), Université Paris V (Descartes), Paris, France 9/1/2010-8/31/2011
5. Adjunct Faculty, Perdana University Graduate School of Medicine, Kuala Lumpur, Malaysia 2011-2014

Current Professional Activities/Committees (limit of 10)

- ClinGen Advisory Panel for DCM Genetics
- ClinGen Advisory Panel for Arrhythmogenic Cardiomyopathy
- Associate Editor, Journal of Cardiovascular Translational Research
- Member DSMB for the Cooperative International Neuromuscular Research Group.
- Member DSMB for HOPE-2, a Phase 2 Randomized Double-Blind, Placebo-Controlled Trial Evaluating the Safety and Efficacy of Intravenous Delivery of Allogeneic Cardiosphere-Derived Cells in Subjects with Duchenne Muscular Dystrophy.

Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):


Matsumura MB, Murray MF, Calkins H, Fornwalt BK, James CA. Managing Secondary 
Genomic Findings Associated With Arrhythmogenic Right Ventricular Cardiomyopathy: 
11(7):e002237.

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)

1. Castaño A, Drachman BM, Judge D, Maurer MS. “Natural history and therapy of TTR- 
cardiac amyloidosis: emerging disease-modifying therapies from organ transplantation to 
stabilizer and silencer drugs.” Heart Failure Reviews 2014; 20(2):163-78.
2. Ton V-K, Mukherjee M, Judge DP. “ Transthyretin cardiac amyloidosis: pathogenesis, 
treatments, and emerging role in heart failure with preserved ejection fraction.” Clinical 
Bischoff J, Bouatia-Naji N, Bruneval P, Butter J, Carpentier A, Chaput M, Chester A, 
Clusel C, Delling FN, Dietz H, Dina C, Durst R, Fernandez L, Handschumacher M, 
Milan D, Neri T, Norris R, Peal D, Perrocheau M, Probst V, Puceat M, Rosenthal N, 
Solis-Martín J, Schott JJ, Schwammharter E, Slaugenhaupt S, Song JK, Yacoub M. 
“Mitral valve disease – morphology and mechanisms.” Nature Reviews Cardiology 2015; 
12(12):689-710. (*co-first authorship)
4. Coelho T, Merlini G, Bulawa CE, Fleming JA, Judge DP, Kelly JW, Maurer MS, Planté- 
Bordeneuve V, Labaudinière R, Mundayat R, Riley S, Lombardo I, Huertas P. 
“Mechanism of action and clinical application of tafamidis in hereditary transthyretin 
5. Lee YZJ, Judge DP. “The role of genetics in peripartum cardiomyopathy.” J Cardiovasc 
6. Cirino AL, Harris S, Lakdawala NK, Michaels M, Olivotto I, Day SM, Abrams DJ, 
Charron P, Caleshu C, Semsarian C, Ingles J, Rakowski H, Judge DP, Ho CY. “Role of 
Genetic Testing in Inherited Cardiovascular Disease: A Review.” JAMA Cardiol 2017; 
2(10): 1153-60.
7. Corrado D, Basso C, Judge DP. “Arrhythmogenic Cardiomyopathy.” Circulation 
Research 2017; 121(7): 784-802.
Tintelen JP. “Arrhythmogenic cardiomyopathy: pathology, genetics, and concepts in 
9. Herschberger RE, Givertz MM, Ho CY, Judge DP, Kantor PF, McBride KL, Morales A, 
Taylor MRG, Vatta M, Ware SM. Genetic Evaluation of Cardiomyopathy - A Heart 
10. Judge DP. “Heart Failure as a Consequence of Genetic Cardiomyopathy” for Heart 
Failure: A Companion to Braunwald’s Heart Disease: Expert Consult.” Felker GM and 
Mann DL (eds) June 2018; Philadelphia, PA Elsevier, Inc. (Book chapter)
Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

1. “DCM Precision Medicine Project”; NIH/NHLBI, PI: Hershberger, Ray (Ohio State University), Role: Site PI (MUSC)
2. “A Phase 3, Multinational, Randomized, Placebo-Controlled Study of ARRY-371797 in Patients with Symptomatic Dilated Cardiomyopathy Due to a Lamin A/C Gene Mutation”, Array Biopharma, PI: MacRae, Calum (Harvard University), Role: Site PI (MUSC)
3. “A Phase 2 Randomized, Placebo-controlled, Dose Ranging Study of the Safety, Tolerability, Pharmacokinetics and Pharmacodynamics of AG10 in Subjects with Symptomatic Transthyretin Amyloid Cardiomyopathy”, Eidos Therapeutics, Inc, PI: Fox, Jonathan (Eidos Therapeutics), Role: Site PI (MUSC)
4. 8/27/16 “Insights from the Johns Hopkins & Netherlands Consortium” satellite symposium on Arrhythmogenic Cardiomyopathy for the European Society of Cardiology’s annual scientific sessions, Rome, Italy (invited lecture).
5. 8/30/16 “Modulation of Pathogenic Pathways in Arrhythmogenic Right Ventricular Cardiomyopathy” for the European Society of Cardiology annual scientific sessions; Rome Italy (invited lecture).
6. 12/17/16 “Advances in Arrhythmogenic Cardiomyopathy: Basic Science to Clinical Management” for the Societa Italiana di Cardiologia (Italian Society of Cardiology) 77th annual meeting; Rome Italy (invited lecture; accepted invitation).
7. 04/02/17 “Genetics of Arrhythmogenic Right Ventricular Cardiomyopathy” at Fuwai Hospital, Beijing China; invited as an expert on this topic to help them to develop an internationally recognized program for cardiac genetics in the context of cardiac transplantation.
9. 04/20/18 “Mitral Valve Prolapse in Marfan Syndrome” for the International Symposium on Mitral Valve Prolapse, University of Padua, Padua Italy.
10. 05/10/18 “Mouse Models of Arrhythmogenic Disease” Heart Rhythm Society’s 39th Annual Scientific Sessions, Chicago, IL.

