

Graduate Medical Education Annual Report

July 1, 2015 – June 30, 2016



Staff

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

Resident Information

- Number of matriculating residents on 7/1/15 = 478
- Number of incoming residents on 7/1/15 = 209
- Number of total residents on 7/1/15 = 687
- Number of graduating residents on 6/30/16 = 185

- 6% of resident staff are members of the AOA
- 7% of resident staff are members of the Gold Humanism Honor Society

Scholarly Activity

- 23 GME presentations and publications
- Numerous teaching awards

Program Information

(See Appendix I)

- ACGME-accredited specialty and subspecialty programs – 60
- Combined programs (One ACGME-accredited and two non-accredited programs) - 3
- ADA-accredited programs – 2
- 2016 National Residency Matching Program Main Match Results: 147 out of 147 positions were filled. 25 out of 25 residency programs fully matched their available positions.

Accreditation Information

Four new ACGME programs were added: Interventional Radiology-Integrated, Hospice and Palliative Medicine (an interdisciplinary fellowship), Epilepsy (a Neurology fellowship) and Plastic Surgery-Integrated.

Clinical Learning Environment Review (CLER)

The ACGME has responded to the public's need for a physician workforce capable of meeting the challenges of a rapidly evolving health care environment by implementing the Clinical Learning Environment Review (CLER) program as a part of its Next Accreditation System. The CLER program is designed to provide US teaching

hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited institutions with periodic feedback that addresses the following six focus areas: patient safety; health care quality; care transitions; supervision; duty hours and fatigue management and mitigation; and professionalism. The feedback provided by the CLER program is designed to improve how clinical sites engage resident and fellow physicians in learning to provide safe, high quality patient care.

The CLER team came to MUSC in July, 2016 and visited more than 20 clinical locations where residents and fellows have clinical experiences.

The site visit explored the six focus areas of the CLER program. The focus areas were assessed according to five key questions related to: 1) institutional infrastructure and resources, 2) GME leadership and faculty members' engagement, 3) resident and fellow engagement, 4) MUSC Medical Center's perspective on their measures of success in integrating GME into their infrastructure to address patient safety and quality, and 5) the medical center's plans for improving the clinical learning environment in these six focus areas.

The CLER team praised MUSC's efforts to improve the clinical learning environment since the last CLER visit in 2014. Particularly noted since the last CLER visit is the increased engagement of residents in the patient safety event reporting process, increased team based quality improvement projects, progress toward creating a just culture, and the recruitment of a medical director for GME quality and safety

Graduate Medical Education Committee (GMEC)

(See Appendix II)

Annual Program Evaluations (APE)

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

The Institutional APE Committee gathers information to make sure the programs are reviewing the information necessary and determines if those efforts to improve the program are satisfactory. The APE Committee issues a report card on all programs.

The Institutional Report Card of all Annual Program Evaluation reviews is attached. (See Appendix III)

Faculty Development

Numerous faculty development sessions were conducted across various departments, including: Feedback and Evaluation, Duty Hours and Fatigue, Accreditation Update, and ACGME for Program Coordinators.

Conferences Held

- 3rd Annual Chief Resident Leadership Conference
- Inaugural Program Coordinator Conference
- Transitions in Care training for PGY-1 residents

Financial Information

- Received funding from MUHA for new Epilepsy Fellowship
- Exercised option 2 for VA health resources contract (\$80,000) for FY 16
- Re-evaluated the VA resident position allocation and adjusted it based on GME program needs and VA critical need areas. Overall, GME secured 2.5 additional positions at VA for FY16.
- Worked with the VA Associate Chief of Staff for Education to create a transparent reporting and billing process for resident time at the VA. This new process is scheduled for FY17 implementation.
- Secured an additional \$1,000,000 in VA funding by without additional resident manpower or additional coverage for the VA.
- Collaborated with the Quality Department on the Resident Incentive Quality Project:
 - 53 programs participated
 - 457 residents met their goal
 - 38 programs met their goal
 - Monetary figure of incentives - \$228,500 distributed
 - Eleven programs have faculty who received MOC & CME credit for their projects
 - Project topics included: Incident Reporting and Early Discharge Order

