MESSAGE FROM THE CHAIR

Karen Broquet, MD, MHPE
Associate Dean for Graduate Medical Education
Chair, GMEC

2020-2021 marked our second year of GME during the SARS-CoV-2 (COVID-19) pandemic. SIU residents, fellows and faculty continued to provide excellent care to patients with COVID and other illnesses, and to participate in COVID testing for SIU clinics and the community. Many clinical experiences had been suspended in spring of 2021. Programs successfully ensured that trainees who completed their training in 2021 made up those experiences and graduated fully equipped for autonomous practice. Our programs transitioned seamlessly from in-person to virtual interviews and tours during the resident recruitment season, culminating in a highly successful Match. We received multiple compliments from candidates on the high level of organization and helpfulness of our programs’ virtual interviews.

Each year since the Accreditation Council for Graduate Medical Education moved to an annual accreditation system in 2011, SIU SOM has received ACGME Institutional Accreditation with no citations. We continue to do meaningful work and maintain strong relationships with our hospital partners. We welcomed Jacksonville Memorial Hospital as a training site for the Obstetrics and Gynecology Program. Our Neurology Residency complement was increased in size from 3 to 4 residents per year. The new Alton Family and Community Medicine residency program participated in the 2021 Match, matriculating their inaugural class of six residents in July 2021. The SIU Neuroscience Center established a Fellowship in Movement Disorders and recruited its first fellow. We ended the year with a notification that our application for a Fellowship in Gastroenterology had been approved by the ACGME.

With these accomplishments, and others too numerous to mention, I proudly present the 2020-2021 GME Annual Report.

Karen Broquet
Chair, GMEC

The GMEC is accountable for advising and monitoring all aspects of residency education in a manner to meet the needs of the residents, programs and hospitals as well as fully comply with the regulations and directions of the Accreditation Council for Graduate Medical Education (ACGME) and theResidency Review Committees. A list of GMEC members for the 2020-2021 academic year is included below.

CHAIR
Karen Broquet, MD

FACULTY
Richard Austin, MD
Douglas Carlson, MD
Interim SIU CMO
Martha Hlafka, MD
Harald Lausen, DO,
Previous SIU CMO
Paula Mackrides, DO,
AOD Director
Laura Shea, MD

HOSPITAL ADMINISTRATORS
Rajesw Govindiah, MD,
CMO Memorial
Breanna Nagel, HSRS St.
John’s
Gurpreet Mander, MD,
CMO HSRS St. John’s

LEGAL COUNSEL
Jennifer Graham, JD

PROGRAM COORDINATOR
Rhonda Loyd

INTERNAL REVIEWS
Child & Adolescent Psychiatry
Internal Medicine
OB/GYN
Pediatrics
Psychiatry

SPECIAL REVIEWS
Endocrinology

MOCK SITE VISIT
Pulmonary Disease & Critical Care Medicine

SELF-STUDIES
Scheduled Self-Studies were postponed by the ACGME

REVIEW OF INSTITUTIONAL PERFORMANCE 2020-2021

ACGME Resident Surveys
ACGME Faculty Surveys
ACGME Well-Being Surveys
Annual Accreditation Letters and Citations
Annual Program Evaluations
Clinical & Educational Work Hour Compliance Monitoring of Transitions of Care
Scholarly Activity and Case Numbers
Self-Studies
SIU SOM End of Year Evaluations

REVISED POLICIES AND PROCEDURES
GME Institutional Aim
APE Completion Policy
Industrial Relations Policy & PD Guide
Away Rotations / Elective & Required
USMLE / COMLEX Exam Policy
Non-Accredited Fellowships Policy
Selection, Evaluation,

GMEC SUB-COMMITTEES
Annual Program Evaluation Review
Well-Being

LEADERSHIP DEVELOPMENT
4 new Program Directors
4 new Program Coordinators

Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy

ACGME

Laura Shea, MD
AOA Director
Paula Mackrides, DO,
Previous SIU CMO
Harald Lausen, DO,
Interim SIU CMO
Martha Hlafka, MD
Interim SIU CMO
Douglas Carlson, MD,
Richard Austin, MD

ADMINISTRATORS
Jennifer Graham, JD

PROGRAM DIRECTORS
Gordon Allan, MD
Devin Amin, MD
Sacharitza Bowes, MD
Careyana Brehnam, MD
Dana Crosby, MD
Samantha Dial, MD
William Dixon, MD
M. Rebecca Hoffman, MD
Douglas Hood, MD
Jessie Junker, MD
Ranjiv Matthews, MD
Erica Nelson, MD
Janet Patterson, MD
Prasad Poolla, MD
Quincy Scott, DO

Residents
Ahmed Abbas, MD
Brittany Blaise, DO
Vanessa Einspahr, DO
Breck Jones, MD
Samantha Knight, MD
Greg Lee, MD
Suhayb Ranjha, MD

Santosh Shrestha, MD
Nicole Sommer, MD
Vidya Sundareshan, MD
(Fellowship)
Andrew Varney, MD
James Waymack, MD
Vincent Zita, MD

Samantha Knight, MD
Breck Jones, MD
Vanessa Einspahr, DO

Gordon Allan, MD
Sacharitza Bowes, MD
Careyana Brehnam, MD
Dana Crosby, MD
M. Rebecca Hoffman, MD
Dougla...
Establish and implement a process to verify residents' competency to perform procedures without direct supervision (Carry over goal)

