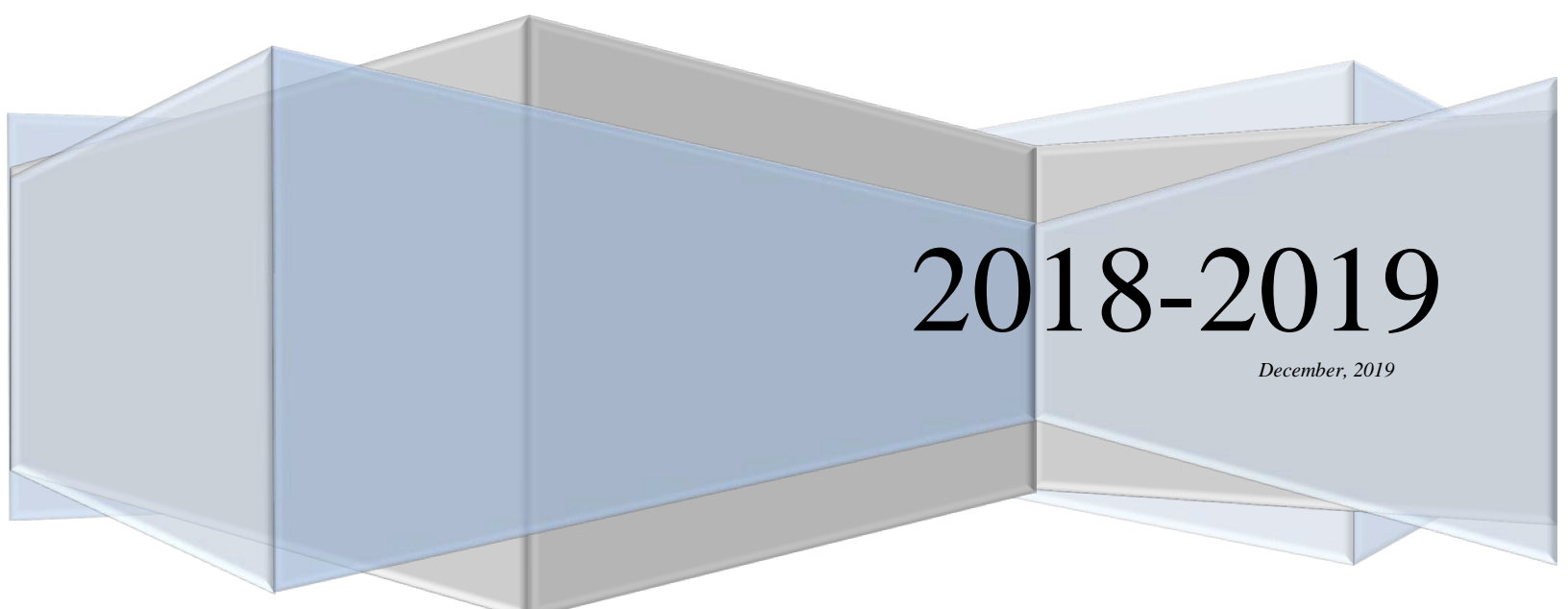


GME Annual Report

MSU-CHM Lansing Community



2018-2019

December, 2019

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**Michigan State University
College of Human Medicine
Graduate Medical Education Division**

**Annual Report
Academic Year 2018-19**

The Graduate Medical Education Division serves as the administrative “home” for the sixteen residency and fellowship programs sponsored by the College of Human Medicine. Within the functions of the division, the office monitors continued accreditation of our training programs with the Accreditation Council for Graduate Medical Education (ACGME). In this role, we ensure that appropriate support is available for our training programs to carry out their educational, research and patient care missions. At the same time, we ensure that our learners work within a safe and academically sound environment.

Among the accomplishments of the GME Office over the past academic year are the following:

1. Successful continued accreditation for fifteen of our training programs.
2. Successful remediation of the MSU General Surgery Residency’s probation with return to accreditation.
3. Continued focus on process improvement as reflected in the ACGME Annual Resident and Faculty surveys (aggregate bar diagrams attached).
4. Culmination of discussions to transfer sponsorship of many of our training programs to our clinical partners at Sparrow Hospital, McLaren Greater Lansing Hospital and Ascension Health. This will result in greater financial stability for the College as well as more responsive relationships between our training programs and the hospitals.
5. Graduation of the first class of family physicians from our training program at Mid Michigan Medical Center—Gratiot (Alma, MI) with all four graduates choosing to remain in the Alma area for practice.

Because the College has no hospital, we are highly dependent upon developing and maintaining strong relationships with partner hospitals where our learners are located, particularly Sparrow Hospital in Lansing and McLaren Health System in Flint. We are fortunate that our partners share a common commitment to developing and maintaining strong training programs within their hospitals and communities. Our long relationship with Graduate Medical Education, Inc., has largely transitioned as many of

the HR functions performed by GMEI have been moved to Sparrow. We continue to work with GMEI and our partner institutions in Lansing to hold the Greater Lansing Research Day, a very successful forum where our medical students, residents and fellows can share their research efforts with the community.

Figure 1: ACGME Resident Survey 2014-15 (aggregate sponsor data)

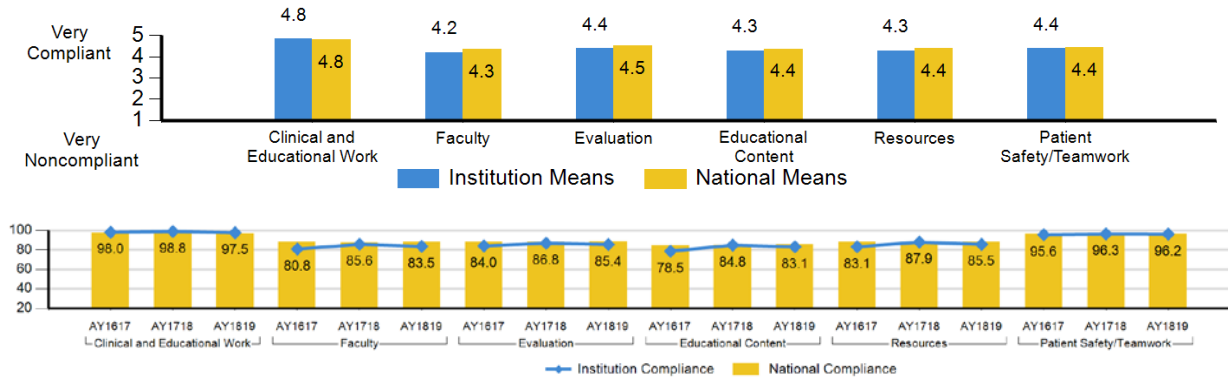
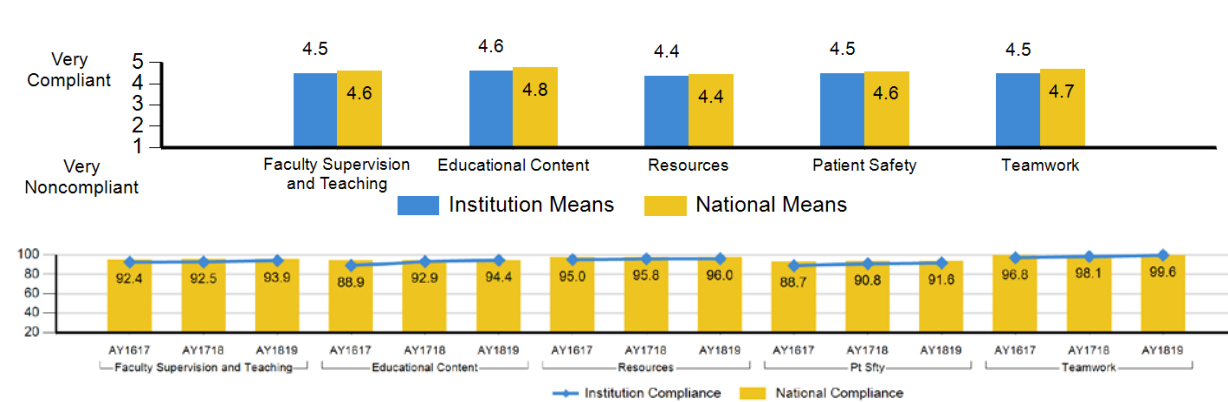


Figure 2: ACGME Faculty Survey 2014-15 (aggregate sponsor data)



Graduate Medical Education Office

The GME Office continued in its role of monitoring and assisting our programs in meeting ACGME reporting standards for milestones and completion of resident/fellow and faculty annual surveys.

Graduate Medical Education Committee

The GMEC met quarterly during the past academic year. During each meeting, roundtable discussions were held with contributions from each program director, along with resident representatives. Included in the discussion were:

- Resident supervision—No global concerns regarding resident or fellow supervision were raised.
- Resident responsibilities—The GMEC monitors resident activities with respect to appropriate responsibility for patient care and peer education and found no areas of concern.
- Resident evaluation—All programs continue to be compliant with ACGME requirements for milestone reporting.
- Duty hour compliance—All duty hour violations as recorded within New Innovations have been cleared by their appropriate programs.
- Resident participation in patient safety and quality of care education—Resident forums are held on a regular basis in conjunction with the Sparrow GME office, during which a patient safety/quality of care presentation is made. The GMEC receives the same presentation at the quarterly GMEC meetings. In addition, each program has program-specific educational programs addressing this vital area of resident education.
- Continued monitoring of effective hand-off systems for all training programs.
- Resident compensation and benefits—The GME Office and GMEC monitor compensation packages in comparison with statewide data and continue to find that the package presented to our residents and fellows is consistent with those in our state and region.

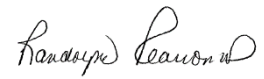
In October, our Internal Medicine Residency and subspecialties underwent a scheduled 10-year site visit from the ACGME. I am pleased to report that all of our programs retained accreditation after the site visit.

Program Director Transitions

In March, Hugh Lindsey, MD, was appointed permanent program director for the MSU General Surgery Residency.

Highlights of each program are attached.

Respectfully submitted,

A handwritten signature in black ink that reads "Randolph L. Pearson, MD". The signature is written in a cursive style with a large initial 'R'.

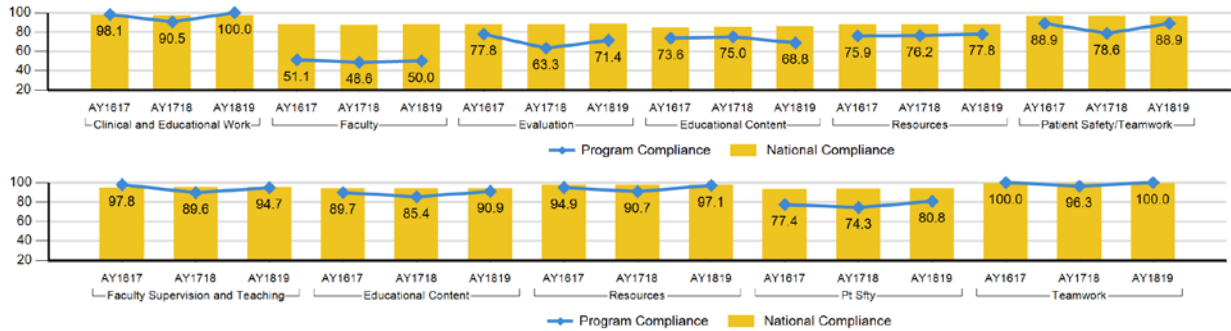
Randolph L. Pearson, MD
Assistant Dean for Graduate Medical Education
MSU-CHM

MSU-CHM Graduate Medical Education Annual Report Cardiology

Introduction

The Cardiovascular Fellowship provides high quality clinical training in settings that span the University and large tertiary care community-based hospitals with opportunities to engage in clinical or basic science research. Our graduates go on to practice in the community, to academic positions, or to complete advanced training in cardiovascular sub-specialties.

