Call to Order

1. Minutes of July 11, 2019 ................................................................. E. Benjamin Clyburn, MD

2. New Business ................................................................................... Dr. Clyburn
   A. International Rotations ......................................................... Kathleen Ellis

3. ACGME Correspondence .............................................................. Dr. Clyburn
   A. Removal of Participating Site (Surgery)
   B. Approval of Program Director (OB/GYN)
   C. Approval of Temporary Increase (Psychiatry)

4. Resident Representatives’ Report ............................................ Drs. Branch, Hewett, Patel and Walgrave

5. VA Update .................................................................................. Terrill Huggins, MD

6. PC Update .................................................................................. Tina Rapstine, C-TAGME

7. Quality Update ........................................................................... Elizabeth Mack, MD

8. Outreach Update ......................................................................... Chris Pelic, MD

9. Program Information
   A. Annual Program Evaluations (APE) ....................................... Leonie Gordon, MD
      i. Anesthesia Critical Care
      ii. Ophthalmology
      iii. Child Abuse Pediatrics
      iv. Neonatal
   B. Remediations: 8 residents in 7 programs
   C. Duty Hours

10. Old Business

ANNOUNCEMENTS

Please encourage any of your residents that may be interested in House Staff Council to attend the next meeting on Tuesday, August 13 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.

The next Chief Resident/Resident Representative meeting is
Wednesday, August 21 at 6 a.m. in 628 CSB.

Next GMEC Meeting – Thursday, September 12 at 4:00 p.m. in 628 CSB.
July 11, 2019 GMEC MINUTES (1.B.3.b)

(1.B.1) MEMBERS PRESENT: Batalis, Nick MD [Pathology]; Branch, Laurel MD [Resident Representative]; Britten, Carolyn MD [Hem/Onc]; Clyburn, Ben MD [Internal Medicine]; Goodier, Chris MD [OB/GYN] via proxy; Guldan, George (GJ) MD [Anesthesiology]; Huggins, Terrill MD [VAMC]; Judge, Dan MD [Cardiology]; Lewis, Lee MD [Child and Adolescent Psychiatry]; Lewis, Madelene MD [Radiology] via proxy; Marshall, David MD [Radiation Oncology (At large member)]; Mennito, Sarah MD [Med-Peds]; Milano, Nick MD [Neurology]; Mills, Dave MD [Pediatrics] via proxy; Nutaitis, Matt MD [Ophthalmology]; Patel, Ekta MD [House Staff Council President]; Pelic, Chris MD [Assoc. Dean for GME]; Rapstine, Tina C-TAGME [Radiology (PC)];

MEMBERS ABSENT: Armstrong, Milton MD [Plastic Surgery (At large member)]; Barth, Kelly DO [Med-Psych]; Bush, Jeff MD [Emergency Medicine]; Campbell, Ruth MD [Nephrology]; Cox, Lindsey MD [Urology]; Gordon, Leonie MD [Assoc. Dean for GME]; Hewett, Lara MD [Resident Representative]; Kantor, Ed MD [Psychiatry]; Leddy, Lee MD [Orthopaedics]; Mack, Elizabeth MD [Quality]; Marchell, Richard MD [Dermatology]; Meyer, Ted MD, PhD [Otolaryngology]; Schnapp, Lynn MD [Pulmonary/Critical Care]; Spiotta, Alex MD [Neurosurgery]; Streck, Christian MD [Surgery]; Tavana, Lance MD [Plastic Surgery (At large member)]; Walgrave, Mason MD [Resident Representative]; Willner, Ira MD [Gastroenterology]; Yamada, Ricardo MD [Interventional Radiology]; Zybilewski, Sinai MD [Pediatric Cardiology (At large member)]

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

GUESTS: Niccolletta Sora, MD (Endocrinology); Cassandra Tucker, C-TAGME (Neurology); Stacey Livingston, C-TAGME (OB/GYN); Anna Lee Adams (Cardiology); Chris Fields, MD (Forensic Psych)’ Mindi Martin (Maternal Fetal Medicine); Misty Daniels (Physician recruiting)