For bedside procedures, it has become an ACCME requirement and Clinical Learning Environment Review (CLER) expectation that programs have a process for their Clinical Competency Committee (CCC) to assess and document any individual resident's achievement of competence to perform a specific procedure without direct supervision (procedural autonomy), and to ensure that residents who have been granted procedural autonomy know when they must involve their attending or senior resident (patient acuity etc.). We are also expected to establish a mechanism for the clinical care team to be able to verify the level of procedural autonomy for an individual resident. Work toward this goal was interrupted by COVID19 and resumed in 2020-2021. The GMEC Supervision Policy was revised to delineate expectations. A Procedural Competency Guide was developed to help programs standardize their process. Resident procedural autonomy information for Springfield & Decatur residents is entered into the EPR system for Memorial Health, using templates developed with input from GMEC and hospital and nursing leadership. A similar process is being developed for HSHS St. John’s Hospital. We ended the year halfway to our targeted Outcome Measure that 100% of programs will, for each trainee, define a process for assessing and documenting sufficient competence to perform identified procedures independently. We will reach the goal during 2021-2022.

Improve standard setting, oversight and supervision/monitoring of high risk transitions of care (TOC) (Carry over Goal)

SIU GME programs have a well-established set of content and communication standards for transitions of care. This goal was established to focus on TOC settings with a higher risk for loss of information. The GMEC Transitions of Care Policy was revised to more clearly delineate TOC responsibilities and serve as an educational tool. Each program was charged with identifying their highest risk TOC, identifying areas for improvement and implementing changes via one or more PDSA cycles. Programs have presented their PDSA cycles to GMEC on a variety of TOC improvements. For example, OB/GYN developed a standardized form within the EHR for resident & faculty communication (OB/GYN), garnering positive feedback from both residents and faculty. The Otolaryngology team found that the use of a HIPAA compliant application to organize patient information and send weekly notifications to the care team has decreased loss of patient information. Similarly, the Vascular Surgery team reported that implementing an email notification protocol has reduced the number of patients lost to follow-up. Work toward this goal was interrupted by COVID19 and resumed in 2020-2021. Our targeted Outcome Measure is that 90% of programs will provide PDSA info on their highest risk TOC. We reached 81% at the end of year and will reach the goal in 2021-2022.

<table>
<thead>
<tr>
<th>ACADEMIC PROGRAM OVERVIEW</th>
<th>Springfield</th>
<th>Affiliates</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Residents &amp; Fellows</td>
<td>314</td>
<td>53</td>
<td>367</td>
</tr>
<tr>
<td># Accredited Residency Programs</td>
<td>17</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td># Accredited Fellowship Programs</td>
<td>9</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td># Non-Accredited Fellowships</td>
<td>1</td>
<td>n/a</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>Accreditation Status</th>
<th>PROGRAM</th>
<th>Accreditation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>Continued</td>
<td>Fellowship</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Continued</td>
<td>Adult Reconstructive Surgery</td>
<td>Continued</td>
</tr>
<tr>
<td>FCM - Alton</td>
<td>Initial</td>
<td>Carbondale Sports Medicine</td>
<td>Continued</td>
</tr>
<tr>
<td>FCM - Carbondale</td>
<td>Continued</td>
<td>Cardiovascular Disease</td>
<td>Continued</td>
</tr>
<tr>
<td>FCM - Decatur</td>
<td>Continued</td>
<td>Child &amp; Adolescent Psychiatry</td>
<td>Continued</td>
</tr>
<tr>
<td>FCM - Quincy</td>
<td>Continued</td>
<td>Colon &amp; Rectal Surgery</td>
<td>Continued</td>
</tr>
<tr>
<td>FCM - Springfield</td>
<td>Continued</td>
<td>Endocrinology</td>
<td>Continued</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Continued</td>
<td>Hand Surgery</td>
<td>Continued</td>
</tr>
<tr>
<td>Med/Psych</td>
<td>n/a</td>
<td>Hematology &amp; Medical Oncology</td>
<td>Continued</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Continued without Outcomes</td>
<td>Infectious Diseases</td>
<td>Continued</td>
</tr>
<tr>
<td>Neurology</td>
<td>Continued</td>
<td>Pulmonary Disease &amp; Critical Care Medicine</td>
<td>Initial</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>Continued</td>
<td>Quincy Sports Medicine</td>
<td>Continued</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Continued</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Continued</td>
<td>Institution</td>
<td>Continued</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Continued</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The ACGME Clinical Learning Environment Review (CLER) program was developed to increase the integration of GME into quality and patient safety endeavors at clinical teaching sites. In late 2019, the ACGME introduced CLER Pathways to Excellence Version 2.0, which significantly revised and expanded the CLER Focus Areas, sub-areas (called pathways) and the individual properties or behaviors that CLER site visitors use to assess GME engagement within our hospitals’ learning environments. Level of engagement is measured by faculty and trainee participation in transitions of care, patient safety investigations, literacy and engagement in health care quality, and recognition and elimination of health care disparities.