ACGME Annual Resident and Faculty Surveys



Improve the process for assigning and collecting evaluations of fellow performance, specifically for experiences wherein multiple attendings are encountered. Involve fellows in on-going cardiovascular quality improvement activities within the hospital setting. Gather additional information from fellows about their reservations regarding the environment of inquiry within the program (based on the Resident Survey). We do not have indicators from other data sources that there are significant problems with scholarly activity or attending commitment to teaching. Therefore we currently do not have enough information to formulate a reasonable response or intervention to the Resident Survey results.

Current ACGME Citations and Action Plan

None

Accomplishments

Faculty listed in the first table and Fellows in the second table.

Faculty Member	PMID	Other Publications	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Formal Courses	Domains
George Abela MD, MBA	1 - 31001767 2 - 30489496 3 - 30473710 4	4	4	1	1	1	N	N	Research Grants Reviews Committees
Appa Rao Bandi MD	1 2 3 4	0	0	1	0	0	N	N	None
Joel Cohn MD	1 2 3 4	0	0	1	0	2	N	N	None
Tim Fischell MD	1 - 31101587 2 3 4	1	1	2	0	1	N	N	Committees
John Ip MD	1 - 31225670 2 3 4	0	0	3	0	1	N	N	Research
James Schafer MD	1 2 3 4	0	0	1	0	0	N	N	None
Ronald Voice MD	1 2 3 4	0	0	5	0	0	N	N	None
Matthew Wilcox DO	1 2 3	0	0	1	0	0	N	N	None

Fellow	PMID	Other Publications	Conference Presentations	Chapters Textbooks	Participated in Research	Teaching Presentations	
Abdulmohsin Ahmadjee	1 2 3	2	0	0	Y	Y	Edit
Waseem Barham	1 2 3	0	0	0	Y	Y	Edit
Michael Kehdi	1 2 3	0	0	0	Y	Y	Edit
Mandeep Randhawa	1 - 30591770 2 3	0	4	0	Y	Y	Edit
Abdul Safadi	1 2 3	0	0	0	Y	Y	Edit
Phani Surapaneni	1 2 3	0	0	0	Y	Y	Edit

**MSU-CHM Graduate Medical Education
Annual Report
Child and Adolescent Psychiatry**

Introduction

2018 – 2019 Graduates:

- Paul Wright, M.D December 2018 – practicing in Ann Arbor, MI
- Ayesha Khan, DO June 2018 – practicing in Flint, MI

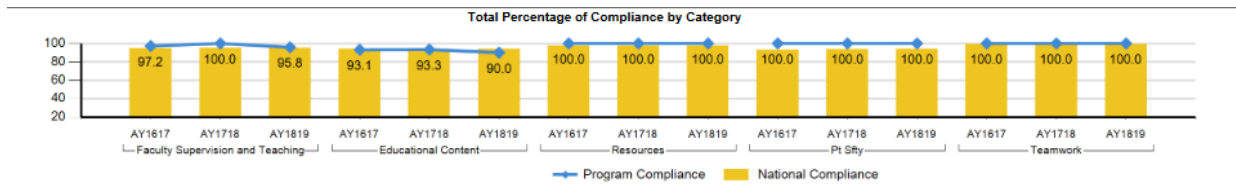
Incoming Fellows:

- Chau Tran, DO – from MSU General Psychiatry Residency
- Adrienne Westphal, DO – from MSU General Psychiatry Residency

Current Clinical Sites:

MSU Neurology/Sparrow, MSU Psychiatry Outpatient clinic, Hurley Medical Center, Clinton Eaton Ingham County Community Mental Health, University of Michigan, St. Vincent De Paul Children’s Home

ACGME Annual Faculty Survey



No Resident survey results as we only had 3 residents at the time of the survey

Current ACGME Citations and Action Plan

None

Accomplishments

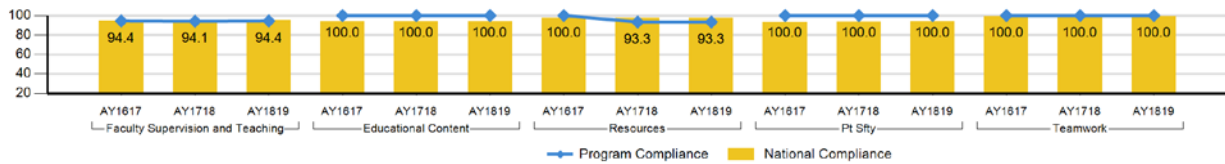
- Sin Chu, MD presented at American College of Neuropsychiatrists Regional Conference
- All fellows participated in MSU Department of Psychiatry Research Day Poster Competition

**MSU-CHM Graduate Medical Education
Annual Report
Endocrinology**

(NO REPORT SUBMITTED)

Introduction

ACGME Annual Resident and Faculty Surveys



Current ACGME Citations and Action Plan

Confidential Evaluations of Faculty and Program by Fellows Program Requirement V.B.3.a. Fellows must have the opportunity to provide confidential written evaluations of each supervising faculty member at the end of each rotation. (Detail) Program Requirement V.B.3.b. These evaluations must be reviewed with each faculty member annually. (Detail) Program Requirement V.C.2.d.1. Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually; (Detail) During the site visit, it was noted that the fellows did not have the opportunity to evaluate the faculty annually. Additionally, the fellows mentioned that suggestions for program improvement have been submitted through evaluation of the program, but that those suggestions have not been addressed. Note that evaluations of the faculty and the program by fellows must be confidential. The Committee recognizes the challenges in maintaining confidentiality in a small program, but there are certainly methods available.

Action Plans

Accomplishments

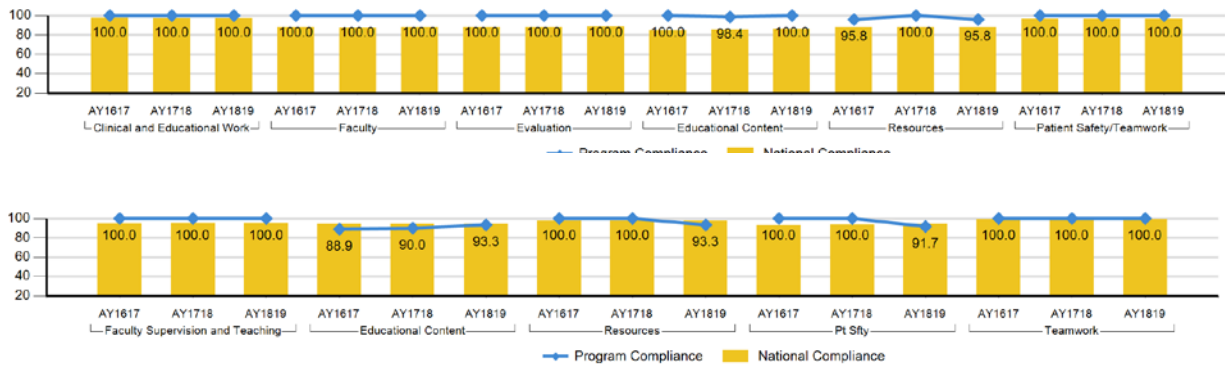
**MSU-CHM Graduate Medical Education
Annual Report
Family Medicine**

Introduction

Our program is an unopposed three-year program. We are focused on rural, community-based hospital and clinical practice. Training takes place primarily at MidMichigan Medical Center – Gratiot. Most physician office rotations and all continuity clinics are based in Alma.

We are a unique program, as our health system is affiliated with the University of Michigan, our residency program is sponsored by Michigan State University, College of Human Medicine. This provides residents with the opportunity to practice in a small community hospital, while also providing access to large academic centers as well.

ACGME Annual Resident and Faculty Surveys



On the ACGME resident survey our program was above national means in all 6 evaluated areas.

Residents overall evaluation of the program was 100% “very positive”

On the ACGME Faculty survey our program was overall rated 100% “very positive” 1 area was identified as below national mean under educational content. We were rated lower on whether faculty worked on scholarly project with residents. Our plan was to have faculty assigned on each scholarly project residents will be involved in and to stay above national mean in all areas next year.

Current ACGME Citations and Action Plan

Faculty II.B.5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core) The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, the information provided as evidence of compliance yields a dearth (or zero evidence) of scholarship among the core faculty members. Continued Non-Compliance: 01/30/2019 Faculty II.B.5. - EXTENDED The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core) Basis for extending the citation The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, upon review of the updated information, the program still lacks evidence of scholarship among the core physician faculty.

1. Our program has emphasized the importance of scholarly activity to faculty and residents.
2. We have implemented longitudinal research curriculum.
3. Each faculty is also assigned as a lead on each scholarly project that residents are working on.
4. Program has dedicated research time during their resident didactic sessions, in which all faculty and residents are present.
5. Program has implemented monthly journal clubs, in which all residents and faculty are required to be present.
6. We have one faculty member who has submitted a manuscript to JPAEA and it is currently being reviewed with approval pending.
7. Our faculty and residents also presented four poster research projects at regional conferences. One of our residents won first place award among all residency programs who presented.
8. Our goal is to continue the involvement of all of our core faculty in research, so that they can continue to serve as role models for our residents.
9. In addition to research, our plan this current academic year is for all residents and faculty to participate in reviewing articles, medical book chapters, case reports.
10. Our program will continue to participate in ongoing and future quality improvement projects. Therefore meeting minimum of three of seven scholarly domains that are required for the program.

11. Our program has started collaboration with Dr. Harper, Family Medicine Faculty and Researcher at the University of Michigan, on a Cervical Cancer research project. Dr. Harper is an internationally recognized clinical research expert in HPV associated diseases. The project involves rural white unscreened women who are at high risk of HPV infection.

Accomplishments

Dr. Nelson, third year resident won first place “Using Calculated Blood Loss as Intervention to Improve Visually Estimated Blood Loss” presentation at MSU Poster Presentation on May 23, 2019.