- Resident salary increases were approved for the 2016-2017 year.
 - PGY-1 - \$50,217
 - PGY-2 - \$52,392
 - PGY-3 - \$54,314
 - PGY-4 - \$56,525
 - PGY-5 - \$59,121
 - PGY-6 - \$62,063
 - PGY-7 - \$65,358
 - PGY-8 - \$69,006

Information Technology

- SiteCore Training and Development
- Participated in the Electronic Residency Application Service training and webinar
- Collaborated with UME, COM and Reimbursement Services on the Electronic Residency Management System (ERMS) project
- Evaluated systems and applications of the ERMS
- Collaborated with peer institutions on Milestones development
- Ongoing one-on-one E*Value training with each residency program coordinator
- Participated in program reviews by MedHub to evaluate application usage
- Uploaded missing photos to resident profiles
- Imported residents from ERAS into E*Value
- Participated in beta testing the Qgenda project
- Conducted maintenance to eliminate duplicate and unnecessary data from individual profiles

Policy and Practice Reviews and Form Revisions

- BLS/ACLS Certification Attestation Form
- Non-MUSC Rotation Funding Form
- Resident Clearance Sheet
- Visiting Resident Form and Instruction Sheet
- Off-Cycle Resident Orientation Form
- Request for New Training Program
- Request for International Rotation
- Non-Reappointment Policy
- USMLE Step 3 Policy
- Moonlighting Policy
- Duty Hour Policy
- FMLA Flowchart

Resident Representatives to Hospital Committees

(See Appendix IV)

Strategic Planning

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

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

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

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

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

Objective 2: Understand, mitigate and prevent medical errors

Objective 3: Minimize non value-added work

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

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

- **Optimize communication and collaboration amongst stakeholders**

Objective 1: Advance innovation and use of technology for communication

Objective 2: Enhance collaboration amongst stakeholders

APPENDIX I

Listing of Programs

ANESTHESIOLOGY

Cardiothoracic Anesthesia
Critical Care Anesthesia

DERMATOLOGY

*Micrographic Surgery and Dermatologic
Oncology (formerly known as Procedural
Dermatology)*

EMERGENCY MEDICINE

INTERNAL MEDICINE

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

NEUROLOGY

Clinical Neurophysiology
Epilepsy
Vascular Neurology

NEUROSURGERY

NUCLEAR MEDICINE

OB/GYN

OPHTHALMOLOGY

ORTHOPAEDIC SURGERY

OTOLARYNGOLOGY

PATHOLOGY

Cytopathology
Dermatopathology
Forensic Pathology
Hematopathology

PEDIATRICS

Child Abuse Pediatrics
Child Neurology

*Developmental and Behavioral
Pediatrics*

Neonatal-Perinatal

Pediatric Cardiology

Pediatric Emergency Medicine

Pediatric Hematology/ Oncology

Pediatric Rheumatology

PLASTIC SURGERY

Plastic Surgery - Integrated

PSYCHIATRY

Addiction Psychiatry

Child and Adolescent Psychiatry

Forensic Psychiatry

Geriatric Psychiatry

RADIATION ONCOLOGY

RADIOLOGY

Interventional Radiology

Interventional Radiology - Integrated

Neuroradiology

GENERAL SURGERY

Surgical Critical Care

Thoracic Surgery (3-year program)

THORACIC SURGERY (integrated program)

VASCULAR SURGERY

UROLOGY

Combined Programs

MEDICINE/PEDIATRICS

Medicine/Psychiatry (Non-accredited)

Psychiatry/Neurology (Non-accredited)

Accredited by the ADA

ORAL SURGERY

PEDIATRIC DENTISTRY

APPENDIX II

GMEC Membership

- The GMEC scope of activities includes all issues referenced in the ACGME Essentials of Accredited Residencies in Graduate Medical Education: Institutional Requirements.
http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf
- Voting Membership is open to MUSC Program Directors as listed, MUSC residents elected by their peers and members of MUSC administration as invited by the GMEC Chair.
- All members are expected to have **75% attendance** by themselves or by proxy.