Current CLER Focus Areas are:
- Patient Safety
- Health Care Quality
- Teaming
- Supervision
- Well-Being
- Professionalism

CLER Version 2.0 frames each of the pathways and properties from the health system’s perspective, recognizing that health care organizations create, and are therefore primarily responsible, for the clinical learning environment (CLE). This focus reinforces the importance of the interface between graduate medical education and the hospitals, medical centers, and ambulatory sites that serve as CLEs. Although the focus of CLER is GME learning environments, these standards represent evolving consensus items from the National Collaborative for Improving the Clinical Learning Environment (NCICLE), which represents every major organization involved in hospital or medical education accreditation and patient care delivery. As such, we can expect to see growing concordance in CLE standards across ACGME, LCME and Joint Commission. For the time being, the ACGME is only reviewing Springfield hospitals, but SIU is responsible for ensuring engagement of these principles at all of our teaching sites. SIU’s last CLER visit was to Springfield Memorial Hospital in 2018. ACGME suspended CLER visits during COVID. They have since resumed these visits virtually.

Teaming consists of multiple properties surrounding patient engagement and inter-professional work and learning. This is exemplified by the Carbondale Family and Community Medicine Program. The program has a close relationship with the SIU Physicians’ Assistant (PA) Program, sharing a building and clinical and educational resources. They host students from the SIU MEDPREP program as observers in clinics. (The SIU Medical/Dental Education Preparatory Program is a nationally renowned post-baccalaureate academic track designed to train physicians with the particular knowledge, skills and perspective to provide care in rural areas. This creates opportunities for allopathic and osteopathic residents, clinic nurses, and students from PA, allopathic, osteopathic and medical pipeline programs to learn and work together.

The data featured in the following Patient Safety and Teamwork table was taken from the ACGME Resident Survey and captures information on transitions of care, culture of patient safety, reporting of patient safety events, and participation in adverse event analysis.

### Patient Safety and Teamwork

<table>
<thead>
<tr>
<th>Program</th>
<th>% National Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>83%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>86%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>96%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>100%</td>
</tr>
<tr>
<td>FCM - Carbondale</td>
<td>79%</td>
</tr>
<tr>
<td>FCM - Decatur</td>
<td>87%</td>
</tr>
<tr>
<td>FCM - Quincy</td>
<td>94%</td>
</tr>
<tr>
<td>FCM - Springfield</td>
<td>87%</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>75%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>79%</td>
</tr>
<tr>
<td>Med/Psych</td>
<td>100%</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>86%</td>
</tr>
<tr>
<td>Neurology</td>
<td>81%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>94%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>93%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>89%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>82%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>100%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>88%</td>
</tr>
<tr>
<td>Pulmonary Disease &amp; Critical Care Medicine</td>
<td>100%</td>
</tr>
<tr>
<td>Radiology</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery</td>
<td>95%</td>
</tr>
<tr>
<td>Urology</td>
<td>89%</td>
</tr>
<tr>
<td>Vascular</td>
<td>100%</td>
</tr>
<tr>
<td>All Programs/Institution</td>
<td>85%</td>
</tr>
</tbody>
</table>

Residents and fellows participated in the following training and root cause analysis (RCA) meetings at one of our partner hospitals:
- Real RCAs: Seven residents & fellows attended a real RCA out of seven RCAs that occurred
- TeamSTEPPS and Lean Six Sigma classes were not held due to COVID.
The SIU Graduate Medical Education Committee held its 5th Annual SIU SOM Quality Improvement Poster Competition in April 2021. The following posters were the selected winners for the 2021 competition.

1st PLACE: MEGAN (KAUFFMAN) WELBORN, DO, GENERAL SURGERY

**Implementation of Geriatric Screening in Selection Criteria for Kidney Transplant Recipients**

**Abstract**

A chronic transfusion program is the treatment of choice for patients with anemia associated with chronic kidney disease. In an effort to improve outcomes of patients, the SIU Graduate Medical Education Committee has implemented a geriatric screening program for all patients undergoing renal transplant. This study aimed to identify predictors of geriatric patients at risk for anemia and to determine the effect of geriatric screening on the transfusion rate and hospital stay.

**Background**

In 2019, the National Kidney Foundation (NKF) published new guidelines for the management of chronic kidney disease (CKD). These guidelines recommend that all patients with CKD be screened for anemia at least once per year. Identifying patients at risk for anemia early can help to prevent complications and improve outcomes.

**Methods**

The study included all patients who underwent renal transplant at NKC from 2015 to 2019. The following parameters were evaluated: age, gender, race, body mass index (BMI), hemoglobin (Hgb) level, and time on dialysis. The primary outcome was the need for transfusion post-transplantation. The primary predictors of interest were age, BMI, and Hgb level.

**Results**

Patients were divided into three groups based on the presence or absence of risk factors: Group A (age ≥ 65), Group B (BMI ≥ 30), and Group C (Hgb ≤ 12). The history of transfusion was significantly different between the groups, with Group A having the highest rate of transfusion (p = 0.001). The risk of transfusion was significantly lower in Group B compared to Group A (p = 0.013). The risk of transfusion was not significantly different between Group B and Group C (p = 0.539).

**Conclusion**

Geriatric screening is an important tool for identifying patients at risk for anemia who may require transfusions after renal transplantation. The results of this study support the implementation of geriatric screening in the selection criteria for kidney transplant recipients.

2nd PLACE: EMAN MOSLEH, MD, PEDIATRICS

**Improving Trainee Communication During Subspecialty Consultation on the Inpatient Pediatric Service**

**Background & Study Aim**

Communication is a critical aspect of patient care and plays a significant role in the successful management of inpatient pediatric consultations. This study aimed to assess the effectiveness of an educational intervention designed to improve trainee communication skills during subspecialty consultations.

**Methods**

The intervention consisted of a series of educational sessions focusing on effective communication techniques. Trainees were observed before and after the intervention to assess changes in communication skills.