**MSU-CHM Graduate Medical Education
Annual Report 2018 - 2019
General Adult Psychiatry**

Introduction

Graduating Residents:

- Maninderpal Dhillon, DO – Practicing in Michigan
- Alycia Ernst, MD – Plans on doing telepsych in California
- Nolan Herrington, DO – practicing in Coldwater, MI
- Matt Huckabee, DO – practicing in Alaska

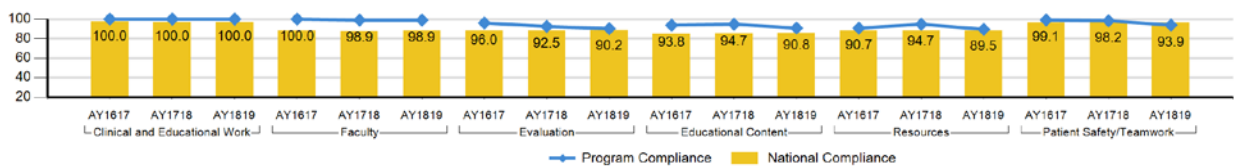
Incoming Residents:

- Rural Track: Tovah Aho, MD and Ann Marie Botros, MD – both MSUCHM graduates
- Bryan Bolen, DO – Lake Erie College of Osteopathic Medicine
- Justin Dusaj, DO – MSUCOM
- Asmara Hoo, DO – Touro University Nevada College of Osteopathic Medicine
- Matthew Johnson, DO – Ohio University Heritage College of Osteopathic Medicine
- Matthew Jonsson, DO – MSUCOM

Clinical Sites:

Sparrow, Clinton Eaton Ingham County Community Mental Health, MSU Physicians Practice, Michigan Department of Corrections

ACGME Annual Resident Survey



This year we created a feedback form with the areas we fell below the national average and asked residents to provide feedback. We had the chief residents compile the answers and reviewed any concerns with the residents during lunch meeting. We then

gave each class an area to create a quality improvement project with an idea to address any concerns.

Areas in need of further investigation:

- Satisfied that evaluations of faculty are confidential (2% below national average).
 - We reviewed that New Innovations evaluations are anonymous, residents let us know that the setting may not have been correct on some evaluations, so those were corrected.
 - Residents would like updates on program changes. Chiefs will send emails after lunch meetings and REC to ensure that everyone is aware of announcements.
 - Evaluation fatigue was addressed, we let them know that we have requirements we have to meet and investigated ways to limit questions.
 - Residents would like more feedback from faculty on rotations.

- Satisfied that program uses evaluations to improve (8% below national average)
 - Only feedback we received was that there is ongoing technology issues with the Orange, NY program when they access our lectures. We will work with the other coordinator and update technology in the rooms.

- Provide data about practice habits (18% below national average)
 - Residents suggested that some supervisors provide more direct supervision than others and would like that to be more consistent. Program will work with the CMH director to ensure supervision is meeting guidelines.
 - Issues with generating reports from EMRs has been an ongoing issue. Working with IT. Also working with faculty to ensure that distribution of patients is appropriate.
 - Ensuring patient surveys are distributed and residents receive feedback.
 - Increase neurology didactics.

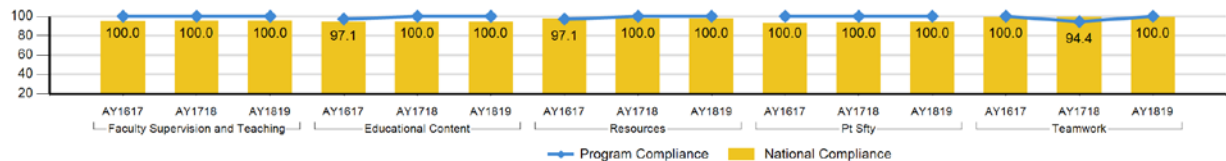
- EMR integrated across all settings (71% below national average)
 - Unable to address as we have residents at multiple sites.

- Satisfied with process to deal with problems and concerns (2% below national average)

- Participate in QI (24% below national average)

- Residents previously only did quality improvement in their 3rd and 4th years. Reviewed our CQI process and residents all were given the opportunity to complete the CQI project.
- Residents can raise concerns without fear (14% below national average)
 - Residents resistant to discuss concerns during lunch meeting. Discussed anonymous email avenues. Would like information given in direct terms when applicable and where possible. Residents would like to be reassured that if the change in policy is due to something that they are specifically doing wrong it will be addressed with them personally.
- Resident Wellness suggestions:
 - Would like 2 retreats yearly-possible wellness day-will check with SCS for funding possibilities if we discontinue psychodynamic visiting professor.
 - Would like increased encouragement and positive feedback-Kudos board in process

ACGME Annual Faculty Survey



Current ACGME Citations and Action Plan

None

Accomplishments

- All residents participated in and completed a poster for MSU Department of Psychiatry Research Day
- Emily Beary, DO won the SCS's Mark Cummings Resident Leadership and Medical Scholarship Award
- Sin Chu, MD, Alycia Ernst, MD and Matt Huckabee, DO presented at American College of Neuropsychiatrist's Regional Conference

- Emily Beary, DO attended TarryTown Leadership Conference
- Adrienne Westphal, DO presented a Morbidity and Mortality seminar
- Allie Davis, DO is on the review team for the COMLEX exam
- Krishna Vempati, DO was awarded the College of Human Medicines Outstanding Teaching Award for the Lansing Campus
- Shuchi Khosla, MD presented research about nursing students' attitudes towards mental health at:
 - APA- Poster on Nursing Student
 - MAPI - won first place for poster presentation
- Shuchi Khosla, MD and Henry Chu, MD participated in the Muslim Mental Health Conference
- Matt Karydnal, Do, Michelle Bonnet, MD and Emily Beary, DO are working with Ruth Baer, DO on a CHM quality improvement initiative

MSU-CHM Graduate Medical Education Annual Report General Surgery

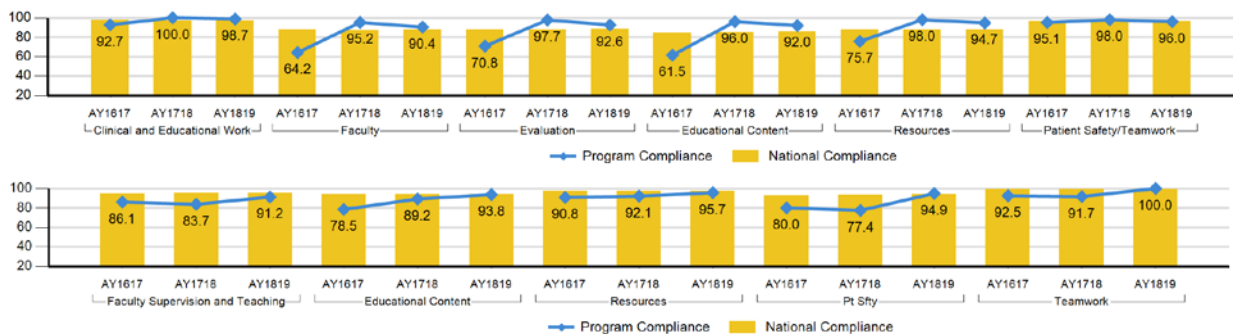
Introduction

The program's aims (i.e. goals, objectives) should describe what the program has the intention of achieving in accordance with the Common Program Requirements. The program aims should be consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates serve, and the distinctive capabilities of its graduates (e.g. leadership, research, public health).

The Sparrow/MSU Residency Program in General Surgery has the following goals:

1. Teach the interested and committed residents and students to provide the highest quality of patient care while promoting healthy, well balanced life styles.
2. Educate future surgeons to be leaders in their respective surgical communities and possess superior clinical and technical surgical skills using research and technology to achieve competence
3. Provide expert and responsible patient-centered care to our patients.
4. Promote evidence-based surgical practice, education and training to our residents.
5. Foster and facilitate clinical and basic research to advance the science of surgery and excellent patient care.

ACGME Annual Resident and Faculty Surveys



Current ACGME Citations and Action Plan

The program director must prepare and submit all information required and requested by the ACGME; (Core) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. (Core) [Program Requirement: II.A.4.g); II.A.4.g).(1)] The

information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, review of the Faculty Roster for the 2016-2107 academic year and the current academic year demonstrated that multiple physicians appear to have lapsed or no certification. Three of the seven physicians listed as having certification equivalencies have no information listed about the certification equivalency. The Resident Roster listed one resident as a transfer; however, there was no information about the years of prior training or the prior training type. Seventeen of 34 faculty members have no scholarly activity listed for the 2015-2016 academic year and 15 of 34 have no scholarship listed for academic years 2013-2016. The Block Diagram provided with the annual program update was a resident rotation schedule and did not reflect the overall educational construct of the five-year surgery program. At the time of site visit, the program reported multiple inaccuracies including errors in the Faculty Roster, errors in the reporting of PUBMED citations, and several omissions in the reporting of resources at participating sites. At the request of the site visitor, a corrected Block Diagram was provided at the time of site visit. The program's rationale for the errors and omissions was that "the previous Program Coordinator seemed to have lost interest in her duties", which the Committee determined was an unacceptable rationale and would remind the program director that he has the responsibility for the oversight of all submitted data. At the time of review, the Committee determined that the program had not exercised oversight of the data reported to the ACGME. [Program Summary for Review, p. 35-37 of 129; Program Annual Report, p. 44-46, 48, 53, 57-58, 60-61, and 71 of 129; Site Visit Report, p. 4-5] Continued Non-Compliance: 04/04/2019

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, at the time of site visit, multiple corrections were made to faculty certification, the resident roster, etc., and there were no Program Letters of Agreement between MSU and McLaren-Flint [250412] or Sparrow Hospital [250290]. In reviewing the block diagram, ten of twelve blocks are labeled General Surgery making it unclear how many chief residents will be on the same service and does not demonstrate that the program is providing rotations in the essential content areas. The program is advised to review the block diagram example provided under the participating sites tab in ADS and to revise this program's block diagram accordingly. The program must ensure that there is accurate information in ADS at all times and with each annual update.

Response:

The Program Director takes his responsibilities very seriously and regrets the shortcomings. Immediately after the site visit in January 2019, Program Letters of Agreement (PLAs) between MSU and Sparrow and MSU and McLaren Flint were

obtained and uploaded in ADS. Recognizing areas for improvement in the curriculum as well as rotation clarifications even prior to the ACGME's letter of 4/11/2019, the curriculum has been revised, and a new block diagram has been uploaded to ADS. To further clarify, the General Surgery White service PGY 5 rotation in Lansing provides a rich experience in surgery of the alimentary tract, skin and soft tissues, and breast while the General Surgery Green service PGY 5 rotation in Lansing provides an extensive experience in endocrine surgery, head and neck surgery, and surgery of the alimentary tract. Finally, updates and corrections to the faculty and resident roster have been made. The Program Director will be vigilant regarding these rosters and associated information.

The program must monitor and track graduate performance, including performance of program graduates on the certification examination. (Core) The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent five-year period, 65% of the graduates must pass each of the qualifying and certifying examinations on the first attempt. (Outcome) [Program Requirement: V.C.2.c); V.C.2.c).(1)] The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, review of the 2016-2017 Annual Board Pass Rate Report demonstrated a 59% first-time pass rate on the American Board of Surgery certifying examination for the program's graduates over the preceding 5-year average with none of three graduates passing in 2016. The program is advised to implement measures (i.e. mock oral examinations, OSCE, etc.) that ensure all graduates are adequately prepared to take and pass the qualifying and certifying examinations on the first attempt. [Program Annual Data, p. 98 of 129] Continued Non-Compliance: 04/04/2019 The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, review of the 2017-2018 Annual Board Pass Rate Report demonstrated a 59% first-time pass rate on the American Board of Surgery certifying examination for the program's graduates over the preceding 5-year average with none of two graduates passing in 2017. The Committee noted the program's response to citation, which were confirmed at the time of site visit, about the measures implemented to improve the first-time board pass rate. The Committee will continue to monitor.