<table>
<thead>
<tr>
<th>AGENDA</th>
<th>DISCUSSIONS/CONCLUSIONS</th>
<th>RECOMMENDATIONS/ ACTIONS/Institutional Requirements</th>
<th>WHO</th>
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</thead>
<tbody>
<tr>
<td>Call to Order</td>
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<td>STANDING BUSINESS</td>
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<tr>
<td>MINUTES</td>
<td>The committee reviewed the minutes from June 12.</td>
<td>The committee approved the minutes. (1.B.3.b)</td>
<td>Dr. Clyburn</td>
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<tr>
<td>NEW BUSINESS</td>
<td>A. Dr. Guldan presented on Airway Simulation and the need for fitting in people who need the expertise. They are working on AS methodologically, getting in mannequin sensors. If you need or want more experience for your program, please let him know. They need many novice learners to validate the simulation. (Eventually they will have peds mannequins.)</td>
<td>The committee accepted the information presented.</td>
<td>(III.B.7)</td>
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<td>B. Dr. Kalivas talked about the progress that the GME Wellness Committee has</td>
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made. The goals of the committee are to obtain an understanding of the present state of wellness initiatives within residency programs at MUSC and survey residents for granular solutions. The results of the survey show that high achieving programs made an investment to offload the menial tasks, to provide a food pantry and protected time. Dr. Kalivas pointed out that wellness is subjective – that efforts to promote wellness boost perceptions of wellness. He left us with the question, “What can practically be done to improve the resident’s experience at MUSC?”

C. Peds Otolaryngology would like to start a new ACGME fellowship. Funding will come from the department. The program seems well put together.

D. Maternal Fetal Medicine and OB/GYN both had requests for international rotations. Maternal Fetal would like to go to China to perform CVS testing and OB/GYN would like to go to Uganda.

E. Vascular Surgery is asking to increase their complement from 5 to 10 residents, increasing by 1 per year until the full complement is achieved. Strategic Manpower agreed to fund the positions. They have increased the number of faculty and updated many of the educational offerings to the residents.

<table>
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<tr>
<th>ACGME CORRESPONDENCE/ISSUES:</th>
<th>A. There was no ACGME Correspondence this month</th>
<th>(1.B.4.a.1) (1.B.4.b.3)</th>
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| RESIDENT REPRESENTATIVES' REPORT | One resident reported to House Staff Council that they had a hard time getting an EAP appointment. An appointment was made, then cancelled by EAP with few available openings to reschedule. | GME reminded the group that the GME Office has been able to get same day appointments for urgent matters. (1.B.1.a.3) | Drs. Patel and Branch |