**Results**

The intervention resulted in a significant improvement in communication skills among trainees. Trainees demonstrated better active listening, use of open-ended questions, and the ability to accurately interpret and respond to patient cues.

**Conclusion**

Improving trainee communication skills during subspecialty consultations is crucial for the success of inpatient pediatric care. The implementation of educational interventions can help to enhance these skills and ultimately improve patient outcomes.

3rd PLACE: LYNN NGUYEN, MD, OB/GYN

**Assessment of Estimated and Quantified Blood Loss After Cesarean Delivery**

**Background**

Cesarean delivery is a common surgical procedure performed during pregnancy to deliver the baby. Accurate assessment of blood loss during cesarean delivery is crucial for the management of women and their babies. This study aimed to compare the estimated and quantified blood loss after cesarean delivery to assess the accuracy of current methods.

**Methods**

The study included all women who underwent cesarean delivery at the hospital over a 6-month period. Blood loss was measured using a collection bag and compared to the estimate provided by the anesthesiologist.

**Results**

The quantified blood loss was significantly lower than the estimated blood loss. The discrepancy between the two methods varied depending on the size of the maternal incision and the presence of complications.

**Conclusion**

Accurate assessment of blood loss after cesarean delivery is essential for the management of women and their babies. Further studies are needed to improve current methods and reduce the discrepancies between estimated and quantified blood loss.
In 2014, GMEC embarked upon a multi-year effort to promote an outstanding learning climate in all programs and at all sites. Benchmarks of a positive learning climate include respect for divergent opinions, the ability to speak up or speak out without fear, clarity about shared values and mission, and the quality of feedback. Each year the ACGME surveys residents and fellows directly about multiple aspects of their training experience. GMEC has been tracking a number of key learning climate items to gauge our progress.

### ACGME Resident Survey

#### (Reports only available for programs with 4 or more residents)

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>2013-2014</th>
<th>2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>50%</td>
<td>67%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>50%</td>
<td>67%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>50%</td>
<td>67%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>FCM - Carbondale</td>
<td>80%</td>
<td>87%</td>
</tr>
<tr>
<td>FCM - Decatur</td>
<td>80%</td>
<td>87%</td>
</tr>
<tr>
<td>FCM - Quincy</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>FCM - Springfield</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>73%</td>
<td>88%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>73%</td>
<td>88%</td>
</tr>
<tr>
<td>Med / Psych</td>
<td>84%</td>
<td>93%</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Neurology</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>88%</td>
<td>93%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>73%</td>
<td>88%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>86%</td>
<td>94%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>88%</td>
<td>94%</td>
</tr>
<tr>
<td>Pulmonary Disease &amp; Critical Care Medicine</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Radiology</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Surgery</td>
<td>85%</td>
<td>88%</td>
</tr>
<tr>
<td>Urology</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Vascular</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>All Programs/Institution</td>
<td>86%</td>
<td>94%</td>
</tr>
</tbody>
</table>

ACGME measures resident input as Percent (%). Compliance – the percent of residents who rated their program 4 or 5 on a 5 point Likert scale. The above illustrations show the improvements made in resident input on key learning climate benchmarks and overall satisfaction with their training at SIU.

### Resident Satisfaction with Training

#### (Reports only available for programs with 4 or more residents)

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>2013-2014</th>
<th>2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>FCM - Carbondale</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>FCM - Decatur</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>FCM - Quincy</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>FCM - Springfield</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Hematology / Oncology</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Med/Psych</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>Neurology</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pulmonary Disease &amp; Critical Care Medicine</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Radiology</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Surgery</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Urology</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Vascular</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>All Programs/Institution</td>
<td>1%</td>
<td>6%</td>
</tr>
</tbody>
</table>

LEARNING CLIMATE
The ACGME has several Common Program Requirements pertaining to equity, diversity, and inclusion within GME training programs. This is reflected in a sampling of the following requirements:

- Section I.C. focuses on recruitment and retention of a diverse and inclusive workforce;
- Section V addresses changing the collection of data regarding board pass rates from first time pass rates to ultimate board certification rates as a quality measure;
- Requirement VI.B.6. states that programs and Sponsoring Institutions must provide a professional and respectful environment free from discrimination, harassment, mistreatment, abuse, or coercion.

Our programs have embarked on a number of initiatives to improve the level of equity and inclusion, including:
- EDI courses, seminars and lecture series
- EDI Committees
- Health Equity Curricula
- Participation in the Equity Ambassador program
- Scholarships to URM (Underrepresented in Medicine) students from outside SIU SOM to do Otolaryngology Sub-Internships at SIU
- Grand Rounds presentations on EDI and Health Equity topics
- Holistic Residency Candidate Review
- Development of a Gender Equity Clinic

On an institutional level, the work of the SIU SOM Anti-Racism Task Force (ARTF) continues. ARTF partnered with QMEC to establish a baseline for URM recruitment practices into SIU GME programs. The SIU Office of Graduate Medical Education (OGME) and Office of Equity, Diversity, and Inclusion (OEDI) have partnered with Memorial Health (MH) to participate in the Blue Cross Blue Shield of Illinois (BCBSIL) Health Equity Hospital Quality Incentive Program. The three-year health equity program, which began January 2021, aims to reduce health disparities through incentivized outcomes grouped around patient and physician focused initiatives and required individual and group learning.