Response:

The Program Director and residency program as a whole are well aware of the poor performance on first pass rate of the ABS QE and CE. To that end, major programmatic changes were made including new program director, major curriculum changes-both in clinical experience and didactic components, and increased participation in oral exams. This has resulted in all 3 of our graduating PGY 5s from 2018 passing the ABS QE and CE in first attempt. We will continue to closely monitor this.

Curriculum Organization and Resident Experiences/Chief Year [Program Requirement: IV.A.6.a).(2).(g).(iv)] Clinical assignments during the chief year must be in the essential content areas of general surgery. No more than six months of the chief year may be devoted exclusively to only one essential content area. (Core) The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, review of the block diagram provided with the program's update demonstrated there to be two one-month rotations for cardiothoracic surgery in PGY-5. The program is advised that the essential content areas are: the abdomen and its contents; the alimentary tract; skin, soft tissues, and breast; endocrine surgery; head and neck surgery; pediatric surgery; surgical critical care; surgical oncology; trauma and non-operative trauma (burn experience that includes patient management may be counted toward non-operative trauma); and the vascular system. (Core) [Program Requirement: IV.A.6.a).(2).(b).(i)] The program is further advised that noncardiac thoracic surgery may be considered an acceptable chief rotation as outlined in Program Requirement: IV.A.6.a).(2).(g).(v).

Response:

Recognizing areas for improvement in the curriculum as well as rotation clarifications even prior to the ACGME's letter of 4/11/2019, the curriculum has been revised, and a new block diagram has been uploaded to ADS. To further clarify, the General Surgery White service PGY 5 rotation in Lansing provides rich experiences in surgery of the alimentary tract and skin, soft tissues, and breast while the General Surgery Green service PGY 5 rotation in Lansing provides extensive experiences in endocrine surgery, head and neck surgery, and surgery of the alimentary tract. The remainder of the PGY 5 year provides great experiences in Trauma/Surgical Critical Care, Night Float (emergency general surgery), and Thoracic Surgery in Lansing and General Surgery and Surgical Oncology in Flint.

Accomplishments

During the Academic year we had 11 presentations. We also had 12 publications with several of them receiving PubMed ID numbers. All of these presentations and publications had both faculty and resident involvement. Several Residents participated in the Mid-Michigan Research Day and Dr. Lavery won for her presentation. Dr. Dougherty has had 3 publications and Dr. Lavery has written multiple questions for SCORE.

**MSU-CHM Graduate Medical Education
Annual Report 2018-2019
Geriatric Psychiatry**

Introduction

There was no fellow in the Geriatric Fellowship for the 2018 – 2019.

Current Clinical sites: Ingham County Medical Care Facility, Sparrow St. Lawrence, Clinton Eaton Ingham County Community Mental Health, MSU Physician Health Practices

ACGME Annual Resident and Faculty Surveys

None

Current ACGME Citations and Action Plan

None

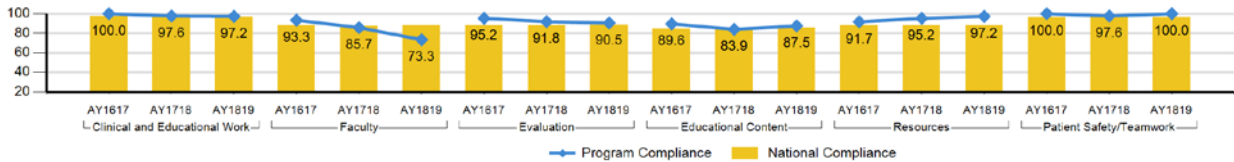
**MSU-CHM Graduate Medical Education
Annual Report
Hematology and Oncology**

Introduction

The Hematology/Oncology Fellowship program at Michigan State University is fully accredited by the ACGME and offers combined fellowship leading to board eligibility in Hematology and Oncology. During the first year, fellows are predominately involved with the care of hematology and oncology patients. In the second year, fellows are encouraged to develop a research project with one of the faculty members.

Outpatient clinical activities are located at the MSU Breslin Cancer Center adjacent to McLaren Greater Lansing. In-patients are hospitalized in special oncology units staffed by oncology nurses, clinical pharmacist, physicians and occupational therapists. In addition, statewide hemophilia clinics are available in the spring, summer, and fall for interested fellows.

ACGME Annual Resident and Faculty Surveys



Clinical and Educational Work:

Score 97.2: We are within national compliance. We had a similar score of 95.2 last year, however we were 100 two years ago. Our score has improved slightly from last year.

Faculty:

Score 73.3: We are below national compliance. Last year the score was 85.7, which was at national compliance, and 2 years ago we were above national compliance at 93.3. We lost two faculty members this past year. This resulted in only two remaining active core teaching faculty members. This was reflected in this lower faculty evaluation. An ACTION PLAN was developed to hire two more core teaching faculty members. We have now already hired two additional core teaching faculty members and are back at our full complement of teaching faculty. We expect to improve our score with the hiring of the new faculty.

Evaluation:

Score 90.5: We are within national compliance. Last year our score was 91.8, and two years prior we were at 95.2, above national compliance. This is an area we will continue to monitor, since our scores have decreased, but are still within national compliance.

Educational Content:

Score 87.5: We are within national compliance. Two years ago we scored 89.6, which was above national compliance, and last year we scored 83.9, which was at national compliance. In the past year we have improved in this category.

Resources:

Score 97.2: We are above national compliance. We were above national compliance 2 years ago at 91.7, and one year ago we were at 95.2, also above national compliance. We have improved in this category since last year.

Patient Safety/Teamwork:

Score 100.0: We are above national compliance. Last year we were at 97.6 and two years ago we were at 100.0. We are holding steady in this category.

Current ACGME Citations and Action Plan

None

Accomplishments

- **Cole C.** The International Myeloma Foundation is holding a Regional Community Workshop in Detroit on June 15: <https://www.myeloma.org/events/regional-community-workshop-detroit-mi>
- **Cole C.** International Myeloma Foundation is holding a Regional Community Workshop in Pittsburgh on June 29: <https://www.myeloma.org/events/regional-community-workshop-pittsburgh-pa>
- The educational series, “Myeloma Ask the Doctor”, featured: Dr. **Craig Emmitt Cole**, Assistant Professor of Medicine, Michigan State University, May 21, 2019. <https://curemultiplemyeloma.org/ask-the-doctor-breakfasts/>
- **Almohammadi A, Lundin MS, Abro C, Hrinczenko B.** Epistaxis and gross haematuria with severe thrombocytopaenia associated with influenza vaccination. BMJ Case Rep. 2019 May 6;12(5). pii: e229423. doi: 10.1136/bcr-2019-229423. PubMed PMID: 31061198. <https://www.ncbi.nlm.nih.gov/pubmed/31061198>
- **Alsara A, Almohammadi A, Alsubait S, Heideman C, Hrinczenko B,** “Unexpected Diagnosis During Evaluation For Pancytopenia,” poster presentation, 14th Annual

Mid-Michigan Regional Research Day, April 18, 2019, GME, Inc., MSU, East Lansing, Michigan.

- **Almohammadi A**, Lundin MS, **Hrinczenko B**, “Severe acute vitamin B12 deficiency secondary to recreational nitrous oxide use,” poster presentation, 14th Annual Mid-Michigan Regional Research Day, April 18, 2019, GME, Inc., MSU, East Lansing, Michigan.
- **Hrinczenko B**, “MSU Cancer Research Highlights,” Department of Medicine, Grand Rounds, Michigan State University, Sparrow Hospital, May 28, 2019, Lansing, Michigan.

Honors

- **Anas Alsara** – 2018-2019 Fellow of the Year, McLaren Greater Lansing
- **Daniel Isaac** – 2018-2019 Excellence in Academic Award, McLaren Greater Lansing

**MSU-CHM Graduate Medical Education
Annual Report
Infectious Disease**

Introduction

The Michigan State University-Sparrow Hospital Infectious Disease Fellowship Program is a community-based program that focuses on patient care and education.

The aims of the program are to teach state-of-the-art infectious disease patient care to fellows

in a community setting through direct patient experience and didactic programs, to educate them in the basics of Infection Prevention and research, and teach them to be leaders in the medical community.

Fellows are supervised by MSU employed faculty for all patient care activities. There are currently 5 board-certified ID clinicians who supervise fellows clinically

Our program ensures quality training in patient care through daily direct observation of fellow performance in diagnosing and managing patients with acute and chronic infectious disease problems. Fellows care for persons with HIV/AIDS through our affiliation with the Ingham County Health Department and in the General Infectious Disease Clinic at Michigan State University. This allows fellows to experience the wide variety of social and medical problems patients who live with HIV/AIDS can face. Fellows also care for numerous patients who have hepatitis B and C through these clinics in addition to seeing hospital follow-ups and outpatient evaluations.

ACGME Annual Resident and Faculty Surveys

None

Current ACGME Citations and Action Plan

None

Faculty Accomplishments

Dr. Subhashis Mitra

Publications

1. Stein G, Smith C, Scharmen A, Nicolau D, Cooper C, Kuti J, **Mitra S**, Kidd J, Havlichek D. A Pharmacokinetic and Pharmacodynamics Analysis of

Ceftazidime/Avibactam in Critically Ill Patients. *Surg Infect*. 2018 Oct 23. doi: 10.1089/sur.2018.141. [Epub ahead of print]

2. Nangle S, **Mitra S**, Roskos S, Havlichek D. Cytomegalovirus infection in immunocompetent adults: Is observation still the best strategy? *ID Cases*. 2018;14: e00442
3. Mujer MT, Rai MP, Hassanein M, **Mitra S**. Emphysematous Osteomyelitis. *BMJ Case Rep*. 2018 Jul 15;2018
4. Mitra S, Havlichek D. (Book Chapter) Infectious diseases and cardiovascular thrombosis-pathology, diagnosis and management. In *Cardiovascular Thrombus: From Pathology and Clinical Presentation to Imaging, Pharmacotherapy and Interventions*. Ed. On Topaz, August 2018

Presentations

- *Streptococcus pyogenes* liver abscess as the presenting manifestation of colon malignancy. Hawkins M, Mitra S, Cooper C. Presented at 2019 MIDS Annual Meeting, Ann Arbor, MI on 03/2019.
- MSU Internal Medicine Grand Rounds at Sparrow Hospital, Lansing, MI. March, 19, 2019. Update on Infectious Diseases (CME).