<p>| VA UPDATE | Dr., Huggins reported on a number of items. There is a 100K Infrastructure Resident Grant to improve current resident call rooms and resident call areas which will increase availability to provide lockers to keep personal items safe for all trainee work areas. He also addressed the importance of addressing timeliness of medical record documentation and addressing VA View Alerts. In addition, he stressed the importance of maintaining active NT (email accounts) and CPRS accounts. Residents must sign in with their PIV cards with card readers at MUSC or at VA every 90 days. Residents must sign into Outlook, CPRS, and Vista. Ideally, he would like them to do monthly so that they can address outstanding notes or View alerts. Completion one required TMS training module (Annual Refresher for Trainees). Please alert Education if other TMS modules have been assigned so that the modules can be removed. The VA is creating a Strategic Taskforce for proper On-boarding and Off-boarding with MUSC GME, VA Human Resources, PIV office VA CAG, VA Pharmacy, and Information and Technology | MUSC GME will send out a powerpoint to all those programs that rotate at the VA. The powerpoint will cover how to manage view alerts. | Dr. Huggins |</p>
<table>
<thead>
<tr>
<th>HOSPITAL QUALITY REPORT</th>
<th>There was no report.</th>
<th>(1.B.4.a.6)</th>
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<tbody>
<tr>
<td>PROGRAM COORDINATOR REPORT</td>
<td>There was no report.</td>
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<tr>
<td>OUTREACH REPORT</td>
<td>Ms. Daniels and Dr. Pelic are putting together resources for graduating residents to help facilitate getting jobs at MUSC or MUSC affiliated hospitals, including those in the regional health networks. A job opportunity board is on the GME website. In addition, they are willing to work with your program in talking about contract negotiations, job opportunities and career counseling. Please get in touch with Dr. Pelic if you are interested.</td>
<td>Dr. Pelic and Ms. Daniels</td>
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<tr>
<td>PROGRAM INFORMATION</td>
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<tr>
<td>Annual Program Evaluations</td>
<td>A. Otolaryngology and Neurotology are good programs, one well established and one just beginning, but both under the auspices of the same program director and coordinator. Both need to pay attention to the upcoming annual update and fix some clerical issues. The Action Plans are good, but safe. The committee urges the programs to look at things that need improvement, not just maintain the standards. Endocrinology has a resident survey that was not great this past year. It is noted that you have a new PC. More thorough items on the action plan to address the resident survey would be nice. Neurology is doing well - they just need to get their board pass rate up. The Committee is interested to see how the wellness and education block works out. CT Surgery has seen a nice bounce-back over the last few years. The Action Plan was very good. Forensic Psychiatry is a small, but strong, program. The program was cited for not completing any quality improvement projects, but the program director assures us this is an oversight and that forensics has an ongoing QI project with South Carolina Dept. of Corrections (SCDC) regarding looking at completed suicides in SC prisons and our fellow participated in this along with our faculty coding data related to the suicides. The statistical evaluation of the data is currently being completed in the next 1-2 months.</td>
<td>The GMEC approved the APE reports. (1.B.2; 1.B.4.a.2,3 and 4) Dr. Marshall</td>
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<td>B. There are eight residents in six programs on remediation.</td>
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<td>C. The duty hours report was attached. If your program isn't at 100% compliance on the 80-hour duty hours question on the ACGME survey, you will likely get an administrative citation, much like the one Internal Medicine received on its' most recent letter from the RRC. If you are building systems that push the 80-hour limit, you'll likely go over 80 hours in a week. Try designing schedules for 72 hours, which will allow some play when residents need to go over for whatever reason.</td>
<td>The GMEC accepted the information. (1.B.4.a.2)</td>
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<tr>
<td>OLD BUSINESS</td>
<td>There was no old business.</td>
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<td>ANNOUNCEMENTS</td>
<td>Please encourage any of your residents that may be interested in House Staff Council to</td>
<td>Dr.</td>
</tr>
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<td><strong>attend the next meeting on Tuesday, August 13 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.</strong></td>
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<td><strong>The next Chief Resident/Resident Representative meeting is Wednesday, July 17 at 12 Noon in 112 Bioengineering.</strong></td>
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<tr>
<td><strong>Next GMEC Meeting – Thursday, August 8 at 4:00 p.m. in 628 CSB</strong></td>
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Approved at the June 12, 2019 GMEC meeting.
July 12th, 2019

To Whom It May Concern:

This is to certify that Medical Resident participants in global health education programs and electives offered by Child Family Health International (CFHI) do not provide direct patient care during programs and as such are not required by CFHI to obtain medical malpractice insurance. CFHI programs offer insight into determinants of health, public health, and health systems. Residents participating in CFHI programs and electives do so as engaged observers and do not diagnose or treat patients.

I am available and happy to answer any questions.