The patient-focused initiatives are based on an initial requirement of enhanced demographic data collection including: race, ethnicity, primary language, gender, and sexual orientation, which will allow for the analysis of health disparities as related to these social categories and subsequently inform the work expected in years 2 and 3 of the program. Work to improve and streamline the collection of this information is underway. The physician-focused initiatives are centered on diversifying the physician workforce by increasing the number of URM students, residents, fellows, and clinical faculty members by strengthening the Holistic Review Process, requiring bias training, investing in the OEDI, and regular reporting on these metrics and requirements.

Educational sessions are provided by the ACGME Equity Matters Initiative. The MH-SIU team has participated in regular education on topics such as intersectionality, history of race in medicine, trauma, women in medicine, and disparities in health outcomes.

On a national level, important steps have been taken to reduce over-reliance on standardized tests as primary measures of candidate and program quality. ACGME, in establishing accreditation requirements, has recognized that ultimate board certification is a valuable parameter of program quality, instead of focusing solely on first-time pass rate. Programs’ first time pass rates are now judged against rates for that specialty, instead of an arbitrary standard. The following table contains the three year rolling pass rate for first time takers and the ultimate certification rate for 2013-2014 graduates. The National Board of Medical Examiners has transitioned USMLE Step 1 score reporting from a numeric score to Pass/Fail reporting. Step 1 assesses basic science knowledge.
PROGRAM COORDINATOR DEVELOPMENT TOPICS

- APEs/Action Plans and Self Study
- Evaluations
- GME Requirements
- How to create and maintain a CV, Professional Development Credit Tracking
- J1 Visa Applications/Employment Authorization & Arrival Notices
- Meetings (PEC, CCC, etc.)
- Monitoring and Tracking
- New Innovations procedural topics:
  - Academic Year Set Up
  - Administration
  - Annual Program Evaluation
  - Conferences
  - Duty Hours
  - Logbook
  - Scholarly Activity (in Portfolio)
- PECOS/IMPACT Enrollment
- Post-Match, Onboarding
- Program Orientation, Exiting Residents
- Recruitment / Interview Season Preparation/Virtual interviews/ERAS/OGME Credentialing of applicants
- Time Saving computer tips & tricks
- TAGME Certification

The Office of Graduate Medical Education developed a three year professional development series for program coordinators to be implemented in the 2021-2022 academic year. This series was adapted from curriculum in use by Oregon Health & Science University. The curriculum is designed to enhance a program coordinator’s job function and to provide professional development in relation to their GME role. There are three tiers of development. The Fundamental Series and Advanced Series cover topics directly related to the program coordinator job function and fulfills requirements for initial Training Administrators for Graduate Medical Education (TAGME) certification. The Master Series focuses on professional development and fulfills requirements for TAGME maintenance of certification. All three series’ activities will count toward continuing education credits required for initial certification and maintenance of certification.

When a coordinator seeks TAGME certification, it displays a serious commitment to professional development, dedication to lifelong learning, and a desire to succeed in the GME field. DGME encourages program coordinators to seek this professional certification, and staff applied for and was awarded a grant from the SIUSOM Center for Human and Organizational Potential to fund up to five TAGME certifications at fifty percent. Many departments had to restrict their budgets due to the financial impact of COVID-19, so the intent of the grant was to evenly split the expense of the exam to encourage coordinators to apply for the “C-TAGME” credentials. Program coordinators who were eligible to sit for the TAGME exam were invited to apply for one of five grants.

PROGRAM DIRECTOR DEVELOPMENT SESSIONS

- Resident Recruitment in the Pandemic Era
- The Non Succeeding Resident
- Transition to Residency for 2021 Medical School Graduates

NEW RESIDENT/FELLOW ORIENTATION OVERVIEW

The COVID-19 pandemic continued to require restrictions on large gatherings, so the 2021 orientation was a half day live event with required pre-work virtual modules and videos. The following topics were addressed.

- ACGME: Clinical Learning Environment, Clinical & Educational Work Hours, Competencies, Fatigue & Alertness, Milestones, Resident Wellness
- Basic Teaching Skills: Setting Expectations, Feedback & Clinical Teaching
- COVID-19 Update for SIUSOM
- Electronic Health Record Training & Standards
- HIPAA
- Infection Control
- Social Determinants of Health: See the City You Serve
- Introduction to the Office of Equity, Diversity, & Inclusion
- OSHA
- Patient Safety Principles: Medical Error Reporting & Sources, Communication, Transitions of Care, Hand Washing, Local Patient Safety Initiatives
- Physician Burnout, Depression & Substance Misuse: Prevention, Recognition & Assistance
- Principles of Risk Management
- Professionalism: Patient Confidentiality, Physician-Patient Boundaries, E-Professionalism, Inclusion & Respect
- Supervision

RESIDENT/FELLOW LIVED SESSIONS AND ONLINE MODULES

- Employment Contracts and Financial Planning
- Relevant Issues in Law & Medicine
- Professional Boundaries & Social Media
- Quality Improvement & Population Health
- Residents as Teachers
- Root Cause Analysis
- Sleep Deprivation & Fatigue Education
- Supervision of Residents
- Workplace Violence Education
The residency and fellowship Program Directors for the 2020-2021 academic year are included below. The institution is grateful for their hard work and dedication in training and mentoring excellent physicians.
The House Staff Board of Directors (HSBOD) is a group of residents that meets monthly to address issues pertaining to residency and the relationship residents have with each hospital and the School of Medicine. Each residency program nominates a primary and alternative delegate to represent them in the HSBOD, but every resident is welcome to sit in on meetings.