Brian A Houston, MD

Concise Summary of Role in Program: Key Personnel/Core Faculty

Academic Appointments – List the past ten year, beginning with your current position.

- Assistant Professor, MUSC Cardiology. 8/2016 – present
- Instructor, Assistant Chief of Service. Johns Hopkins Hospital. 7/2012 – 6/2013

Current Professional Activities/Committees (limit of 10)

- Medical Director – Mechanical Circulatory Support, MUSC
Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10)


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):


2) Acute Biventricular Hemodynamic Effects of Cardiac Resynchronization Therapy in Right Bundle Branch Block. Poster Presentation – AHA 2017 Annual Meeting.

3) Gastrointestinal Effects of Left Ventricular Assist Devices. Oral presentation, Invited Speaker - International Society of Heart and Lung Transplant, 2017 annual meeting


6) LVAD Support is Associated with Reduced Serum VEGF-D Levels. Oral presentation - International Society of Heart and Lung Transplant, 2016 Annual Meeting.


8) ACE-inhibitor or ARB therapy reduces the risk for GI bleeding in LVAD patients. Poster presentation - AHA 2015 Annual Meeting.

9) ISHLT Scientific Meetings, 4/8/2017 - “Gastrointestinal Effects of LVADs.”
10) Updates in Cardiology, 5/2017 - “What is Advanced Heart Failure, and When to Refer”

If not ABMS board certified, explain equivalent qualifications for RC consideration:

Adrian B. Van Bakel, MD, PhD

Concise Summary of Role in Program: Key Personnel/Core Faculty

Academic Appointments – List the past ten years, beginning with your current position.

- Professor of Medicine 2011- present
- Associate Professor of Medicine; Division of Cardiology; Medical University of South Carolina
  Charleston, South Carolina 1998 – 2011

Current Professional Activities/Committees (limit of 10)

1. ISHLT Scientific Council for Heart Failure and Transplant Medicine
5. Manuscript Reviewer: Circulation Heart Failure, Journal of Heart and Lung Transplantation, American Journal of Transplantation

Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10)


4. Cooper LB, Milano CA, Williams M, Swafford W, Croczen D, Van Bakel AB, Rogers JG,


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

1. Acute Heart Failure Syndromes; MUSC Emergency Department Grand Rounds, October 5, 2017.

2. Heart Failure: Transition from Acute Decompensation to Stable Outpatient: Case Based Discussion 40th Annual Cardiology Update: Evidence Based Medicine, June 3, 2016

3. Advanced Heart Failure Prognosis: When to Refer for Advanced Therapies 40th Annual Cardiology Update: Evidence Based Medicine, June 3, 2016

4. Invited Speaker, Consensus Conference on Donor Heart Selection and Management American Society of Transplantation (2015)

6. Genomic Analysis of Enhanced Response to Heart Failure Therapy in African Americans GraHF 2; Sponsor: NIH
7. Multi-Center Study of MagLev Technology in Patients Undergoing MCS Therapy with HeartMate 3™ MOMENTUM 3 IDE Clinical Study Protocol and Continued Access Protocol
   Sponsor: Abbott (Thoratec)
8. A Multicenter, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Dose-Ranging, Phase 2b Study of the Safety and Efficacy of Continuous 48-Hour Intravenous Infusions of BMS-986231 in Hospitalized Patients with Heart Failure and Impaired Systolic Function STANDUP AHF Sponsor: Bristol-Myers-Squibb
9. A Phase IIa Study of the Safety, Tolerability and Hemodynamic Effects of a Continuous 6-Hour Intravenous Infusion of CXL-1427 in Hospitalized Patients with Systolic Heart Failure.
   Sponsor: Cardioxyl
10. Calcium Up-Regulation by Percutaneous Administration of Gene Therapy In Cardiac Disease A Phase 2b, Double-Blind, Placebo-Controlled, Multinational, Multicenter, Randomized Study Evaluating the Safety and Efficacy of Intracoronary Administration of MYDICAR (AAV1/SERCA2a) in Subjects with Heart Failure (CUPID-2)
    Sponsor: Celladon

Bhavadarini Ramu, MD

Concise Summary of Role in Program: Key Personnel/Core Faculty

Academic Appointments – List the past ten year, beginning with your current position.
   - Assistant Professor of Medicine, Medical University of South Carolina, 2016-present

Current Professional Activities/Committees (limit of 10)
   - Co-Director, Cardio-Oncology Program, MUSC, 2016-present
   - Region 11 Heart Review Board, United Network of Organ Sharing 2017 – 2018

Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10)


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)

1) Divoky L, Maran A, Ramu, B. Gender differences in Ischemic Cardiomyopathy. Accepted for publication. Current Atherosclerosis Reports 2018


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

1) Influenza Vaccine to Effectively Stop Cardio Thoracic Events and Decompensated heart failure (INVESTED Trial); Identification Number: NCT02787044; NIH/ NHLBI National PI: Scott Solomon, MD Role: Medical University of South Carolina, Site Primary Investigator

2) “Cardio-Oncology”, Cardiology Grand Rounds, Hartford Hospital, Hartford, CT, 2/10/2015

3) “Cancer Therapeutics Related Cardiac Dysfunction”, Medicine Grand Rounds, Hospital of Central Connecticut, New Britain, CT, 3/2015

4) “Acute left heart failure & Cardiogenic Shock, Critical Care Grand Rounds”, Medical University of South Carolina, Charleston, SC, 4/2017

5) “Cardio-Oncology”, 41st Annual Cardiology Update, Medical University of South Carolina, Charleston, SC, 6/2017

Thomas G. Di Salvo, MD
Concise Summary of Role in Program: Clinical Faculty/Attending Physician

Academic Appointments – List the past ten year, beginning with your current position.