Sincerely,

[Signature]

Robin Young, MBA
Managing Director
Child Family Health International

[Signature]

Jessica Evert, MD
Executive Director
Child Family Health International

Jessica Evert MD
Executive Director

Board of Directors:

Gunjan Sinha
Board Chair
MetricStream

Krithya White
Treasurer
Cappemini

Scott Loeliger MD
Contra Costa Regional Medical Center

Ted Dale MS
Aperian Global

Randi Ryan
PreMortgage

Cynthia Toma Smelley
Westmont College

Brian Root, PhD
Ernst & Young

Alyssa Swnakino
iLiving Cities

Emily Avila
Calypso Communications

Evaleen Jones MD
Secretary
CFHI Founder
Stanford University

415.957.9000      www.cfhi.org      info@cfhi.org

NGO in Special Consultative Status with the Economic and Social Council of the United Nations
Global Health Education Programs open to interprofessional undergraduate and graduate students, recognized by the UN.

- 30+ programs in 11 countries
- 2 to 16 weeks in duration
- Offered year-round
- Multidisciplinary & customized
- Clinical rotations & public health placements
- Mentoring by local preceptors
- Cultural immersion
- Spanish classes in Latin America
- Expert on-site partners
- Dedicated support staff
- Rolling applications
- Scholarships available
- Membership with the Consortium of Universities for Global Health (CUGH)

ARGENTINA
Primary Care and Social Medicine
Cordoba
(Intermediate Spanish)
Hospital Medicine in Latin America
Cordoba
(Intermediate Spanish)
Global Perspectives in Nursing
Cordoba
(Intermediate Spanish)

MEXICO
Realities of Health Access and Inequalities
Oaxaca
(Beginner Spanish)
Intensive Beginner Spanish and Healthcare
Oaxaca
(No Spanish Required)
Tropical Medicine & Community-Based Care
Puerto Escondido
(Beginner Spanish)
Women's Reproductive Health
Puerto Escondido
(Beginner Spanish)

TANZANIA
Healthcare Systems and Community-Based Development
Arusha
(English)

GHANA
Child Health & Social Determinants
Accra
(English)
Hospital Medicine in Coastal Ghana
Cape Coast
(English)
Social Work, Health, & Health Policy
Cape Coast
(English)

BOLIVIA
Doing More With Less Tarité
(Intermediate Spanish)
Pediatric & Adolescent Medicine
La Paz
(Beginner Spanish)

PHILIPPINES
Remote Island Medicine
Manila/Alabat
(English)

SOUTH AFRICA
Healthcare Challenges
Cape Town
(English)
HIV/AIDS & Healthcare
Durban
(English)

INDIA
Intro to Traditional Medicine
Rishikesh/Dehradun
(English)
Maternal and Child Health
Pune
(English)
End-of-Life & Palliative Care
Delhi and Southern India
(English)
Public Health Delivery Innovations & Community Medicine
New Delhi
(English)

UGANDA
Maternal Child Health, HIV, and Realities of Health Access
Kabale
(English)
Nutrition, Food Security & Sustainable Agriculture
Kabale
(English)
Omni Med Community Health Workers & Global Health
Mukono District
(English)

ECUADOR
Community Medicine: From Rainforest to Coast
Puyo/Guayaquil
(Intermediate Spanish)
Urban/Rural Andean Health
Quito
(Beginner Spanish)
Women's Reproductive Health & Sexuality as a Human Right
Quito
(Beginner Spanish)

UNITED STATES
Living "Pono": Community Wellness & Indigenous Hawaiian Healing
Hawaii
(English)
Experience the CFHI Difference

1 Long-Standing Community Engagement
Since 1992, CFHI has engaged with international communities through our Global Health Education Programs and Community Health Projects. We have over 200 partners worldwide who are respected leaders in their communities. These close relationships contribute to the high-quality of our programming.

2 Global Health Ethics Leader
CFHI utilizes a socially responsible framework to create positive global health experiences for our global health scholars and host communities. Your experience is customized based on your education level and skill set, and embedded in local capacity-building projects to ensure long-term impact.

3 Asset-Based Community Development Model
CFHI connects with our partner communities through an asset-based approach. We identify local professionals as the ‘experts’ and set you up to value and learn from the ‘developing’ world. Where many see lack of resources, we see resourcefulness, richness of culture, a wealth of passion, and an abundance of transformative synergies.