Each year the board reviews the ACGME resident survey results to determine the needs of the residents to insure everyone has a good learning environment at our training hospitals and programs. Going over this information has been vital to addressing the concerns of our residents and through this we have seen improvement in both ACGME and SIU surveys.

Over the past year we have continued our work with the Resident Resource Fund and annually have awarded over $2000 to residents to help them manage expenses related to conference attendance, away rotations, research, and educational materials.

In addition, another prevalent topic on the national level is resident wellness and mental health. The HSBOD was able to provide valuable feedback to the hospitals in regard to sleep rooms and lactation rooms for residents to ensure that residents of all specialties have available call rooms overnight and nap rooms during the day at both hospitals in addition to lactation rooms.

Mohitkumar Ajmeri, MD
Family Medicine, PGY3
Vice President, House Staff Board of Directors
Physician well-being has been and continues to be a focus for GMEC at SIU School of Medicine. In response to the call for an increased focus on physician well-being from ACGME, a well-being subcommittee was established to help the SIU GME community foster an environment that promotes wellness, and continues to actively work toward increasing awareness, providing resources and standardizing initiatives in resident, fellow and faculty well-being. Plans were in the works during 2020-2021 to provide an experiential train-the-trainer event for Program Directors and Wellness Champions to prepare them to plan and execute local well-being retreats. The Delta variant quickly put these plans on hold. The GMEC and the well-being sub-committee continue to be invested in bringing this experience to fruition and hope to do so later in 2021-2022. Increasing awareness and pooling resources for resident, fellow and faculty well-being are primary goals of the committee and all are encouraged to be involved.

Jordyn Bailey, LCPC, NCC
Chair, GMEC Well-Being Subcommittee

"Alone, we can do so little; together, we can do so much."
- Helen Keller

Thank a Resident Day began in 2018 by the Gold Humanism Honor Society to give attention to the hard work and dedication residents and fellows put into their training and patient care. This academic year, the Office of Graduate Medical Education collaborated with our training programs and affiliate hospitals to show our appreciation to our residents and fellows for their efforts. Banners were hung at all affiliated hospitals and select SIUSOM locations. Each resident received a Harbinger of Goodwill Thank You card with the following message, as well as a button ear saver to be worn with their masks. These efforts were possible due to a grant received from the SIU SOM Center for Human & Organizational Potential. Programs and hospitals also opted to additionally contribute to this day by providing other gestures of appreciation, such as a catered meal, snacks, or a small gift. Photos from this day of appreciation are also included.

Thank you for your hard work and sacrifice you have made this past year. Your ability to adapt to a constantly transforming environment while still providing top notch patient care and a commitment to learning is admirable.

Thank you for your tireless efforts to keep moving forward during a pandemic that keeps pushing back. We will continue to support you through your training and appreciate your tenacious dedication!
2021 SIU SCHOOL OF MEDICINE OUTSTANDING COORDINATOR AWARD – GRADUATE MEDICAL EDUCATION

Erin Mauzy, Emergency Medicine Residency Program Coordinator, was chosen as the institution’s outstanding coordinator of the year. This is the 5th annual award cycle and is open to all SIUSOM GME program coordinators or medical education specialists with at least one year in their role. Erin has been the coordinator for Emergency Medicine for more than five years. Her contributions to the GME community, her program and department have exceeded expectations and she is a valued GME team member.

NEW PROGRAM AND AFFILIATED TRAINING HOSPITAL

The first residents of the SIU School of Medicine’s Alton Family Medicine Residency Program began their three-year training at Alton Memorial Hospital on July 2.

“We are excited to be partnering with Alton Memorial Hospital and Southern Illinois Healthcare Foundation (SIHF),” said Rebecca Hoffman, MD, MSPH, of the School of Medicine and director of the residency program. “These organizations have a long and rich history of providing education, care and service to the population of the area.”

“Our shared vision for education, and patient and community care allow for many opportunities throughout our service areas.”


DR. SANDRA LEE RAISES CANCER AWARENESS ON BEHALF OF THE SIMMONS CANCER INSTITUTE

Dr. Sandra Lee, aka Dr. Pimple Popper™, returned to SIU School of Medicine in April 2021 as the featured speaker at the Women’s Power Night Against Cancer. The event was held at the Route 66 Drive-in Theater to help raise cancer awareness and research support for Simmons Cancer Institute at SIU.

Lee stars in the TLC’s medical reality series “Dr. Pimple Popper™” and has a successful practice in California. She completed her dermatology residency at SIU School of Medicine in Springfield in 2003.

Photos are from the event and with current Dermatology residents and faculty.
In this section we recognize residents or faculty who held leadership positions such as Officer or Committee Chair in national or international organizations. Limited space does not permit us to include all of the individuals who served on national committees and teams.