- Professor of Medicine, Medical University of South Carolina 11/2015 – present
- Director, Division of Cardiology, MUSC 2015 – present
- Director, Heart and Vascular Integrated Center of Excellence 2017–present
- Medical Director of Cardiac Transplantation, MUSC 2016-2018
- Associate Professor of Medicine, Vanderbilt University School of Medicine 2008-2015

Current Professional Activities/Committees (limit of 10)

- Guidelines Writing Committee, Heart Failure Society of America
- Chairman, MUSC Heart and Vascular Integrated Center of Clinical Excellence Executive Committee
- Member, Medical Executive Committee, MUSC
- Member, Executive Quality Committee, MUSC
- Member, Academic Integration Council, MUSC
- Member, General Electric Cardiovascular Advisory Board

Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10)


3) Haglund NA, Cox Z, Lee J, Song Y, Keebler M, Di Salvo TG, Maltais S, Lenihan D, Wigger M. Are peripherally inserted central catheters are associated with increased risk of adverse events in status 1B patients awaiting transplantation on continuous intravenous milrinone? *J Cardiac Failure* 2014. Doi:10.1016/j.cardfail.2014.06.004


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

1) “Right Ventricular Transcriptional Profiling in Human Heart Failure”, poster presentation, American College of Cardiology Scientific Meeting, 2014
2) “Right Ventricular Myocardial Biomarkers in Human Heart Failure”, poster presentation, International Society of Heart and Lung Transplantation Scientific Meeting. 2014
3) “Chronic Milrinone Does Not Improve Pulmonary Arterial Compliance”, poster presentation, International Society of Heart and Lung Transplantation Scientific Meeting, 2014
4) “Chronic Milrinone and Survival in Chronic Heart Failure”, poster presentation, International Society of Heart and Lung Transplantation. 2014
5) Induction Therapy in Cardiac Transplantation. Cardiac Transplant Grand Rounds, Mayo Clinic, Rochester, MN. 2014
6) “Heart Failure Epigenetics”. Cardiology Grand Rounds, Medical University of South Carolina Division of Cardiovascular Medicine, Charleston, SC. 2015
7) “Heart Failure Epigenetics”, Johnson McGuire Memorial Lecture, University of Cincinnati College of Medicine, Cincinnati Ohio, 2016 
8) “Epigenetics in Cardiac Remodeling”, guest faculty seminar series and Cardiology Grand Rounds, University of California, Los Angeles, Los Angeles California, 2016.
9) “Right Ventricular CardioDynamics”, invited presenter/lecturer, ACC Annual Scientific Session meeting, Washington, DC, 2017
10)“Right Ventricular Heart Failure”, Methodist-DeBakey Cardiology Grand Rounds, Houston Texas, 2018

Michael L. Craig, MD

Concise Summary of Role in Program: Clinical Faculty/Attending Physician

Academic Appointments – List the past ten year, beginning with your current position.

- Assistant Professor of Medicine, Division of Cardiology, Medical University of South Carolina, 2008-present.

Current Professional Activities/Committees (limit of 10)

- MUSC CardioMEMs project lead 2016-present
- Program Director, MUSC Cardiology Fellowship 2013-2018

Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10)


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):
1) "There is no pulse?" What every non-LVAD practitioner needs to know about LVADs, 42nd Annual Cardiology Update, June 2018, Charleston, SC
2) “The Need for a Heart Failure Network in SC”, 41st Annual Cardiology Update, June 2017, Charleston, SC
3) “Heart Failure: Transition From Acute Decompensation to Stable Outpatient Case Based Discussion”, 40th Annual Cardiology Update, June 2016, Charleston, SC

If not ABMS board certified, explain equivalent qualifications for RC consideration: Board certified in Cardiology, has practiced Advanced Heart Failure and Transplant since 2008

**Gregory R. Jackson, MD**

Concise Summary of Role in Program: Clinical Faculty/Attending Physician

Academic Appointments – List the past ten year, beginning with your current position.

1) Assistant Professor of Medicine, Division of Cardiology, Medical University of South Carolina, July 2018–present.

Current Professional Activities/Committees (limit of 10)

2) Director of Heart Failure Program at Ralph H. Johnson VA Medical Center;
3) ACC, Member ACC
4) HFSA, Member

Selected Bibliography - Most Representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10)


Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10)


Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

1) Will be presenting abstract at HFSA 2018 regarding complications, morbidity and mortality outcomes of LVAD pump exchange at UNC.

2) Heart Failure Management Conference at Amelia Island, 2018 - Presenter - Surgical Approaches to Advanced Heart Failure: Patient Selection and Timing

3) American College of Cardiology, Annual Scientific Session and Expo, 2017; Faculty and Case Presenter - Blurred Lines: The High-risk Patient with Subclinical Atherosclerosis; Session - Coming to Consensus in a New Era: The Role of Non-statin Therapies in ASCVD Risk Reduction

4) Clinical Facilitator - Recent Trends in Combination Therapy: Managing Cholesterol Even in the Most Resistant

5) North Carolina/South Carolina Chapter ACC Annual Meeting, 2016, Case Presenter - Medical and Surgical Management of Heart Failure

If not ABMS board certified, explain equivalent qualifications for RC consideration: Board certified in Internal Medicine and Cardiology, board eligible in Advanced Heart Failure and Transplant (exam October 2018)
All Advanced Heart Failure and Transplant Cardiology (AHFTC) Fellows are expected:

- To be able to perform the privileges outlined in the first three (3) years of Cardiology Fellowship
- To have completed training and be well qualified in all aspects of General Cardiology and be board eligible for ABIM Cardiovascular Boards.
- To provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- To attend and participate all Heart Failure and Transplant conferences, and are encouraged to attend other conferences including Cardiology Grand Rounds, M&M, and Internal Medicine Grand Rounds.
- To prepare presentations for Heart Failure conferences
- To round, provide care, document appropriately, and supervise on the inpatient heart failure and transplant service
- To provide consultative services with appropriate documentation on patients with heart failure including ICU patients in cardiogenic shock as well as patients pre- and post-mechanical circulatory support implantation or cardiac transplantation
- To perform right heart catheterizations and endomyocardial biopsies in the catheterization laboratory with accurate interpretation of hemodynamic data
- To interpret: cardiopulmonary exercise testing and document appropriately
ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY
Department of Medicine