Honors

- Fellow of Infectious Diseases Society of America (FIDSA)

Dr. Daniel Havlichek

Publications

1. Stein G, Smith C, Scharmen A, Nicolau D, Cooper C, Kuti J, Mitra S, Kidd J, Havlichek D. A Pharmacokinetic and Pharmacodynamics Analysis of Ceftazidime/Avibactam in Critically Ill Patients *Surg Infect* (Larchmt). 2019 Jan;20(1):55-61. doi: 10.1089/sur.2018.141. Epub 2018 Oct 23. PMID: 30351195
2. Lemierre Syndrome & 2016 American College of Physician guidelines for pharyngitis: No to empiric coverage for bacterial pharyngitis. While no role for routine *Fusobacterium* PCR, keep suspicion for this pathogen. Lundin MS, Bastakoti S, Havlichek D, Laird-Fick H. *BMJ Case Rep*. 2018 Jul 19;2018. pii: bcr-2018-225149. doi: 10.1136/bcr-2018-225149. PMID: 30030249

3. [Native joint septic arthritis with *Veillonella* species.](#) Shah S, Havlichek D. BMJ Case Rep. 2019 May 27;12(5). pii: e229953. doi: 10.1136/bcr-2019-229953.
4. [Postdischarge Infection Risk among MRSA Carriers.](#) Havlichek D Jr. (letter) N Engl J Med. 2019 May 30;380(22):2182. doi: 10.1056/NEJMc1903763
5. Nangle S, Mitra S, Roskos S, Havlichek D. Cytomegalovirus infection in immunocompetent adults: Is observation still the best strategy? ID Cases. 2018;14: e00442
6. Mitra S, Havlichek D. (Book Chapter) Infectious diseases and cardiovascular thrombosis-pathology, diagnosis and management. In *Cardiovascular Thrombus: From Pathology and Clinical Presentation to Imaging, Pharmacotherapy and Interventions*. Ed. On Topaz, August 2018

Presentations:

- IM residents: Febrile neutropenia
- Fellows: Board Review/Journal Club/ectoparasites

Dr. Christopher Cooper

Publications

1. Henig O, Cooper CC, Kaye KS, Lephart P, Salimnia H, Taylor M, Hussain N, Hussain Z, Deeds K, Hayat U, Patel P, Pogue JM. The hypothetical impact of Accelerate Pheno™ system on time to effective therapy and time to definitive therapy in an institution with an established antimicrobial stewardship program currently utilizing rapid genotypic organism/resistance marker identification. J Antimicrob Chemother. 2019 Jan 1;74(Supplement_1):i32-i39. PMID: 30690538
2. Henig O, Kaye KS, Chandramohan S, Cooper CC, Lephart P, Salimnia H, Taylor M, Pogue JM. The Hypothetical Impact of Accelerate Pheno (ACC) on Time to Effective Therapy and Time to Definitive Therapy for bloodstream infections due to drug-resistant Gram-negative bacilli. Antimicrob Agents Chemother. 2019 Feb 26;63(3). PMID: 30559141

3. Stein GE, Smith CL, Scharmen A, Kidd JM, Cooper C, Kuti J, Mitra S, Nicolau DP, Havlichek DH. Pharmacokinetic and Pharmacodynamic Analysis of Ceftazidime/Avibactam in Critically Ill Patients. *Surg Infect*. 2019 Jan;20(1):55-61. PMID: 303511

Presentations

Streptococcus pyogenes liver abscess as the presenting manifestation of colon malignancy. Hawkins M, Mitra S, Cooper C. Presented at 2019 MIDS Annual Meeting, Ann Arbor, MI on 03/2019.

Fellow Accomplishment

Dr Sarah Nangle

Publication

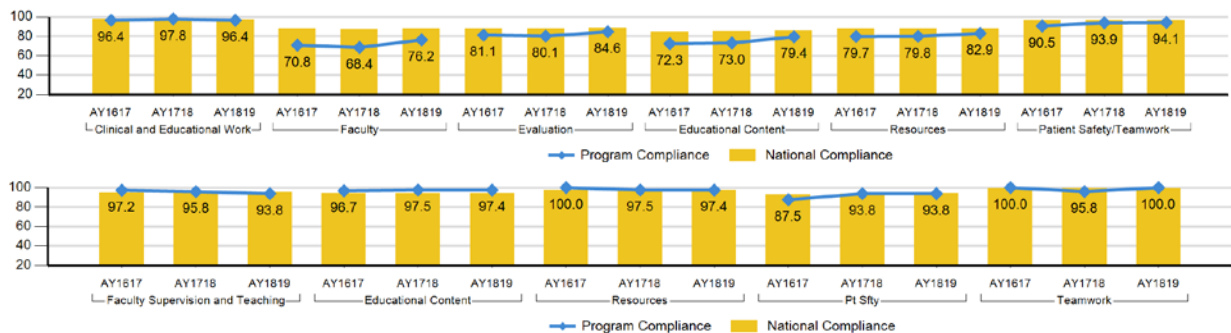
Nangle S, Mitra S, Roskos S, Havlichek D. Cytomegalovirus infection in immunocompetent adults: Is observation still the best strategy? *ID Cases*. 2018;14: e00442

MSU-CHM Graduate Medical Education Annual Report Internal Medicine

Introduction

MSU IM is currently running with 47 residents having gained 10 who were formerly part of the Sparrow IM program. We had our ACGME 10-year site visit this past fall (October 2018) and it went well with no major concerns or citations. We graduated 15 residents this past June, many of whom are going on to highly competitive fellowship programs. We successfully retained 2 Graduates – 1 in the Hospitalist Program and the other in Cardiology fellowship at Sparrow Hospital, Lansing.

ACGME Annual Resident and Faculty Surveys



Overall, our resident survey had best performance in the last 5 years, and our faculty survey remains stable.

Current ACGME Citations and Action Plan

None

Major changes / Accomplishments

Complement increase: We were approved of a complement increase of 10 residents. This had been requested to help with the movement of 10 residents from a Sparrow Internal Medicine program within the same hospital (Sparrow Internal Medicine Residency), with plans for change in sponsorship of the unified program from MSU to Sparrow Hospital.

4th year chief-resident back with us: Last year, we managed with four of the 3rd year Chief-residents. We are fortunate to have our regular 4th year chief-resident spot filled for this year.

Simulations and Procedure training: Sparrow hospital has formally designated a Procedure training team that is responsible for overseeing procedure competency for entire GME trainees. This team has already started working with all our intern batch in simulation lab.

FCCS training - Fundamentals of Critical Care Support - Our residents have started undergoing 2-day rigorous residential workshop through this FCCS training course to enhance their education in Critical Care Settings.

Interdisciplinary rounding (IDR) in ICU had yielded success in ICU metrics around line infections, CAUTIs etc. We have expanded this to the inpatient ward as well. One of our four rounding teams is now a designated IDR team, that comprises a round-table discussed among dietician, case manager, social worker, all RNs, Department manager, attending, residents and students.

Residents' continuity clinics have moved to a closer site. Clinics are now located across the street from the main teaching hospital with a contiguous EMR - inpatient and outpatient EPIC (before outpatient was Athena).

Overall ITE results have shown positive shift in the last academic year. Last year, we had 15/15 (13 first time takers and 2 repeats) pass the ABIM boards.

Receiving of 1.1 million dollar NIH grant as a co-investigator (Program Director Dr. Supratik Rayamajhi) for " Smart devices for cuff-less blood pressure monitoring".

Promotions of Associate Program Director to Associate Professor rank (Dr. Nazia Khan)/Core Faculty to Professor rank (Dr. Heather Laird-Fick) were major faculty achievements.

Our program proudly received a 0.5 Million dollars from MHEF - Michigan Health Endowment Fund - grant for educational innovation in development of CPCC curriculum (Caring for Patients with Chronic Conditions). Both program director and associate program director are co-investigators on the grant. This curriculum promises to enhance resident's KAP towards better utilization of non-medical community resources available

through AAAs (Area Agencies for Aging) that will better care transformation, integration and care transition in outpatient settings.

During the current academic year, program is in a transition stage in terms of a change from the university sponsorship to hospital sponsorship.

Lilit Karatpetyan – PGY3 – was inducted into the alpha omega alpha gamma chapter of CHM.

PMIDs for Faculty Publications:

Supratik Rayamajhi, MD

- 30868548
- 30356364
- 31001767
- 30665092

Nazia Khan, MD, MS

- 30859113

Heather Laird-Fick, MD, MPH

- 30936367
- 30580300

Mukta Sharma, MD

- 31042860

Robert Smith, MD, MS

- 30126678

PMIDs for Graduating resident publications:

Michael Lundin

- 31177197
- 31061198
- 30936367

Ahmad Alratroot

- 29445143
- 31001767
- 30413468

Om Dawani

- 29445143

Mohamed Hassanein

- 30591770
- 30356364
- 30580300

Lilit Karapetyan

- 30356364
- 29567089
- 29769385

Divyesh Nemakayala

- 30567854
- 30407259
- 30057835

Manoj Rai

- 30567854
- 30413468
- 30279257

Presentations:

Our faculty and residents presented several posters and did oral presentations at local, regional, national and international conferences over the course of the last academic year.

**MSU-CHM Graduate Medical Education
Annual Report
Interventional Cardiology**

Introduction

Program Director: Tim A. Fischell, MD

Graduating residents and destinations:

- Sourabh Aggarwal, MD – Phoenix, Arizona
- Abilash Balmuri – Alabaster, Alabama
- Jawwad Yusuf, MD – Memphis, Tennessee

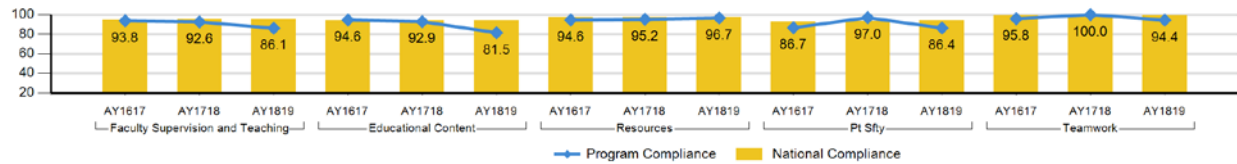
Incoming residents and medical school attended:

- Murad F.S Abdelsalam- Arab Medical University
- Mandeep Singh Randhawa- Government Medical College, Amritsar, India
- Salem, A. Salem- University of Jerusalem, Israel

Faculty changes

- Addition of Dr. Paven Kotaru to our program. Dr. Kotaru completed his interventional cardiology fellowship from our own program. We are pleased to have him on board. His faculty appointment began in the 2019 fellowship year.
- Dr. Robert Lapenna resigned his Faculty position with the interventional fellowship program.

ACGME Annual Resident and Faculty Surveys



Current ACGME Citations and Action Plan

None

Accomplishments

- We have had a very successful academic year in 2018/2019. We have just graduated three outstanding interventional cardiology fellows from the program. The fellows have shown tremendous improvement and excellent skill sets at the end of their training year. We expect all three fellows to sit for the interventional cardiology (ABIM) exams in the coming year, and to pass the board exam without difficulty, as per our prior experience with our fellows. All three of the fellows have obtained excellent positions in their respective locations.
- In addition to continuing our high-volume interventional cardiology-training program during the last year we have continued our alliance with rotations in peripheral vascular intervention in Grand Rapids, at Advanced Cardiac Vascular Centers for Amputation Prevention. with Dr. Jihad Mustapha and will continue to be offered to enhance our fellows' peripheral vascular interventional training in the coming year.
- Finally, we have continued our tradition of academic work with publications during the past academic and several additional publications in preparation. We have responded to queries following our successful ACGME site visit in May 2010. We have successfully passed our 10-year site visit without any citations
- In summary, we have had a very successful year in fellowship training and continued success of our prior fellows. We have had successful navigation thru our ACGME review and re-accreditation. We have a talented group of interventional cardiology fellows that started July 1, 2019 and look forward to our ongoing affiliation with Michigan State University.