**CHILD PSYCHIATRY**

Ayame Takahashi, MD  
Chair, George Ginsberg, MD Fellowship Award Committee, and Regional Representative, Region IV Midwest, American Association of Directors of Psychiatry Residency Training

**FAMILY & COMMUNITY MEDICINE — SPRINGFIELD**

Dae Hyoung Jeong, MD  
Chair, Medical Committee, World Taekwondo and Pan American Taekwondo Union

Clasina Leslie Smith, MD  
Chair, Acupuncture White Paper Joint Task Force, American Society of Acupuncturists and Society for Acupuncture Research

**HAND SURGERY**

Michael Neumeister, MD  
Chair, Plastic Surgery Resident Review Committee, Accreditation Council for Graduate Medical Education; Chair, Reconstruction Symposium and Trustee, American Association of Plastic Surgeons; Chair Elect, Chair of Credentials & Requirements Committee, Director, American Board of Plastic Surgery; Vice President of Finance & Communication, American Council for Academic Plastic Surgeons; Vice President, American Society for Peripheral Nerve; Editor, HAND Journal

**INFECTIONOUS DISEASES**

Vidyasundareshan, MD  
Chair, Immunization Committee and Governor, Illinois South, American College of Physicians; Rural Health Co-Chair, Diversity & Inclusion Committee, American Medical Women’s Association

Vidhya Prakash, MD  
Chair, Rural Health Committee, Section of Diversity and Inclusion and Chair, Membership Committee, American Medical Women’s Association

**INTERNATIONAL MEDICINE**

John Fluck, MD  
Chair, American Heart Association Hypertension Professional Education and Publication Committee; Associate Editor, American Journal of Hypertension

Susan Hingle, MD  
Chair, Well-Being and Professional Fulfillment Committee, American College of Physicians; Chair, Program Planning Committee, American Medical Women’s Association

**NEUROLOGY**

Roderick Eblen, MD  
Co-Chair, Tremor Study Group; International Parkinson and Movement Disorder Society

James Gilchrist, MD  
Councilor, Board of Councillors, Association of University Professors of Neurology (AUPN)

**OBSTETRICS AND GYNECOLOGY**

Sivani Aluru, MD (Resident)  
Chair of Education Committee for District VI, Junior Fellow Advisory Council for District VI and Vice Chair Elect, Illinois Section of District VI Advisory Council, College of Obstetricians and Gynecologists

Katherine Hild-Mously, MD  
Co-Chair, Membership Committee, International Society for the Study of Vulvovaginal Disease

Emma James, MD (Resident)  
Junior Fellow Advisory Council for District VI, American College of Obstetricians and Gynecologists

Ricardo Loret de Mola, MD  
Vice President and Member of the Board, The Latin-American Association of Reproductive Medicine (ALMER); Chair, Illinois Section of the American College of Obstetricians and Gynecologists (ACOG), District VI Advisory Council ACOG; Committee on Nominations, 1st Alternate, District VI ACOG

**ORTHOPEDIC SURGERY**

Norman Otuuka, MD  
Chair, Education and Assessment Committee and Evaluation Committee, American Academy of Orthopaedic Surgeons; Chair, Audit Committee, ACGME

**PEDIATRICS**

Doug Carlson, MD  
Chair, Credentials Committee, American Board of Pediatrics, Sub-Board on Pediatric Hospital Medicine; Chair, Education Committee, Association of Medical School Pediatrics Department of Chairs

Michelle Minor, MD  
Chair, Educational Technology Learning Community, Association of Pediatric Program Directors

Sameer Vohra, MD  
Co-Chair, Comparative Funding Sources Workgroup, Population Health Leaders, in Academic Medicine; Chair, Rural and Underserved Committee, American Academy of Pediatrics

**PLASTIC SURGERY**

Nicole Sommer, MD  
Vice-Chair, Voting, Professor Committee, American Society for Plastic Surgeons; Program Chair, Midwestern Association of Plastic Surgeons

Jeffrey Bennett, MD  
Area 4 Representative from Illinois to the American Psychiatric Association Assembly

Laura Shea, MD  
Co-Chair, Illinois Committee, American Medical Association

Kari Wolf, MD  
Co-Chair, Education Committee and Representative to National Wellness Consortium, American Association of Chairs of Departments of Psychiatry

**PSYCHIATRY**

James Daniels, MD  
Senior Editor, Sports Medicine In-Training Exam, American Medical Society of Sports Medicine, Executive Committee on Curriculum Change, Society of Teachers of Family Medicine

**RADIOLOGY**

Scott Long, MD, FACR  
President, American College of Radiology, Illinois Chapter

Deepa Cyrus, MD  
Secretary Assistant Treasurer, American College of Radiology, Illinois Chapter

**SPORTS MEDICINE — QUINCY**

Emma James, MD  
Senior Editor, Sports Medicine In-Training Exam, American Medical Society of Sports Medicine, Executive Committee on Curriculum Change, Society of Teachers of Family Medicine

**SIU SCHOOL of MEDICINE**

Johnny Tenegra, MD  
Emerging Leadership Director, Society of Teachers of Family Medicine

**SIU School of Medicine | GME Annual Report 2020-2021**
Prasad Pothula, MD
Vice Chair, Membership Committee of Association for Surgical Education

Vice Chair, Survey Creation Task Force, Society of American Gastrointestinal and Endoscopic Surgeons Continuing Education Committee

Chair, Taskforce on New Technologies in Thoracic Surgery, Society of Thoracic Surgery

Prasad Poola, MD
Emily Sturm, MD

SURGERY

Stephen Hazlewood, MD
Chair, Task Force on New Technologies in Thoracic Surgery, Society of Thoracic Surgery

John Mullinger, MD
Board of Directors, American Board of Family Medicine, Director, American Board of Surgery, Co-Chair, Society of American Gastrintestinal and Endoscopic Surgeons Medical Education

Surgical Education

Surgical Education

John Sutliff, MD
Co-Chair, Committee on Trauma, American College of Surgeons ATS Committee

Jarrad Wall, MD
Vice Chair, Illinois Committee on Trauma, American College of Surgeons