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

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

1. Anesthesiology George (GJ) Guldan, MD
2. Cardiovascular Disease Michael Craig, MD
3. Child and Adolescent Psychiatry..... Lee Lewis, MD
4. Emergency Medicine..... Christina Bourne, MD
5. Gastroenterology Ira Willner, MD
6. Hematology/Oncology Carolyn Britten, MD
7. Internal Medicine Ben Clyburn, MD
8. Medicine/Psychiatry Kelly Barth, DO
9. Nephrology Ruth Campbell, MD
10. Neurology Shelly Ozark, MD
11. Neurosurgery Raymond Turner, MD
12. OB/GYN..... Ashlyn Savage, MD
13. Ophthalmology Matt Nutaitis, MD
14. Orthopaedics..... Lee Leddy, MD
15. Otolaryngology..... Ted Meyer, MD, PhD
16. Pathology..... Nick Batalis, MD
17. Pediatrics Mike Southgate, MD
18. Psychiatry Ed Kantor, MD
19. Pulmonary/Critical Care..... Nick Pastis, MD
20. Radiology Leonie Gordon, MD
21. Surgery Christian Streck, MD
22. Urology..... Sandip Prasad, MD

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

ADMINISTRATIVE

23. Program Coordinator Terri Hayes
24. Quality and Safety Elizabeth Mack, MD

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

RESIDENT REPRESENTATION

25. Resident Clark Alsfeld, MD, Internal Medicine
26. Resident Mary Jordan, MD, Surgery
27. Resident Jared McKinnon, MD, Anesthesiology
28. Resident Sarah Yale, MD, Pediatrics
29. Resident* Ryan Cuff, MD, OB/GYN

- **The fifth, designated resident position is held for the current president of the House Staff Council.*
- *The current resident representatives will stay on until elections are held in May, 2016.*

AT-LARGE MEMBERSHIPS

30. At-large member Brad Keith, MD *Internal Medicine (term expires 6/2017)*
31. At-large member David Marshall, MD *Radiation Oncology (term expires 6/2017)*
32. At-large member Milton Armstrong, MD *Plastic Surgery (term expires 7/2016)*
33. At-large member Eric Graham, MD *Pediatric Cardiology (term expires 7/2016)*

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

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

2015-2016 MEETING SCHEDULE

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

- July 9
- August 13
- September 10
- October 8
- November 12
- December 9 (*please note different date, time and location of this meeting. We meet at 1130 in Drug Discovery Building Auditorium for a meeting where ALL the Program Directors and Coordinators are invited to join us over lunch.*)

2016

- January 14
- February 11
- March 10
- April 14
- May 12
- June 8

APPENDIX III

2015 Institutional Report Card of Annual Program Reviews

Program	Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	MISC. comment
ANESTHESIA										
<i>Anesthesia - Critical Care</i>							N/A			
<i>Anesthesia - Cardiothoracic</i>							N/A			
DERMATOLOGY										
<i>Micrographic Surgery and Dermatologic Oncology</i>							N/A			
Emergency Medicine							N/A			
INTERNAL MEDICINE										
<i>IM- Cardiology</i>										The program did not do an APE. (2nd year.)
<i>IM-Interventional Cardiology</i>							N/A			
<i>IM - Electrophysiology Cardiology</i>							N/A			
<i>IM- Endocrinology</i>							N/A			
<i>IM- Gastroenterology</i>							N/A			
<i>IM- Hem/Onc</i>							N/A			
<i>IM- Infectious Disease</i>							N/A			
<i>IM - Nephrology</i>							N/A			
Program	Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	MISC. comment
<i>IM - Pulmonary</i>							N/A			
<i>IM- Rheumatology</i>							N/A			

NEUROLOGY							TBD			This program has been placed on special review
<i>Neuro - Clinical Neurophysiology</i>							N/A			
<i>Vascular Neurology</i>							N/A			
NEUROSURGERY							N/A			
NUCLEAR MEDICINE							N/A			
OB/GYN							N/A			
OPHTHALMOLOGY							N/A			
ORTHOPAEDICS							N/A			
OTOLARYNGOLOGY							N/A			
PATHOLOGY										
<i>Pathology - Cytopathology</i>							N/A			
<i>Pathology - - Dermatopathology</i>							N/A			
<i>Pathology - Forensic Pathology</i>							N/A			
<i>Pathology - Hematopathology</i>							N/A			
PEDIATRICS										
<i>Pediatrics - Child Abuse</i>							N/A			
<i>Pediatrics - Child Neurology</i>							N/A			
<i>Pediatrics - Cardiology</i>							N/A			
<i>Pediatrics - Emergency Medicine</i>							N/A			
Program	Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	MISC. comment
<i>Pediatrics - Rheumatology</i>							N/A			