Honors (resident and faculty):

- Several Exceptional Performer awards to faculty (Dr. Fischell, Dr. Gupta)
- Continuing Medical Education opportunities supported by Abbott Vascular, Medtronic, & Boston Scientific along with others.

Challenges/opportunities for upcoming year:

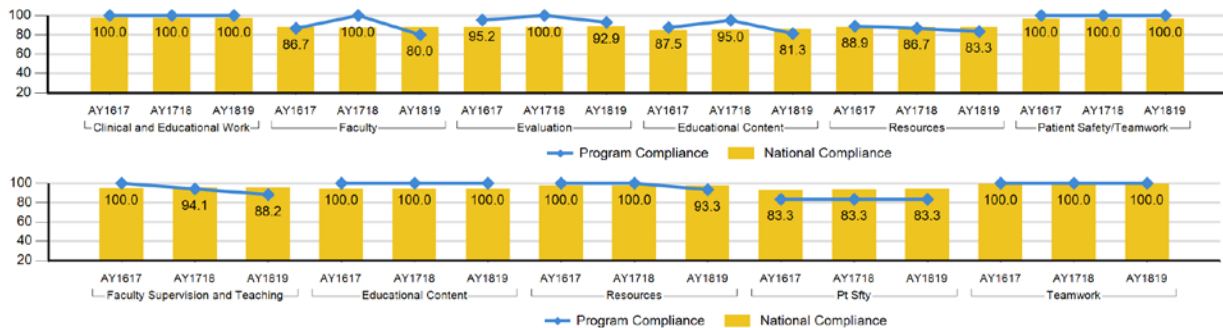
- We continue to have some challenges with regard to clinical volumes for training purposes in peripheral vascular disease. We continue to strive to provide comprehensive training in peripheral vascular disease and in structural heart disease intervention. For this reason, we have expanded the clinical experiences for the fellows with our continued collaboration with Dr. Mustapha in Grand Rapids, MI. We are hoping to continue to expand our faculty base to also address volume and diversity of training for our fellows.
- Additionally, Drs. Gupta and Saltiel have an active TAVR (percutaneous aortic valve replacement and Mitral Clip) program to allow exposure of the fellows to state-of-the-art structural heart intervention. Dr. Fischell has created an active CTO (Chronic Total Occlusion) program to allow exposure of the fellows to complex coronary interventions. These programs provide a great, cutting edge clinical opportunity for our fellows.
- Despite the national trend of decreasing coronary interventional volumes, we continue to have excellent volume, with each of the recent fellow graduates participating in >900 coronary interventions. This makes our program still a high volume and sought-after program.

MSU-CHM Graduate Medical Education Annual Report Neonatology

Introduction

General Information about program - The overarching goal of our fellowship training in neonatal-perinatal medicine is to provide educational experiences that prepare our fellows to be competent neonatologists, able to provide comprehensive, coordinated care to a broad range of critically ill newborn infants. The fellows' educational experiences emphasize the competencies and skills needed to practice neonatal-perinatal medicine of high quality either in the community or in an academic setting. In addition, fellows are to become sufficiently familiar with the fields of subspecialty pediatrics to enable them to participate as team members in the care of babies with complex and life-threatening disorders. The clinical training is carried out during rotations and on-call duty in our regional level IIIB neonatal intensive care unit and participation in the developmental assessment clinic; rotation through the high-risk obstetric / maternal-fetal medicine unit at Sparrow Hospital and rotation through the cardiovascular surgery and extra-corporeal life support (ECLS) unit at the University of Michigan. To satisfy the research requirement of their training, fellows acquire knowledge in Biostatistics and Research Methods through talks and seminars given by fellows and faculty. These exercises cover the 'core knowledge in scholarly activities' section of the American Board of Pediatrics content outline in neonatal-perinatal medicine. The fellows design, carry out and prepare for publication a hypothesis driven research project before the end of their training.

ACGME Annual Resident and Faculty Surveys



Faculty

- 1) Faculty and staff interested in residency education – Educational day for the program is Tuesday from 2 to 5 PM. Attendings, Fellows and Advanced Practice providers will be reminded during unit huddle at 9 AM that fellows need to leave the NICU at 2 PM to attend educational program. On-service fellow's time will be protected to attend educational activities. Advanced Practice provider that will take over fellow's pager will be designated at the 9 AM huddle. All fellows are expected to attend ALL educational activities scheduled for Tuesdays. It is the expectation of the program that 75% of faculty will attend educational activities on Tuesdays. A sign-in sheet is maintained every Tuesday to monitor attendance by fellows and faculty. Record of faculty attendance and participation in Tuesdays' educational programs (as is currently done with attendance in Pediatric grand rounds) will be evaluated as part of faculty annual evaluation. Faculty and fellows can attend programs by zoom if they absolutely cannot attend in person due to research or other commitments.
- 2) Faculty and staff create environment of enquiry – In the RNICU, the fellows are responsible for direct supervision and guidance of pediatric residents and advanced neonatal practice providers. They are encouraged to play leading roles during daily bedside rounds and to stimulate discussion of ongoing or new problems identified on each baby during rounds. They are also encouraged and are expected to suggest differential diagnoses and plan(s) of care for problems identified. Fellows are encouraged and expected to search and provide literature / evidence for their differentials and plans. Fellows are also expected to give a couple of presentations during sit-down teaching rounds for pediatric residents and medical students with guidance from the on-service attendings. As indicated in 1) above, fellows are given protected time to attend their educational programs on Tuesday afternoon and other required educational activities. We shall work on better enforcement of these ground rules going forward to improve the environment of enquiry in the NICU. Furthermore, in our efforts to improve an environment of inquiry for our fellows, faculty has made the decision to start morning clinical rounds at 8.30 AM instead of the current 9.00 AM. We believe this will result in earlier completion of clinical rounds and leave more time for teaching rounds for faculty and fellows. This will also create time for fellows to attend relevant educational conferences that often take place about lunch time.

Evaluation

- 1) Satisfied that Program uses evaluations to improve – Faculty plan to review the aggregate and confidential evaluation of the faculty and program by fellows at a faculty meeting. Areas of concern to the fellows will be discussed by all faculty; they will formulate plans to remedy the areas of concern. Plans to remedy the areas of concern identified by fellows will be relayed back to the fellows by the program director to avoid gaps in communication.

Educational Content

- 1) Instructed how to manage fatigue – Program adheres to Hospital /GME policy on duty hours to limit fatigue. Our GME department support fellows' Well-being via various resources, including 'Be Well 365' (available on-line). The GME department also organizes resident enrichment series which is mandatory for all fellows to attend. The series provides instruction in several areas including self-assessment of wellness and promote knowledge of fatigue and sleep hygiene. The program will ensure that all fellows make use of all resources, including Grand rounds on Wellness, directed at recognizing and managing fatigue.
- 2) Provide data about practice habits – There are seven full time faculty involved in training our fellows and while each faculty has his or her own style of practice, we have developed guidelines for the management of several problems that we see commonly in our patient population. Our fellows contribute to the development of the guidelines and protocols by getting involved in the discussions during the formulation stage and by being actively involved in ensuring implementation and adherence to the guidelines and documenting reasons for deviation when the guidelines / protocols are not followed. Currently, there are guidelines / protocol in place for management of small babies, feeding very low birth weight (VLBW) infants, breast feeding/provision of breast milk by mothers of VLBW infants, neonatal abstinence syndrome etc. Whilst on clinical rotation, the fellows are empowered to run the Unit and they assume responsibility for implementing the above guidelines and protocols. As part of the evaluation of their performance during the rotation, the program plans to collect data on their practice habits in various areas including age at initiation of enteral feedings in small babies, proportion of mothers of small babies providing breast milk for their babies, adherence to the neonatal abstinence syndrome protocol during the month. These data will be reviewed with the fellow by the supervising Attending Neonatologist.

Resources

- 1) Provided a way to transition care when fatigued – Transition of care occur at the beginning and end of call / shift. In case of illness or fatigue, the fellow will sign out to the advanced practice provider on duty with him or her during the day who then signs out to the on-call team when they arrive. The fellow is on-call at night with another fellow or an advanced practice provider; in case of illness or fatigue, the fellow will sign out to the second person on call overnight who will then sign out to the day team. This system has worked well so far but we will do an evaluation of the system in the future and make adjustments as needed.
- 2) Residents can raise concerns without fear – Our program has a total of 5 fellows, with one or two fellows on clinical service on any given rotation; because of the small numbers, it is often difficult to ensure anonymity. In order to improve fellows' level of comfort with faculty, the program plans to create more opportunities for social interactions between fellow and faculty. We also proposed that fellows be free to select a mentor or an advocate among faculty with whom they can comfortably discuss concerns related or unrelated to their training. This mentor/advocate could be a different person from the research/scholarly mentor. We believe this may ease the fear some fellows have when they have to raise concern, especially if the concern has to do with a faculty member.

Current ACGME Citations and Action Plan

None.

Accomplishments

Awards

Dr. Mark Kadrofske 2018-19 Ray E. Helfer Faculty Teaching Award, Michigan State University

Grants

Dr. Mark Kadrofske

2016 NIH/National Heart Lung Blood Institute (renewal of NIH RFA-HL-16-008):

Research Education Program to Increase Diversity in Health-Related Research

Role: Co-I and Medical Director; (PI: E. Crockett)

Funding period: 2016-2021

Total award = \$780,453 (direct costs)

2018 The Sparrow Foundation
Role of Angiotensin System in Mucosal Wound Healing
Role: Faculty mentor/research supervisor to Dr. Jenny Bellodas
Funding period: 2017-2019

Dr. Said Omar

Jul 2018-Jul 2019 Government of Egypt; Salary support for Year 1.
Research Scholar: Rash Teleb, MD; \$41,000.
Research Support to Dr. Omar Lab \$5,000

Peer-Reviewed Publications

Necrotizing Enterocolitis.
Bellodas Sanchez J, Kadrofske M.
Neurogastroenterol Motil. 2019 Mar;31(3):e13569. doi:
0.1111/nmo.13569.
Angusamy S, Mansour T, Abdulmageed M, Han R, Schutte B, LaPres J,
Harkema J, Omar S. Altered Thymocyte and T cell Development in
Neonatal Mice with Hyperoxia-induced Lung Injury. J. Perinatal Med.
2018; 46(4): 441-449 Review.

Manuscripts Submitted for Publication

Angiotensin-(1-7) Enhances Wound Healing in the Mouse Small Intestine
Bellodas Sanchez J, Lockwood L, Shah R, Kadrofske M.
Pediatric Research 2019

Book Chapter

Nantais-Smith L, Herrington C, Kadrofske, M. (2019). Placental
Development and Function. In Basic Principles of Fetal and Neonatal
Physiology. Chapter 2, pp 17-38. Podcast link to 'Transplacental Gas
Transfer'

Abstracts Presented at National and International Conferences

Shah R, Lockwood L, Crockett E, Kadrofske M. Angiotensin-(1-7)
stimulates enterocyte migration. Mid-Michigan Symposium for
Undergraduate Research Experiences (Mid-SURE), July 24, 2018, East
Lansing, MI [poster presentations by R Shah].