4 Fair Trade Learning
CFHI takes pride in upholding FTL standards through a community-centered approach to international education and engagement. The goals we aspire to are economic equality, equal partnership, mutual learning, cooperative and positive social change, transparency, and sustainability.

5 Build Leadership & Connections in Global Health
CFHI’s programs place you in the trenches of global health alongside local health care workers, patients, and community leaders. You gain intimate exposure to global health realities in hospitals, clinics and NGOs. In addition, you build leadership experience in global health and lasting connections with international communities.

Child Family Health International

cfhi.org
students@cfhi.org
415-957-9000
7/25/2019

Christian J Streck, MD
Program Director, Professor of Surgery
Medical University of South Carolina
96 Jonathan Lucas, POBox 250813
Charleston, SC 29425

Dear Dr. Streck,

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

Surgery

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

Program 4404521315

OTHER COMMENTS

Please allow this letter to acknowledge the request, dated July 02, 2019 to remove Trident Medical Center (458009) as a participating site.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.
7/9/2019

Christopher G Goodier, MD
Assistant Professor
Medical University of South Carolina
96 Jonathan Lucas St
Suite 634, PO Box 250619
Charleston, SC 29425

Dear Dr. Goodier,

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

Obstetrics and gynecology

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

Program 2204521270

OTHER COMMENTS

The Review Committee for Obstetrics and Gynecology reviewed and approved the appointment of Christopher G. Goodier, MD as program director of the residency program at Medical University of South Carolina. The Committee recommends that as a new program director you consider attending the next ACGME Annual Educational Conference.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.
7/8/2019

Edward M Kantor, MD
Program Director, Associate Professor
Medical University of South Carolina
Institute of Psychiatry
67 President Street, MSC 861
Charleston, SC 29425

Dear Dr. Kantor,

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

Psychiatry

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

Temporary Increase approved for 1 resident(s) 07/01/2019 - 06/30/2023

OTHER COMMENTS

The Review Committee has approved your request for an increase in resident complement from 60 to 61 positions effective July 1, 2019.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.
Program Name: Anesthesia Critical Care

Overall Attrition
PD Change
Faculty Attrition 13%
Resident Attrition
Permanent Complement Changes

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

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

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

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

Action Plan
Board Pass Rate
Patient Safety
Teamwork
Involvement in QI/Pt Saf Projects

Scholarly Activity
Faculty
Resident

GME Stewardship
Program Name: Anesthesia Critical Care

Three unmatched positions for this year
Board pass rate is 86% - national pass rate is 94%

The WEBADS Summary that was provided is old. Please make sure that you go through and answer all the new questions for the 2019 annual update. The GME Office is happy to review WEBADS before it is submitted
Dr. Whitener's licensure date has expired

Thoughtful SWOT analysis

The action plan doesn't address recruitment, even though you only had 1/4 slots filled and the threats to the program indicate tough recruiting from within the home program. Might want to add some specific recruitment strategies
Program Name: Ophthalmology

It is noted that a new PC has joined the program.
The program pass rate of 92% is just above the national pass rate of 88%, with only a 92% take rate. Well above the required pass rate of 60%
While faculty development is described it is not clear how this applies to educational faculty development (eg teaching abilities, professionalism, milestones)

While this is a new WEBADS format, there are many questions that are not answered. The program must go through and answer all of the questions for the
WEBADS annual update. The GME Office is happy to review that update before it is submitted
Expiration dates need to be entered in the faculty roster along with how many years each have taught in GME
Fix Dr. Nutaitis' CV to reflect accurate GME training (not work experience). In addition, his licensures are out of date

ACGME Surveys
Just below the national mean in Clinical and Education Work and Educational Content for the resident survey
Just below the national mean in Supervision and Teaching, Educational Content, Resources and Teamwork for the faculty survey
25% for education not compromised by excessive non physician obligations is appropriately addressed in action plan. You may want to consider ACGME
survey metrics as a measurable outcome for this
Practice Data Habits are also low - and not mentioned in the action plan