SCOPE OF PRACTICE
PGY – 7

- To demonstrate an advanced understanding of the causes, mechanisms, and pathophysiology of heart failure

- To demonstrate competence in prevention education, evaluation, and management of inpatients and outpatients with all forms and severity of heart failure and cardiomyopathy

- To demonstrate competence in prevention education, evaluation, and management of inpatients and outpatients before and after cardiac transplantation including acute cellular and antibody mediated rejection, cardiac allograft vasculopathy, and cytomegalovirus and other opportunistic infections

- To demonstrate competence in prevention education, evaluation, and management of inpatients and outpatients before and after mechanical circulatory support, internal cardioverter defibrillator placement, and biventricular pacemaker placement

- To provide end-of-life care for patients without other options or who choose palliative care.

- To produce evidence of scholarly productivity in the fields of cardiomyopathy, heart failure, cardiac transplantation, pulmonary hypertension, hemodynamics or mechanical cardiac support at a clinical or basic science level

- To attend and participate in faculty outpatient heart failure clinics and outreach activities including appropriate documentation

- To provide support, guidance and oversight of the heart failure APP clinic

- To provide teaching of advanced heart failure and transplant cardiology to general cardiology fellows, APPs and the housestaff.
ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY
Department of Medicine

SCOPE OF PRACTICE
PGY – 7

- To perform outside reading of appropriate ACC/AHA/HFSA/ISHLT heart failure, transplant, MCS, and pulmonary hypertension guidelines

- To demonstrate high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians, and other health care team members, avoiding conflicts of interest.
Request for New Training Program

Program Name: Gynecology Oncology Fellowship

Length of Program in years: 3

# of residents/fellows requested per year: 1

Program Director: Whitney Graybill, MD

Program Coordinator: Mindi Martin

Department Chair: Donna Johnson, MD

Specialty Program Director (if applicable): [signature]

Requested Effective Date: 7/01/2020 (first recruited class)

Program Director Signature/Date: [signature] 7/18

Specialty Program Director Signature/Date: [signature] 9/5/18

Department Chair Signature/Date: [signature] 9/5/18

Requests to for a new training program need review and approval by:
1) MUSC GMEC
2) ACGME/RRC

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

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

FOR GME OFFICE USE ONLY:

Date Received: 9/5/18

Approved by the GMEC: [signature]

Review of funding by Beth Jones: [signature]

PIF/Letter signed by the DIO: [signature]
Request for New Training Program
Rationale, Impact and Financing for New Program

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

Due to significant increase of patient volume and educational opportunities, the establishment of the Gynecology Oncology Fellowship will align the Department of Obstetrics & Gynecology with the goals of Imagine MUSC 2020. Commitment to patients by offering compassionate, innovative care to sick patients, advancing scientific discoveries with cutting edge research, fostering education and the learning environment, and more importantly building healthier communities by offering patients and families a more collaborative approach to treatment while at the same time offering an invaluable educational experience for students, residents and fellows.

2. When is your anticipated start date? First recruited class to start 7/1/2020

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

The fellowship will enhance the training of residents and students at MUSC not only in Gynecology Oncology but in the disciplines of Radiation Oncology, Palliative Care, Critical Care, Pathology, Cancer Genetics & Oncofertility.

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

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

- Please provide list of faculty and proposed schedule of supervision of trainees. Attached

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

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

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

The fellowship will balance service vs. education in the following manner: teaching of fellows in the clinic, operating room, elective time spent with a radiation oncologist, pathologist, geneticists and the hospice/palliative care team. The fellow will attend tumor board every Tuesday and have protected time to attend grand rounds, journal club, and morbidity & mortality conferences every week.

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

- Please provide a copy of the schedule demonstrating compliance. Attached

9. Are outside training sites needed to accommodate the educational needs of the trainees? If so: No

- List the additional sites and the educational rationale for each.
- You will be required to provide completed Affiliation Agreements prior to the start of the rotation.

10. How will additional positions be financed?

departmental financing** X hospital financing* other

- **Please provide documentation via a letter from the chair indicating support.
- *If MUHA support is being requested, please complete the appropriate

Form approved by GMEC: 11/2008, updated 8/2015
documentation to be submitted to and reviewed by the GME Strategic Manpower Committee prior to coming to GMEC and include a copy of their approval letter.
http://academicdepartments.musc.edu/gme/director_coordinator/internal/gme-strategic-manpower.html

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

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

   The Program Director will have at least eight hours per week of protected time to conduct the educational/administrative aspects of the program. A dedicated fellowship coordinator will assist the program director and fellows.

13. How will the program meet the requirements for Scholarly Activity as defined by the ACGME? Attached
   • Please provide a summary of faculty research activities. Please describe how adequate research opportunities will be provided to trainees. Attached

14. How will the educational goals of the program be met? Attached
   • Please provide a copy of the educational goals and objectives.
   • Please provide a copy of the proposed conference schedule and topics covered.

13. Scope of Practice information – Attached
   • Please use the template found on the GME website (http://academicdepartments.musc.edu/gmehandbook/appendix4/index.htm) to complete a scope of practice for each PGY level.

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

William Creasman, MD  
Michelle Davis, MD  
Whitney Graybill, MD  
Matthew Kohler, MD  
Teresa Betts-Cobau, NP

**Collaborative Departments**  
Samuel Cooper, MD, Radiation Oncology  
Gustavo Leone, Ph.D.  
Laura Spruill, MD, Ph.D., Pathology

**Supervision of Fellows**

Supervision of fellows: The fellows will remain at MUSC during the 36 months of training. During the clinical rotation at Hollings Cancer Center, the fellows will be supervised by the attending also in clinic (indirect supervision). In the operating room, the fellow will scrub in on faculty cases (direct supervision). During the research block, the fellow will be supervised by their mentor who will be available to answer research questions and to aid in the development of project (indirect supervision with direct supervision available). The fellow will take call from home and come in as needed.