<i>Pediatrics - Hem/Onc</i>							N/A			
<i>Pediatrics - Developmental/Behavioral</i>							N/A			
<i>Pediatrics - Neonatal/Perinatal</i>							N/A			
PLASTIC SURGERY							N/A			
PSYCHIATRY										
<i>Psychiatry -Addiction</i>							N/A			
<i>Psychiatry - Child and Adolescent</i>							N/A			
<i>Psychiatry - Forensic</i>							N/A			
<i>Psychiatry - Geriatric</i>							N/A			
RADIATION ONCLOGY							N/A			
RADIOLOGY										
<i>RADIOLOGY - Interventional</i>							N/A			
<i>Radiology - Neuro</i>							N/A			
SURGERY										
<i>Surgical Critical Care</i>										The program did not do an APE.
THORACIC SURGERY							N/A			
VASCULAR SURGERY							N/A			
UROLOGY							N/A			

APPENDIX IV

2015-2016

MUSC Committees with Resident Representation

Graduate Medical Education Committee

The GMEC oversees all educational programs and implements the policies and procedures for residents and residency programs within MUSC ensuring high-quality education for its residents. The GMEC ensures programs are adhering to the policies and procedures of the ACGME while maintaining their educational commitment to the residents. (This committee will actually have four resident representatives. Three will be elected and the fourth position will be the President of the House Staff Council.)

Chaired by Dr. Ben Clyburn (2-5371)

Staff Contact: Ann Ronayne (2-8681)

2nd Thursday of every month

4-5 p.m., 628 CSB

- ***Dr. Clark Alsfeld, Internal Medicine***
- ***Dr. Ryan Cuff, OB/GYN (president, House Staff Council)***
- ***Dr. Mary Jordan, Surgery***
- ***Dr. Jared McKinnon, Anesthesiology***
- ***Dr. Sarah Yale, Pediatrics***

(As a result of an election tie for the 2015-2016 year, we have five residents serving on GMEC.)

Annual Program Evaluation Committee

The APE Committee ensures all ACGME-accredited residency programs are in compliance with ACGME Institutional and Program Requirements. This committee will have two residents that will serve a full academic year (July – June).

Chaired by Dr. Leonie Gordon (2-3269)

Staff Contact: Ann Ronayne (2-8681)

3rd Thursday of every month

2-4 p.m., 601 CSB

- ***Dr. Chelsea Connor, Surgery***
- ***Dr. Loren Francis, Anesthesiology***

Medical Executive

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

Chaired by Dr. Brenda Hoffman

Staff Contact: Jane Scutt (2-2383)

3rd Wednesday of every month

7:30- 8:30 a.m., 601 CSB

- ***Dr. Will Lancaster, Surgery***

Charleston County Medical Society

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

Margaret Mays (577-3613), Executive Director

1st Tuesday of the month

7-8 a.m., 198 Rutledge, Suite 7 (CCMS Offices)

- ***Dr. Kunal Patel, Surgery***

MUSC Ethics

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

Chaired by Dr. Walter Limehouse (pager 14278)

1st Wednesday monthly -- Full committee 4:00 - 5:30 p.m., Admin Conf Room MH-295 (next to library bridge)

2nd & 4th Tuesdays, twice monthly -- Ethics Consult Service, 4:00 - 5:30 p.m., Admin Conf Room MH-295

- ***Dr. Blake Werner, Psychiatry***

Hospital Blood Usage, Tissue and Autopsy

This committee monitors the use of blood and blood components, and tissue and autopsy issues at the MUSC Medical Center.