Action Plan
Metrics need to be more defined -- a decrease in messages from what to what? A 50% increase in teaching wet lab hours will go from what to what?
<table>
<thead>
<tr>
<th>Overall Attrition</th>
<th>Resident Survey</th>
<th>Faculty Survey</th>
<th>Action Plan</th>
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<tr>
<td>PD Change</td>
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<tr>
<td>Faculty Attrition</td>
<td>33%</td>
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<tr>
<td>Permanent Complement</td>
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<thead>
<tr>
<th>Data Omission</th>
<th>Scholarly Activity</th>
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<tr>
<td>Failure to complete WE&amp;ADS annual update (on time)</td>
<td>Faculty TBD</td>
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<tr>
<td>Failure to turn in APE materials</td>
<td>Resident N/A</td>
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<table>
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<tr>
<th>Omission</th>
<th>Subspecialties</th>
<th>MSC Indicators</th>
<th>QI/Patient Safety</th>
<th>GME Stewardship</th>
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<td>N/A</td>
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<tr>
<th>Action Plan</th>
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<tr>
<td>Board Pass Rate</td>
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<td>Number of subspecialties with 3 or more indicators flagged</td>
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<tr>
<th>Involvement in QI/Pt Saf Projects</th>
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<th>GME Stewardship</th>
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<td>TBD</td>
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Program Name: Child Abuse Pediatrics
Once again, the program has no fellows. While this is not attrition, it does speak to the ability to recruit.
While it's early on in the program, it's good that one resident has passed the boards for a 100% board pass rate - but aren't there two graduates? What about the other graduate?

Must have a formal criteria to address change of duty handoffs
The question on diversity may not reflect the community at large, since there are no URM faculty
0% of faculty involved in faculty development is unacceptable - must be 100% of the core faculty
Assessing program curricula should include board pass rate
Wellness activities are good for the program - maybe your fellows could join the pediatric wellness committee if interested
AIMS were not included - you must develop AIMS for your program

Dorchester Children's Center must have a site director
Dr. Melville's CV indicates he recertified in Pediatrics - what year? His licensure data is also lapsed and outdated bibliography information included
Drs. Abel and Schuh don't have time limited certifications - the must have time-unlimited (N) certifications?
Why do you have 2 faculty members who are not certified in child abuse pediatrics?
Must fill in the years teaching in GME on the faculty rosters
While this is a new WEBADS format, very few of the questions have been answered. The program must go through and answer all of the questions for their annual update in August. The GME Office is happy to review that update before it is submitted

Honest SWOT analysis

The Action plan is very simple -- Given the weaknesses and threats in the SWOT analysis, there could be more substance

No ACGME surveys
Was there an internal faculty survey done?
Excellent Board Pass Rates for the past 7 years at 100%
The program does not have handoff training or formal criteria - this should be implemented
If you factor in last year and this year - the faculty attrition is at 15%. It's fine for this year, at just 7%

Excellent approach to the major changes section in WEBADS. Good to address those issues that have arisen in the ACGME Surveys
The years teaching in the specialty and the years teaching in GME need to be filled out in the faculty roster (physician and non-physician)
Dr. Annibale’s current licensure information is out of date in his CV
Scholarly activity needs to be entered into WEBADS
New questions have been asked in WEBADS - those need to be answered
Transferred resident needs to be entered into WEBADS
The "other" explanation for sleep and fatigue (Q5) does not match the question being asked. Looks like you got that and the answer to Q15 mixed up.

ACGME Resident Survey is just below the national average in all areas except for patient safety and teamwork
ACGME Faculty Survey is just below the national average in resources

Challenges: Turnover of key faculty, PC and a resident transfer, all while preparing to transfer to a new hospital

The committee would advise adding a plan for fatigue and transitions of care when fatigued as it is a 2.7 score on the survey
Definitely need to focus on transitions of care as it has been a persistent concern for both faculty and fellows for 3 years
We also recommend creating a handoff tool with formal training