Ismail E, Kadrofske M, Stiffler M, Zayed Y. High-flow nasal canula versus nasal continuous positive airway pressure for primary respiratory distress in preterm infants: a meta-analysis of randomized controlled trials. 18th Annual Pediatric Research Day. March 27, 2019, E. Lansing, MI. [poster presentation by E. Ismai].

Chokshi N, Taqatqa A, Kadrofske M. High index of suspicion and early diagnosis of mosaic turner syndrome (45XO, 46XY, 47XYY). 18th Annual Pediatric Research Day. March 27, 2019, E. Lansing, MI. [poster presentation by N. Chokshi].

Bird W, Lockwood L, Crockett E, Kadrofske M. The effect of AVE0991 on Caco-2 enterocyte migration. Mid-Michigan Symposium for Undergraduate Research Experiences (Mid-SURE), July 24, 2019, East Lansing, MI [poster presentations by W Bird].

Olomu IN, Pena-Cortes L, Long R and Mulks MH, Failure to Detect a Placental Microbiome; Presented at the Pediatric Academic Societies Annual Conference, Baltimore, MD May 2019

Sethuraman V, Pu Y, Jing J, Long R, Olomu I and Veiga-Lopez A; Cholesterol and Sterol ABC Transporters Responsiveness to Syncytialization is Blunted in Term Pre-eclamptic Human Cytotrophoblasts. Presented at the Pediatric Academic Societies Annual Conference, Baltimore, MD May 2019

Karna P, MICQI Group Poster - NAS ICD-10: Much Ado About Nothing? Submitted - VON Annual Quality meeting at Chicago. Oct 2018

Karna P: Current and future Collaborative Opportunities to Improve Michigan NICU Health. Society of Michigan Neonatologist, Lansing, MI, October 2018

Karna P, + Faculty: Creating Inclusive community connections: Physician Panel and Students, MSU, September 2018

Hair AB, Karna P: Multicenter Randomized Controlled Trial: The Use of Human Milk Cream to Decrease Length of Stay in Extremely Premature Infants. Pediatric Academic Society meeting (PAS). May 2019

Karna P: Setting the stage: NAS care in Michigan. MICQI Annual Meeting,
May
2019

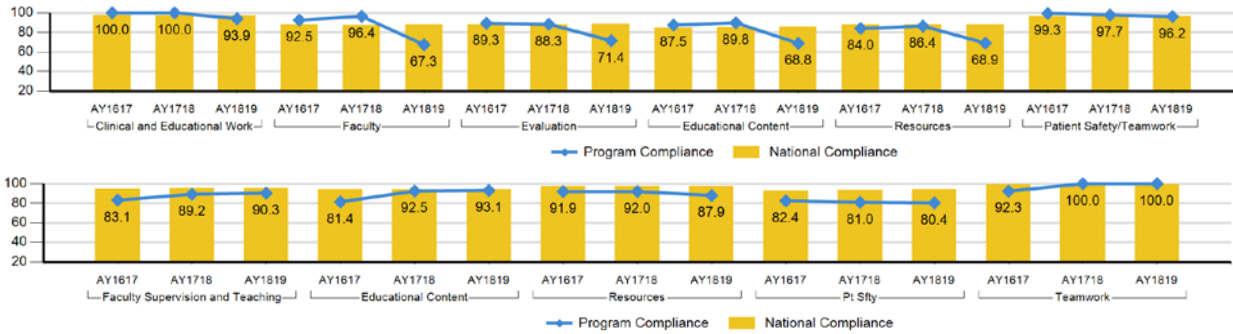
Multicenter Studies/Clinical Trials

2015-2018 A Randomized Trial of the Use of Human Milk Cream to
Decrease Length of Stay in Extremely Premature Infants
(OSP/CGA#144183) [IRRC:1575M]. Sponsored by Prolacta Bioscience®.
Site PI. Padmani Karna, Said Omar

MSU-CHM Graduate Medical Education Annual Report Pediatrics

Introduction - Michigan State University at Sparrow Hospital Pediatric residency

ACGME Annual Resident and Faculty Surveys



1. Clinical and educational work – compliance with 80 hr work week - is mainly related to the pediatric floor doing work from home that cannot be completed during regular hours. (post clinics etc.) Floor rounding seems to take an excess amount of time. I have met with Dr. Martin and will be having more meetings with him and attendings and chiefs to try and correct this. It seems to be getting better.

2. Faculty – Sufficient supervision 77% - Why? Appropriate level of supervision 95% - There seems to be discrepancy between the two. Sufficient Instruction 64% - residents want more sit-down didactics on the floor.

This has been compromised by long rounds. It's been discussed with Dr. Martin and they will try to improve this with a set of routine discussions. We are also looking at changing AM reports to have with floor attendings as opposed to outpatient attendings. Faculty interested in residency education/creating an environment of inquiry – This is certainly not what I see on evaluations we get or in discussions with residents. It again seems to go back to inefficient floor rounds. There is a general feeling that faculty get redundant and dumbed down to the lowest resident, ie. Going over simple things, over and over that have been discussed at length in the past such as RSV management.

3. Evaluation – Satisfied that evals are confidential. Residents are concerned it is too easy to *speculate who wrote the evaluations. We batch evals on the floor when “anonymous” is requested, to try to eliminate this issue but it does delay feedback. Opportunity to evaluate the program - not sure what the issue is. Resident get evals to complete thru NI after each rotation. Satisfied that evals are used to improve the program - It can be slow at times, but I do save all critiquing **it appropriate and try to act on them. I give all feedback to attendings and annual reviews. As mentioned above I am actively working on floor issues. Feedback is an ongoing issue, especially at mid rotation. We also had a problem last year with attending evaluations from the floor. We didn't get any evals. We are working on fixing this. Jodi is going to meet with attendings to try to figure out what is going wrong.
4. Educational Content – fatigue management was a talk given by Ashweena recently. Scholarly activities is reassigned to Dr. Kadrofske to oversee which should be helpful. The balance between education and other demands. Residents need to be able to rely more on ancillary staff to help with paperwork etc. (referrals, ancillary services etc). Provided data, I'm having ongoing discussions with IT at HD to try to get residents data. The problems currently with how pts are assigned to attendings/residents which we are working on.
5. Resources – 3 different EMR programs. (EPIC that Sparrow uses, Athena that MSU uses and next Gen is what the health department clinic uses) I'm not sure how to fix this. Transition for fatigue lecture was given recently. Resident satisfied with process to deal with concerns or problems. Can they be raised without fear? I feel I have an open door to listen to complaints and keep files of the issues. It seems residents are concerned about giving negative feedback re: attendings in writing. I have previously discussed they can email me or sit with me to discuss issues. We have done this once in the past year. Education compromised by other learners. It takes extra time to train students and rotating residents. Because of this survey we did turn away FP residents from Ingham this year. Not sure how to fix this.

Current ACGME Citations and Action Plan

None

Accomplishments

2019 Resident Graduates and destinations:

1. **Jordan Fett MD** – Arkansas Children's Hospital for Pediatric Pulmonology fellowship
2. **Lindsay Huckabee DO** – US Air Force at Joint Base Elmendorf-Richardson in Anchorage, Alaska.
3. **Allison Kidwell DO** – Pediatric Care of Lansing
4. **Abdullah Sharaf MD** – Henry Ford Allegiance in Jackson, MI
5. **Lauren Strady DO** – University of Maryland Shore Medical Group
6. **Stephanie Vanderstelt DO** – Lansing Pediatric Associates
7. **Jasmine Virk MD** – Chantilly Pediatrics, Northern Virginia
8. **Marc Zafferani DO** – Pediatric critical care fellowship at Phoenix children's hospital, AZ

Incoming residents and medical school attended:

1. **Burmeister, Liala, DO** - MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE
2. **Montoya, Stephanie, DO** - PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
3. **Goldstein, Zachary, DO** - MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE
4. **Eldessouky, Ahmed, MD** - ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE
5. **Singh, Hinna, MD** - WINDSOR UNIVERSITY SCHOOL OF MEDICINE
6. **Ebrahimzadeh, Khashayar, MD** - WINDSOR UNIVERSITY SCHOOL OF MEDICINE
7. **Mohamed, Sara, MD** - ALEXANDRIA UNIVERSITY FACULTY OF MEDICINE, EGYPT
8. **OTHMAN, HASAN, MD** - ALEXANDRIA UNIVERSITY FACULTY OF MEDICINE, EGYPT

Faculty changes

Samantha Yamil, DO – Hospitalist (grad from our program)

Honors (resident and faculty):

- Resident Awards chosen by pediatric faculty –

PT Advocacy of the yr – Marc Zafferani, DO

Scholar of the yr – Nobuyuki Ikeda, MD

Professionalism – Lindsay Huckabee, DO
Intern of the Yr – Dhaatri Kuchipudi, DO
Teacher of the year – Jordan Fett, MD

- Faculty Awards decided on by pediatric residents as a group –

Ryszewski teaching award – Gerard Breitzer, DO
Patterson advocacy award – Yakov Sigal, M.D.
Helfer teaching award – Mark Kadrofske, M.D.
Veldman Teaching award – Martha Feher, M.D.
- Resident Teacher of the year given by CHM medical students – Marc Zafferani, DO

**MSU-CHM Graduate Medical Education
Annual Report
Physical Medicine and Rehabilitation**

Introduction

Program Director: Michael Andary, M.D.

Graduating residents and destinations:

- Dominic Femminineo, D.O. Private Practice Alma Michigan
- Stacy Jordan, D.O. Private Practice Florida, graduating 8/23/19
- Thereseann Huprikar, D.O. Electrodiagnostic Medicine and Interventional Spine and Pain Medicine Fellowship, MSU Dept. PMR

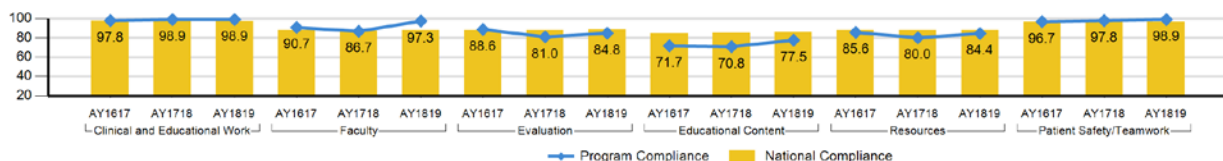
Incoming residents and medical school attended:

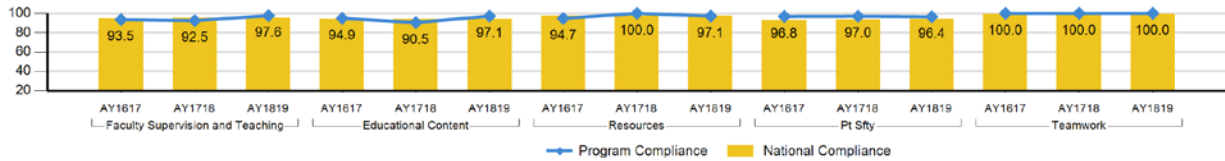
- Jamieson Haak, D.O. MSUCOM
- Daniyal Bashir, M.D. Caribbean School of Medicine American University
- Ky Viet Quach, D.O. University of N. Texas Health Science Ft. Worth COM
- Shashank Vodapally, D.O. New York Institute of Technology COM

Faculty changes

- Dr. Hawkins completed the Electrodiagnostic Medicine and Interventional Spine and Pain Medicine Fellowship, MSU Dept. PMR and is employed at Orthopaedic Association of Muskegon, MI
- Adam Hull continues as faculty but starts the ACGME accredited Sports medicine Fellowship.
- Dr. Archana Bhatt is added as faculty.