6. **Block Schedule**

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12 months of research, 24 months of clinical rotation, elective time during clinic not to exceed a total of three months. Elective options include hospice, palliative care and/or critical care.

8. **Duty Hours**

The fellow will not exceed 80 hours averaged over a four-week period during research, clinic or clinic/elective blocks. The fellow will take call from home and come in as needed. At home call will count towards the 80 hours.
11. **Facilities & Resources**

Operating rooms and ambulatory care facilities are available on a regularly scheduled basis and are always available on an emergent/urgent basis for the management of complications. Adult ER is available at all times. The complexity of care required for these patients makes it necessary that recovery rooms, intensive care units, blood banks, diagnostic laboratories, and imaging services are available on campus.

Individual patient medical records must be readily available for patient care and clinical research. Periodic summaries of statistics for the Department of Obstetrics and Gynecology and the fellowship program must be available upon request by the ABOG.

Access to computerized literature searches must be available to the fellows.

13. **Research**

The research curriculum will include:

- Didactic instruction in research design, grant writing, research methodology, scientific writing, and presentation skills
- Enhancement of fellows’ understanding of the latest scientific techniques and encouragement of interaction with other scientists
- Present academic contributions to the gynecologic oncology community
- Preparation to pursue research funding after graduation
- Preparation to be an independent investigator
- A dedicated lab at Hollings Cancer Center with all appropriate instruments and state of the art technology has been identified

Thesis will be completed and defended in the PGY 7 year, which includes:

- Under the direction of a faculty mentor, each fellow must complete a comprehensive written scholarly paper during fellowship
- Complete and submit a written manuscript to the program director
- Defend the thesis to the program director, research mentor, or thesis committee, and other members of the Division

Our gyn oncologists have ongoing collaborative research efforts with Dr. Leone’s lab and other Ph.D. researchers throughout MUSC. Research in the division of gyn onc is mainly clinical in nature. This covers essentially all aspects of gyn onc but probably the largest emphasis on corpus cancer. We have a detailed database of approximately 1200 patients. With one of the largest diversity patient, list along with a number of type 2 cancers. This allows a detailed evaluation of these factors compared with the normal findings in this cancer. This is an ongoing endeavor.
Sample of Faculty’s Research

William Creasman, MD

The role of facial genetic admixture with endometrial cancer outcomes: An NRG Oncology/Gynecologic Oncology Group study, 2016, PMID: 26603970, PMCID: PMC4842318


Endometrial Carcinoma; Creasman W, Berry L, 2017 https://authoring.medscape.com/content/254083


Michelle Davis, MD


Whitney Graybill, MD


Graybill WS, Coleman RL. Folate-receptor targeted therapeutics for ovarian cancer. Submitted to Drugs of the Future for publication.


Pickens, Jr., C; Foote, J, Gasper C; Kohler M; Graybill WS; Young Pierce JL. Improved outcomes and decreased toxicity in locally advanced cervical cancer patients undergoing radical hysterectomy compared to primary chemoradiation. International J of Radiation Biology, in revision.

Matthew Kohler, MD

Berry, L; Buchanan, T; Te Paske, J; Young-Pierce, J; Kohler, M; Creasman, W; Graybill, W (10/2017). Health care disparities in the southeast: A specific look at African Americans with cancer of the uterine corpus receiving treatment at a university hospital from 1987 to
2014. Poster and Oral presentation presented at the Annual meeting of Mid-Atlantic Gynecologic Oncology Society (MAGOS); Charleston, SC.


Berry, L; Buchanan, T; Te Paske, J; Kohler, M; Underwood, P; Young-Pierce, Jennifer; Graybill, W; Creasman, WT. Vaginal hysterectomy compared to abdominal hysterectomy as the primary treatment for cancer of the uterine corpus. Submitted to SGO Annual Meeting 2018.


14. Goals & Objectives

1. Gain the understanding, skill and capability to perform radical pelvic surgery independent of supervision.
2. Manage intestinal, urologic and vascular problems caused by gynecologic malignancies or their treatments.
3. Manage operative and post-operative care of patients with critical medical conditions and co-morbidities Handle non-operative management of associated conditions and disorders of the intestinal and urinary tract
4. Participate as a member of the a team which plans and applies all forms of radiotherapy
5. Be able to evaluate patients with gynecologic malignancies, choose appropriate drugs, administer therapy and care for the toxic side effects of chemotherapy in these patients

Conference Schedule

Every Tuesday, each fellow will have protected time to attend grand round, journal club or morbidity and mortality conference. Every Friday at noon, the fellow will attend Tumor Board, held in conjunction with the GYN ONC division, Radiation Oncology, Depart of Pathology and Diagnostic Radiology.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>Every Friday</td>
<td>Surgical Cases from the previous week will be reviewing and treatment discussed</td>
<td>ONC Division, Radiation Onc, Path &amp; diagnostic rad</td>
</tr>
</tbody>
</table>
GENERAL: It is the goal of the Department that its Gynecology Oncology Fellows will have a progressive increase authority of managing gynecologic cancer and its complications, independence in providing consultative services, and operative independence in procedures specific to the subspecialty of Gynecology Oncology. As fellows increase their knowledge base, clinical competence, and manual dexterity specifically with respect to surgical procedures, they will be given more independence in the clinical and operative arena. Individual competency will be monitored by a variety of means: 1) evaluations by attending physicians after each rotation, 2) performance monitoring through Tumor Board Conference, 3) Annual resident and student evaluations, nursing and ancillary staff evaluations, 4) Semi-annual review by the Gynecology Oncology Fellowship director, 5) Semi-annual review by the clinical competency committee, and 9) thesis defense in PGY7. We have explicitly outlined clinical skill expectations and job descriptions for each PGY training year as follows:

**PGY 5 – Research**

- Basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care

- Research design, grant writing, research methodology, scientific writing, and presentation skills

- Understanding of the latest scientific techniques and encouragement of interaction with other scientists

- Preparation to pursue research funding and academic positions

- Preparation to be an independent investigator

- Utilize advanced research methodology and techniques, including research design and quantitative analysis

- Collection and statistical analysis of information obtained from a structured basic translational and/or clinical research setting

- Synthesis of the scientific literature, hypothesis testing, and description of findings and results
GYNECOLOGY ONCOLOGY FELLOWSHIP

SCOPE OF PRACTICE
PGY 5-7

PGY-6

- Develop operative and decision-making independence.
- Develop independence in diagnosis and treatment plans under the supervision of attending physicians.
- Perform daily ward work including evaluation of more complex hospitalized patients and outpatients.
- Assume a greater role in surgery and procedures.
- Continue to develop continuity of care within a cohort of outpatients.
- Prepare manuscript and thesis defense.
- Perform specific procedures as follows:
  - Simple Hysterectomy, including:
  - Vaginal
  - Abdominal
  - Laparoscopic
  - Robotic
  - Surgical Treatment of Cervical Cancer
  - Radical trachelectomy
  - Abdominal radical hysterectomy
  - Laparoscopic radical hysterectomy
  - Robotic radical hysterectomy
  - Brachytherapy applicator placement
  - Surgical Treatment of Ovarian Cancer, including:
  - Radical debulking, including:
  - Primary debulking BSO/omentectomy +/- hysterectomy
  - Interval debulking BSO/omentectomy +/- hysterectomy
  - Splenectomy
GYNECOLOGY ONCOLOGY FELLOWSHIP

SCOPE OF PRACTICE
PGY 5-7

- Diaphragmatic stripping
- Liver resection
- IP port placement
- Intestinal Surgery, including:
  - Colostomy
  - Bowel resection and/or anastomosis
  - Low rectal resection and/or anastomosis
  - Exenteration, including:
    - Anterior
    - Posterior
    - Vulvar Resection
    - Bladder Surgics

PGY-7

- Fully develop operative and decision making independence under the umbrella of faculty.

- Management of routine and complicated postoperative care, oral and parenteral nutrition, chemotherapy supervision, and antiemetic use.

- Coordination of chemotherapy at the Hollings Cancer Center.

- Be responsible for all inpatients on the various services and coordinate ward rounds.

- Supervise residents and students in the inpatient and outpatient settings.

- Be knowledgeable regarding all complicated inpatients and outpatients.

- Present manuscript and thesis defense to gynecology oncology division

- Perform specific procedures as follows:
  - Simple Hysterectomy, including:
    - Vaginal
GYNECOLOGY ONCOLOGY FELLOWSHIP

SCOPE OF PRACTICE
PGY 5-7

- Abdominal
- Laparoscopic
- Robotic
- Surgical Treatment of Cervical Cancer
- Radical tracheectomy
- Abdominal radical hysterectomy
- Laparoscopic radical hysterectomy
- Robotic radical hysterectomy
- Brachytherapy applicator placement
- Surgical Treatment of Ovarian Cancer, including:
  - Radical debulking, including:
  - Primary debulking BSO/omentectomy +/- hysterectomy
  - Interval debulking BSO/omentectomy +/- hysterectomy
- Splenectomy
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- IP port placement
- Intestinal Surgery, including:
  - Colostomy
  - Bowel resection and/or anastomosis
  - Low rectal resection and/or anastomosis
- Exenteration, including:
  - Anterior
  - Posterior
  - Vulvar Resection
  - Bladder surgeries
Request for Change in Resident/Fellow Program Complement

☐ TEMPORARY   ☒ PERMANENT

Program Name: Neurological Surgery
Program Director: Alejandro M. Spiotta, MD
Program Coordinator: Sara Frampton
Department Chair: Sunil Patel, MD
Specialty Program Director (if applicable):

# of positions requested: 4

FROM: 14 (# current complement)        TO: 17-18 (# requested complement)

Requested Effective Date: July 1, 2018
Effective End Date (if temporary): Permanent

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

(if applicable)

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: 9/10/18
Approved by the GMEC: ______________________
Date approved in WEBADS: ____________________

Form approved by GMEC: 4/2011; 1/2014
Page 1 of 4
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.
     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
        http://academicdepartments.musc.edu/gme/director_coordinator/internal/gme-strategic-manpower.html