Chaired by Dr. Jerry Squires (2-4150)

3rd Thursday of the month, quarterly

3-4 p.m., 223 Children's Hospital

- ***Dr. Daniel Skipper, Pathology***

Hospital Infection Control

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

Chaired by Dr. Cassandra Salgado (2-4541)

4th Tuesday of every month

2-3 p.m., 803 CSB

- ***Dr. Jon Gullett, Pathology***

Health Information Management Committee

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

Chaired by Dr. Mark Scheurer (6-2273)

Staff Contact: PJ Floyd, RN, BSN, MBA, NE-BC, CCA (2-1165)

3rd Wed of every month

8:30 a.m., RTA 104

- ***Dr. Ryan Kellogg, Neurosurgery***

Quality Operations Committee

The QOC reports and reviews all new and ongoing quality efforts in the clinical enterprise.

Chaired by Dr. Danielle Scheurer (2-5383)

Staff Contact: Tracie Porter (2-5383)

1st and 3rd Thursday of each month (minus holidays)

8:30-10:30 a.m., CSB 300

- ***Dr. Dominic Massary, Surgery***

IMPROVE Committee

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

Chaired by Dr. Danielle Scheurer (2-5383)

Staff Contact: Tracie Porter (2-5383)

Every Wednesday

4 – 5:30 p.m., RTA 104

- ***Dr. Luis Liogier-Weyback, Neurosurgery***

Accreditation/Regulatory Committee

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

Chaired by Lois Kerr (2-0177)

staff contact: Terri Ellis (2-5106)

3rd Wednesday of the month

11 a.m. - 12:30 p.m., (usually in 628 CSB)

- ***Dr. Julie Owen, Anesthesiology***

Patient Throughput Committee

The Patient Throughput Committee monitors the flow of patients across the medical center by overseeing flow dashboards and metrics as well as all policies and procedures associated with placement of patients on select units.

Chaired by Dr. Dan Handel (2-2383)

Staff contact: Sarah Cowart (2-5101)

2nd Wednesday of every month

10 – 11 am, 300 CSB

- ***Dr. Libby Barton, Emergency Medicine***

College of Medicine Student Progress Committee and Professional Standards Subcommittee

The Student Progress Committee conducts meetings four times a year as well as on an as needed basis. During these meetings the Progress Committee reviews the academic progress of all students with regard to established progression standards. Students who do not meet required academic or professional standards are considered

individually by the Progress Committee. If there concern about a pattern of a student's unprofessional behavior, the student will appear before the professional standards subcommittee. These meetings are held as needed, but historically there have been about 4-6 of these meetings a year. The meetings of both the Student Progress Committee and the Professional Standards Subcommittee are usually from 4:30 -6:30 p.m., 601 CSB.

Chaired by Dr. Sally Self (2-3215)

- **Dr. Ryan Cuff, OB/GYN**
- **Dr. Elizabeth Schulz, Neonatology**
- **Dr. Bryce Wyatt, Urology**

(because of an election tie, three residents serve on this committee)

Medication Decision Support Subcommittee

The Medication Decision Support Subcommittee is looking for medical representation to help review medication alert build and determine customization of settings, where necessary. The subcommittee reports to the Decision Support Oversight Committee (DSOC) and the Pharmacy and Therapeutics Committee. It is responsible for management of medication-related decision support seen by users of the electronic health record (EHR). The committee is chartered to review, amend, and monitor medication alerts and other decision support tools to improve the overall usefulness and value to the clinicians throughout the organization. Examples of medication decision support include but are not limited to the following: medication warnings (dose, drug interactions, pregnancy, duplicates), incorporating lab values in the order composer; maximum dose warnings.

Chaired by Dan Williams, MD and Kelli Garrison, PharmD

1st and 3rd Thursdays

4 – 5 PM, North Tower 247

Committee website: [Decision Support Oversight Committee](#)

- **Dr. Kate Engelhardt, Surgery**

Medication Safety and Improvement Committee

The MSIC monitors medications from prescriptions to administration

Chaired by Mo Sheakley, PharmD (2-9236)

1st Tuesday of the month

11 a.m. – 12 Noon, Hollings Room 120

- **Dr. Jon Gullett, Pathology**

Environment of Care Committee

The EOC Committee is concerned with everything around the patient/employee...fire prevention, employee injury prevention. Most work around compliance with DHEC and JC regulations and requirements.

Chaired by Al Nesmith (2-3135)

Staff Contact Angela Ladson (2-6902)

3rd Wednesday of the month

10 a.m. – 11:00 a.m. in 628 CSB

- **Dr. Kunal Patel, Surgery**