ACGME Annual Resident and Faculty Surveys





- The major issue is the educational content and didactics. Although we are below average on the survey; our residents score average or above average on the national SAE examinations. Thus, part of this is likely perception.
- We are implementing the following:
 - Attendings cover the floor on Monday mornings which includes taking the Jr and Sr. Phone. This has protected Monday didactic time for the inpatient residents who are often paged away for non-emergent issues which interferes with their education
 - Have Journal Club more often with maybe only 2-3 residents presenting an article as long as the discussions focus more on how the evidence will affect their clinical practice.
 - More young faculty involvement in lectures.
 - On the first Monday of the 13 new rotations dedicate one hour for patient sign off and handoff.

Current ACGME Citations and Action Plan

None

Accomplishments

- Implemented Harnoor Tokhie D.O. as Associate Program Director.
- Starting to integrate Charlotte and Ionia into the practice.
- ACGME Self Study Completed
- Maintained residency accreditation and funding.
- Maintained ultrasound practical workshops and gradually increasing ultrasound into the clinics.

Resident Research Presentations

- Recreational Nitrous Oxide Use as a Cause of Subacute Combined Degeneration: A Case Report Monica A. Barnes, Harnoor S. Tokhie, Michael T. Andary, Jim R. Sylvain

- Nonalcoholic/Anorexic Thiamine Deficiency Leading to Severe Acute Motor Axonal Neuropathy Anita O. Bell, Alexander J. Carrese, Harnoor S. Tokhie, John D. Tegtmeier, Michael T. Andary. Dr. Bell won the second-place award for this presentation
- Spinal Accessory Nerve Neuropathy Due to Sequela of Epstein-Barr Virus Mononucleosis: A Case Report Filip Cheng, Michael Andary, Ryan Keating
- Detection of Martin-Gruber Anastomosis by Mixed Nerve Conduction Study: A Case Report Dominic A. Femminineo; Joshua T. Nicholson; Michael T. Andary
- Cryogenically-Induced Ischemic Monomelic Neuropathy: A Case Study Thereseann M. Huprikar, Mathew R. Saffarian Poster #16
- A Third Entrapment Site of the Ulnar Nerve Drew B. Parkhurst, Rani I. Gebara, Michael T. Andary, Ryan S. Fajardo
- Exercise-Induced Bilateral Radial Neuropathy in a Police Cadet: A Case Report Millicent Schratz, DO; Nathan Condie, DO
- A Third Entrapment Site of the Ulnar Nerve Drew B. Parkhurst, Rani I. Gebara, Michael T. Andary, Ryan S. Fajardo
- Exercise-Induced Bilateral Radial Neuropathy in a Police Cadet: A Case Report Millicent Schratz, DO; Nathan Condie, DO
- Stacy A. Jordan, Michael T. Andary, Michael J. Slesinski. Bilateral Radial Neuropathies After Push-Ups. Lansing Research Day April 26, 2018. Muscle and Nerve September 2018 Number 161 AANEM presentation October 2018. Resident and Fellow Member Award Recipient

Challenges/opportunities for upcoming year:

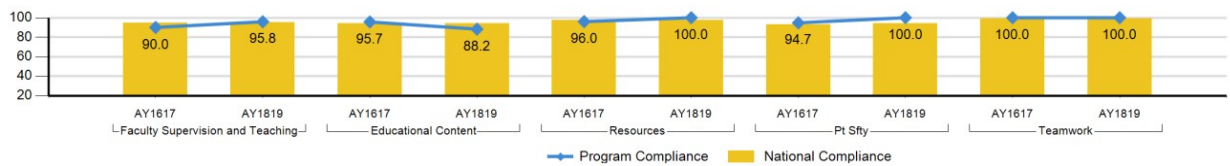
- Utilize young faculty into didactic lectures more. This should address program survey weaknesses.
- Transfer sponsorship of the residency from MSU to Sparrow.
- Maintain residency accreditation and funding.
- Submit AOA recognition application.
- Integrate Harnoor Tokhie D.O. as Associate Program Director.

**MSU-CHM Graduate Medical Education
Annual Report 2018-2019
Surgical Critical Care**

Introduction

- Surgical Critical Care Fellowship – 4422521116, one year fellowship; graduated 2 fellows June 2019
- ACGME fellow Brett Larsen MD, took ABS exam 9/16/2019
- AOA fellow Jennifer Uitvlugt DO, will take AOBS exam in October 2019.

ACGME Annual Resident and Faculty Surveys



Mostly up trending or stable, faculty survey; will update goals and education content for program and review with faculty

Current ACGME Citations and Action Plan

None

Accomplishments

- Presentations by both fellows in quarterly educational series for SCC
- Dr Jennifer Uitvlugt hired as faculty for Trauma/SCC group Sparrow Hospital

**MSU-CHM Graduate Medical Education
Annual Report 2018-2019
Vascular Surgery**

Introduction

Program Name: MSU / MVC Vascular Center Vascular Fellowship Program
 Program Number: 4502500127
 Program Director: Mark A. Mattos, M.D.
 Accreditation Status: Continued Accreditation, 03/02/19
 Self Study: 06-30-18
 10-Year Site Visit: approx.. 12-01-19

Graduates 2018-19: Two
 Incoming Fellows 2019-20: Two

ACGME Annual Resident and Faculty Surveys



No areas of concern

Current ACGME Citations and Action Plan

Most recent accreditation letter 03-02-19, No Citations

Accomplishments

FACULTY

- Mark A. Mattos, MD, Program Director
 - Presidential Address, "Protecting the Specialty" 2018 Midwestern Vascular Surgery Society 42nd Annual Meeting, St. Louis, MO
 - Moderator, Scientific Session I; 2018 Midwestern Vascular Society 42nd Annual Meeting, St. Louis
 - Curriculum Developer & Course Co-Director; Advanced Vascular Surgical Skills & Simulation Assessment program (AVSSAP), Royal Oak, MI, Jan. 2019
 - Co-author Oral Presentation by Angelyn Thayer BSN, "Outcomes of Hemodialysis Reliable Outflow (HeRO) Graft Utilization in a Group of

Community Based Vascular Surgeons," MSU Flint Area Medical Education (FAME) 2019 Research Competition

2. Christopher J. Goltz, MD, Associate Program Director
 - Elected to Skills Assessment Committee, Midwestern Vascular Surgical Society, 2018. Faculty proctor Simulation and Surgical Skills Assessment program
 - Mock Orals examiner, Midwestern Vascular Surgical Society, St. Louis, MO, 09-12-18
 - Invited Faculty Proctor; Advanced Vascular Surgical Skills & Simulation Assessment program (AVSSAP), Royal Oak, MI, Jan. 2019

3. Robert G. Molnar, MD, Teaching Faculty,
 - "Comprehensive Multicenter Graduate Surgical Education Initiative Incorporating Intrustable Professional Activities, Continuous Quality Improvement Cycles, and a Web-Based Platform to Enhance Teaching and Learning", Journal American College of Surgeons, 2018 July:227(1):64-76. PubMed ID 29551697
 - Oral Presentation: "Establishing an OBL, starting from scratch," 2018 Midwestern Vascular Surgical Society 42nd Annual Meeting, St. Louis, MO 09-14-18.

4. Robert G. Molnar, MD, Teaching Faculty and Nitin G. Malhotra, MD, Teaching Faculty; "Technical Aspects of Carotid Artery Stenting", Book Chapter, Pgs 187-195, Published in Extracranial Carotid and Vertebral Artery Disease, Contemporary Management, 1st Edition, Springer 08-24-18

5. Nitin G. Malhotra, MD, Teaching Faculty, Oral Presentation, "Regulatory and Certification Relevant to OBLs," 2018 Midwestern Vascular Surgical Society 42nd Annual Meeting, St. Louis, MO 09-14-18.

6. Alison J. Kinning, MD, Teaching Faculty, Acute limb ischemia due to malignant arterial tumor emboli within a femorofemoral artery bypass graft, poster presented by Kush Sharma MD at: Midwestern Vascular 2018 Annual Meeting, St. Louis, MO

FELLOWS

1. Neeta Karani, MD; 2nd Year Fellow

- Poster Presentation 09-13-18, “Endovascular Repair of Delayed Presentation of Type 1b and Type II Endoleaks after EVAR,” co-author: N. Malhotra, MD (faculty) 2018 Midwestern Vascular Surgical Society 42nd Annual Meeting, St. Louis, MO
- Oral Presentation 02-07-19, “The Role of Pre-Operative Embolization for Carotid Body Tumors,” co-authors, R. Molnar MD (faculty), W. Kinning MD (faculty), J. Williams (Fellow), et al; Michigan Vascular Society, Novi, MI.
- Poster Presentation 05-01-19, “The Role of Pre-operative Embolization in the Management of Familial and Non-Familial Paragangliomas of the Head and Neck,” co-authors: R. Molnar MD (faculty), W. Kinning MD (faculty), J. Williams MD (Fellow); 2019 American Head & Neck Society (AHNS) Meeting, Austin, TX
- Oral Presentation 05-10-19, “The Role of Pre-operative Embolization in Carotid Body Tumor,” co-author: S. Saha MD (community physician), Flint Area Medical Education (FAME) Research Competition, Flint, MI.

2. Jessica L. Williams, MD; 2nd Year Fellow

- Poster Presentation 09-13-18, “Management of Native Vessel Para Carotid Stent Kink,” co-authors: N. Karani (Fellow), A. Tawil MD (graduate fellow), R. Molnar MD (faculty), 2018 Midwestern Vascular Surgical Society 42nd Annual Meeting, St. Louis, MO.
- Oral Presentation 02-07-19, “Treatment of Recurrent Aortic Thrombosis,” co-authors: M. Mattos MD (PD), N. Malhotra MD (faculty), Michigan Vascular Society, Novi, MI, 02-07-19.
- Oral Presentation 05-10-19, “A Staged Approach to Aortic Thrombosis with Acute Limb Ischemia,” co-authors M. Mattos MD (PD), N. Malhotra MD (faculty), Flint Area Medical Education (FAME) Research Competition, Flint, MI.

3. Collin D. Gandillon, MD; 1st Year Fellow

- Oral Presentation 02-07-19, “Endovascular Repair of Salmonella Aortitis with Rifampin-Soaked Endograft,” co-author: R. Dodla MD (faculty), Michigan Vascular Society, Novi, MI.
- Oral Presentation 05-10-19, “Endovascular Repair of Salmonella Aortitis with Rifampin-Soaked Endograft,” co-author: R. Dodla MD (faculty), M. Mattos MD (PD) Flint Area Medical Education (FAME) Research Competition, Flint, MI. (1st Place McLaren Specialty Research Award in Surgery).