1. Reason(s) for request to change the number of trainees in program:
   Since our last complement increase in 2014, we have had, and anticipate, the following changes which have created a large unmet educational experience that the residents are unable to take advantage of to enhance their training in neurosurgery: Since 2014
   - We have had five (5) additions to our Neurosurgery faculty: Jonathan Lena (Cerebrovascular, endovascular, general), Avery Buchholz (spine, general), Nathan Rowland (Functional, general), Aquilla Turk (endovascular), and Imran Chaudry (endovascular). This addition represents a nearly 50% increase in the number of teaching clinical faculty.
   - Neurosurgery has reflected in the new ACGME milestones that the field of Neuroendovascular (formerly known as Interventional Neuroradiology) is now part of core Neurosurgery training. Prior to this declaration, it was considered an entirely separate fellowship-level subspeciality. Fortunately, we have 3 attendings (Spiotta, Turner, Lena) that are dual-trained in Neurosurgery and Endovascular, and 2 more Radiology attendings that have training in Endovascular. The Neurosurgery service currently runs 2-3 (and on occasion 4) operating rooms daily; with the changes to the ACGME milestones (version 2.0) now fully incorporating the field and technique of Neuroendovascular into neurosurgery training, we will immediately have an increase of 2 more operating rooms (neuroangiography suites 3rd floor MUSC) with a third angiography suite slated to be built in January 2019. Currently, there are 1,600 cases performed a year in the field of Neuroendovascular that residents are unable to benefit from. From 2-4 Neurosurgery ORs daily with teaching cases we will immediately increase to 6-7 ORs daily with the incorporation of the Neuroangiography suite. There simply aren’t enough residents to participate in the teaching cases and without the increase in residents we will be unable to meet this new educational requirement for ACGME-accredited neurosurgery training programs.
   - Gamma knife (GK) radiosurgery is also acknowledged as part of neurosurgery training. GK is an outpatient procedure and currently residents can participate in the preparatory steps of stereotactic frame placement in the early morning, but then must leave the patient and the attending to scrub cases in the operating room. The increase in residents would allow them to participate in the GK procedures from start (frame placement), to planning to execution of the treatment. Without the increase in residents we will be unable to meet this new educational requirement for ACGME-accredited neurosurgery training programs.
Currently we have 2 pediatric neurosurgeons (with plans to recruit a third in the next academic year). It is also anticipated that the children’s hospital will soon be a stand-alone hospital, with its own set of dedicated clinical teaching faculty which will require a dedicated team of residents. Currently, residents rotating on the pediatric neurosurgery service also do double duty in covering the adult inpatient service. This will become unmanageable when the services are in separate buildings across campus from each other. The resident increase will allow us to immediately have a dedicated resident team to take advantage of all inpatient and outpatient pediatric neurosurgery learning opportunities in a dedicated learning environment, without being pulled away by the demands of the adult inpatient service.

We anticipate a 100 bed increase for MUSC main building, with 40 assigned to Neuro in 2019 (per Neuro ICCE). These will be rapidly filled and allow for more operative cases and admissions to the neurosurgery service, which will further expand the number of educational patient care encounters. Without the resident increase they will not be able to take advantage of these increased opportunities.

Due to the increase in faculty size and patient census, the neurosurgery service is very busy for the number of residents we currently have. Currently, we are unable to send more than one resident to a conference at the same time. There simply wouldn’t be sufficient residents left behind to cover the demands of the neurosurgery service. This restriction was noted by the residents in our recent internal review as an obstacle to achieving their academic goals. Without the resident increase, we are limited in the capacity to send our residents to cadaver labs, teaching conferences, or present original research at major national meetings.

The evaluation of patients in the outpatient setting for potential surgical problems is critical to the formation of a competent Neurosurgeon. Currently, residents get exposure to longitudinal care including outpatient clinic during their VA rotation (six months). One of the deficiencies identified from results of our anonymous internal residency survey was not providing sufficient clinic time. A resident increase would allow a resident to participate in each of the daily ORs (Surgery, endovascular, gamma knife), while still having an 'on call' resident available for emergency consults AND have a resident in either an adult or pediatric clinic each day. A resident increase is necessary to address the deficiency of sufficient clinic time.

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.
   We anticipate the impact will be uniformly positive for the reasons articulated above. We currently have a service/educational imbalance in the department. This will be addressed by the hiring of hospitalists and APPs to off load non-neurosurgical service obligations. This request is entirely separate from that challenge: given the increase in faculty AND the incorporation of the field of Neuroendovascular into a core training requirement for Neurosurgery, we now have a large educational gap that the current resident complement cannot take advantage of.

3. What are the anticipated effects of your proposed program changes on other training programs at MUSC?
   I do not anticipate any deleterious effects on other training programs.

4. How will the change affect the number of cases seen by the trainee?
Given the incorporation of the Neuroendovascular specialty into Neurosurgery training with 2 (and soon to be 3) additional ‘ORs’ encompassing 1,600 additional cases, there will not be a dilution of case volume for residents with the increase in complement.

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

6. Assuming approval, what will the program look like for each year of training?
   • What will be added, deleted or moved? The addition of a full “Transition to Chief” year will be implemented for the PGY4 resident.
   • 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? If so:
   • List the additional site(s). Care for pediatric patients will transition over to the new MUSC Children’s Hospital beginning 2019.
   • You will be required to provide completed Affiliation Agreement(s) before the start of the training. N/A

8. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the change? Please provide a summary of necessary resources.
   Yes, additional office space has been procured and desks and computers have been purchased so that each resident has their own workspace and computer.
Request for International Rotation

Program Name: OBGYN
Program Director: Ashlyn Savage, MD
Program Coordinator: Stacey Livingston
Department Chair: Donna D. Johnson, MD
Specialty Program Director (if applicable):
Requested Rotation Dates: Sept 17 to Oct 13

Program Director Signature/Date: ____________________________
Specialty Program Director Signature/Date: (if applicable)
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: ____________________________
DESCRIPTION:

The rotation consists of clinical shifts at a large hospital in Semarang City, Central Java. During each shift, the resident will interact with patients and focus on ordering appropriate diagnostic tests and formulate a differential diagnosis while focusing on the many limitations of medical care in the developing world. The resident will work closely with the attending/midwife on duty and learn how to treat and manage many various illnesses and injuries including tropical diseases that affect female patients in an under-served area. The medical center operates 24 hours a day, 7 days a week and sees many patients a month. The resident will have the opportunity to work in Emergency and Urgent care, inpatient care, outpatient clinical care with a particular focus for OB/GYN residents in prenatal/antenatal of female patients. The OB/GYN resident will also participate in Womens Health Public Health outreaches.

LEARNING GOALS & OBJECTIVES:

1. Conduct an initial assessment of a patient in the developing world and perform stabilization techniques.

2. Establish a differential diagnosis including potential tropical diseases, zoonotic diseases, and diseases related to inadequate public health and order interpret appropriate diagnostic tests (including imaging/lab studies) related to the differential diagnosis of female patients.

3. Manage acutely ill and/or injured OB/GYN patients as well as inpatients

4. Perform procedural skills if desired (i.e., I.V. access, blood drawing, sutures, wound care, GYN surgeries, deliveries, C-Sections, etc). All within the Residents current scope of practice.