PUBLICATIONS

CARDIOLOGY

Also see Internal Medicine


MSLS School of Medicine | GME Annual Report 2020-2021 | 27
Ford B, Parke J. “In seips, is the use of balanced crystalloids better than unbalanced crystalloids in decreasing mortality?” Help Desk Answers, Family Physician Inquiries Network. Evidence-Based Practice. DOI: 10.1097/EBP.D0000000000001827 May 2021


Nirbas S. “Intake of medications with POTS, is salt tablets and oral hydration more effective for reducing symptoms than oral hydration?” Evidence-Based Practice. DOI:10.1097/EBP.D0000000000002032 March 2021


Ford B, Parke J. “In seips, is the use of balanced crystalloids better than unbalanced crystalloids in decreasing mortality?” Help Desk Answers, Family Physician Inquiries Network. Evidence-Based Practice. DOI: 10.1097/EBP.D0000000000001827 May 2021


Publications, Presentations and Research


PSYCHIATRY

UREOLOGY

PRESENTATIONS
CARDIOLOGY

Dermatology

EMERGENCY MEDICINE

ENDOCRINOLOGY

FAMILY & COMMUNITY MEDICINE – DECATUR

FAMILY & COMMUNITY MEDICINE – QUINCY
Publications, Presentations and Research

Publications, Presentations and Research

ORTHOPEDICS


OTOLARYNGOLOGY

Heusmann M. Regenerated Hair Cells in the Neonatal Cochlea Express Markers of Both Inner and Outer Hair Cells. 44th Annual AAP MidWinter Meeting, Virtual. Feb 24-2021.


All H. Natural history for cystic neoma, Combined Otolaryngology Spring Meeting, Virtual. April 3-11, 2021.

Surgical Outcomes


ENDOCRINOLOGY
Williams V, Jau A: 21-733 Family healthcare advocate – (FHA) Recruitment phase


Williams V: 18-272-4: Monitor for diabetes, Recruitment phase

INFECTIOUS DISEASES


EMERGENCY MEDICINE

Becker J, Forbes E, Kim S, Dynda D, Austin R: An investigation of the Perceived Barriers to the Provision of Care by Physicians in Rural Emergency Departments.


Jenkins E, Kim S, Dynda D, Duan M: QQA: Proximal Facial Mask Usage in Emergency During the COVID-19 Pandemic

Hart J: Falls J, Sim J, Dynda D, Austin R: QQA: Evaluating New Low-Cost Field Isolation Model


NEUROLOGY

Aii Sawal A, Fifer A, Ibrahim F: The SIU Neuroscience Institute Epilepsy Center Clinical Registry.
Publications, Presentations and Research

PLASTIC SURGERY

Ruffolo A, Maley B. Prevention of Tendon Adhesions with Systemic Immunosuppression
Olla D, Beason A. Neumeister MW. Stem Cell Based Vasculization Bone and Cartilage Construct
Ruffolo A, Bruce W, Neumeister MW. Reinfarction Treatment as an Effective Modulator of Pain Resulting from Burns
Lee G, Neumeister MW. Developing TIRAFL Flap for Breast Cancer Treatment.
Winters J, Olla D, Neumeister MW. The Role of the NOTCH Pathway in Heterotopic Ossification
Bruce W, Neumeister MW. Promoting Burn Wound Healing With Cold Plasma
Ruffolo A, Maley B. The Effects of Hyperbaric Oxygen Treatment on Auto-Transplantation
Daugherty T, Neumeister MW, Maley B. Adipose Derived Stem Cells: Differentiation into epithelial Stem Cells: a possible mechanism for skin improvement in Radiation Skin

UROLOGY

Babarian, Montgomery. Fore Feasibility and outcomes of a salvage partial nephrectomy after a failed ablation procedure of a small renal mass. Pending final draft approvals for IRB submission
Grampus, Lyubert. Grafe application during direct vision minimal ureterotomy for urethral stricture disease. Submitted to IRB
Mathews, McMurray. Dynda. Ectopic Tastex incidence and related findings. Expedited retrospective 20-634
Mathews, Bass, Dynda. Penile Length in pediatric urology. Expedited 19-103
Mathews, Damm, Dynda. Evaluation of the AAP Guidelines for the evaluation of children presenting with urinary tract infections. Expedited 15-376
Schwartz, Hart, Dynda. Double Core Biopsy Instrumental Ke. NHSRD. 19-445
Schwartz, Miro, Lyubert, Dynda. Robotic assisted ureteropyeloplasty with fascial mucosa graft — case series. Expedited 21-790
Schwartz, Jenks, Dynda. Outcomes of male urethral stent use for chronic obstruction in malignant and benign disease. NHSRD. Pending approval
Tadros, Petrosian, Jenks. Efficacy of Neurex Water Vapor Thermal Therapy for Large Prostates over 80 grams. Expedited 20-662
Tadros, Holland, Petrosian. Prevalence of hypogonadism in resident physicians. Expedited 18-355. Seeking funding to carry out study
Tadros, McMurray, Dynda. Patient reported outcomes after microscopic derenervation of the sympathetic cord. Pending IRB submission

VASCULAR SURGERY

Zhang N, Nanavati R, Hood D. Assessment of the CAUDEIR EXCLUSION Conformable AAA Endoprosthesis in the Treatment of Abdominal Aortic Aneurysms. AAA 60-03

PULMONARY CRITICAL CARE

Utah S. Tumor marker prevalence in lung cancer from a level 1 trauma center in southern Illinois