5. Participation/reading blood smears, lab interpretation, ultrasound interpretation, and patient case discussions.

6. Develop an understanding of the differences in the healthcare systems in Uganda and the U.S.

7. Participate in OB/GYN research if desired. (Current projects in GBS screening, vaccination programs, and prenatal health education).

Malpractice/Liability Insurance: volunteers are covered under the liability insurance that covers all of our national medical providers. Indonesia Law does not require specific liability coverage for short-term providers.
ICYE STeP
Placement Description

TITLE : Public Health
CODE : DJSTeP - 1518
TYPE : Health

INTRODUCTION

MAIN AIMS AND ACTIVITIES
This program will facilitate the interest of volunteers from medical/nursing background to have experience in doing voluntary service with health issues. This program is expected to be useful for our local people to get medical support from doctors and assistants. Being a medical assistant will be much highly appreciated for contribution to our people. This project focuses on children, pregnancy, elderly health as well pulmonary health center.

VOLUNTEER TASKS & ROLE
Volunteer must have special background of study as nurse and/or doctor and/or pharmacy. The role of the volunteers will be assisting the local doctors/midwife in handling the patients in the local health center. Nevertheless, s/he is not allowed to take decision of someone health without consulting to the Doctor/Midwife and inject the patient. Even though, the volunteers' knowledge is right about someone's health problem.

DESIRED VolUNTEER’S SKILLS
Volunteer has to have special background of study as nurse, midwife and/or doctor; Open-minded; Tolerant; Creative; Flexible; Patient; Respect the local customs and local’s rule; Sharing; Special drive for adolescent and youngsters; Willing to accept basic living condition in the project site; Confidence.

LOCATION
Semarang City, Central Java

DURATION
Minimum (weeks) : 4 weeks
Maximum (weeks) : 8 weeks
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 overseas travel.

I have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and that the MUSC GME Office or Department of OB/GYN bears no responsibility for any health or safety risks presented by such electives.
Intended Travel Location (including organization/clinic name): Indonesia

Dates of Travel: 9/17-10/13/18

Signature of Resident

Daniele Wright, MD

Date 8/08/18
**AGENDA**

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<tr>
<th>Call to Order</th>
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<tr>
<td>STANDING BUSINESS</td>
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<tr>
<td>MINUTES</td>
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<tr>
<td>NEW BUSINESS</td>
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**DISCUSSIONS/CONCLUSIONS**

The committee approved the minutes.

**RECOMMENDATIONS/ ACTIONS/WHAT/WHEN**

<table>
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<tr>
<th>WHO</th>
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<tr>
<td>Dr. Clyburn</td>
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**AGENDA**

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**DISCUSSIONS/CONCLUSIONS**

Dr. Clyburn reported on the issue in Canada of Saudi Arabian residents pulling out of Canadian residencies and that some may try to come to the US.

B. Is there interest in doing a remediation workshop? Nationally, 6-30% of residents are on remediation at some point during training. MUSC has always been at the lower end of the scale. Identifying those that need additional help early on is a result of the CCCs and really does help prevent bigger issues at the end of residency or fellowship.
C. To recap, we have three programs that have recently applied to the ACGME – Geriatrics, Adult Congenital Heart and Critical Care (stand alone). Once these are approved by the ACGME, we will have 70 programs.

<table>
<thead>
<tr>
<th>ACGME CORRESPONDENCE/ISSUES:</th>
<th>There was no correspondence</th>
<th>Dr. Clyburn</th>
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<tbody>
<tr>
<td>RESIDENT REPRESENTATIVES' REPORT</td>
<td>Dr. Ghanim reports that HSC is trying to increase attendance by having departmental delegates. HSC reports that residents would like a wellness day, where they can take off a day to go to the doctor, dentist, etc... The idea is that the residents would not have to tell the PD what they are doing on that day off.</td>
<td>Dr. Ghanim</td>
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<tr>
<td>VA UPDATE</td>
<td>We are listed as #2 in academics for all VAs. Their leadership would like to see us at the #1 spot. To achieve this, they need more residents – they would like to see us at 140 versus the 105 we have now. In order to get to this number, they will need new programs</td>
<td>Dr. Clyburn</td>
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<tr>
<td>HOSPITAL QUALITY REPORT</td>
<td>RIP projects have been chosen – most have chosen to do PSIs. There is a predictable pattern of reporting, with attendings always lower than residents and others.</td>
<td>Ms. Pigott</td>
</tr>
<tr>
<td>PROGRAM COORDINATOR REPORT</td>
<td>Program Coordinators are continuing to help remind residents and fellows to attend House Staff Council meetings.</td>
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<tr>
<td>PROGRAM INFORMATION</td>
<td></td>
<td></td>
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<tr>
<td>A. Annual Program Evaluations</td>
<td>The GMEC approved the APE reports.</td>
<td>Dr. Guldan</td>
</tr>
<tr>
<td>i. Child Abuse Pediatrics</td>
<td></td>
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<td>ii. Urology</td>
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<td>iii. Neonatal</td>
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<td>iv. Ophthalmology</td>
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<td>v. CC Anesthesia</td>
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<td>vi. Electrophysiology</td>
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<tr>
<td>B. Remediations</td>
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<tr>
<td>C. Duty Hours</td>
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<td>OLD BUSINESS</td>
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<tr>
<td>Dr. Clyburn has asked Beth Adams to report on Spending Per Resident at the September meeting.</td>
<td>Dr. Clyburn</td>
<td></td>
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<tr>
<td>The Program Directors asked for a repository of what restaurants/hotels/etc… are used for interviewing. Program Coordinators can share this information at PC meetings so that a central repository at the GME level is not needed.</td>
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| 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. | Dr. Clyburn |
| 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 |  |
| Eric Holmboe from the ACGME will be here on Friday, February 15 for a professional development opportunity. Please mark your calendars and plan to join us in the morning. |  |

Approved at the TBD, 2018 GMEC meeting.