GME Annual Report

MSU-CHM Lansing Community

2011-2012

9/17/12
Introduction

The CHM Graduate Medical Education programs in the Lansing community have concluded the 2011-12 academic year with continued excellence in the provision of training for our future physicians. This report will highlight the activities of the GME office and the Graduate Medical Education Committee over the past academic year, with special attention to the significant accomplishments of our many programs, residents, fellows, and faculty.

Graduate Medical Education Office

The GME office continued its sponsorship of quarterly resident forums, which have seen a phenomenal increase in attendance and participation by our residents and fellows. Residents have also begun participation in four medical staff committees of the MSU Health Team.

With the assistance of our colleagues at Graduate Medical Education, Inc. (GMEI), the office facilitated internal reviews of the following programs: Internal Medicine, Neonatology, Child-Adolescent Psychiatry, and Surgical Critical Care. The Accreditation Council for Graduate Medical Education conducted site visits to the following programs: Physical Medicine and Rehabilitation (continued accreditation with 3-year cycle), and the initial review for the Vascular Surgery program in Flint. The ACGME also conducted an Institutional Review of the administrative GME functions, with a report from that visit due in October, 2012.

Graduate Medical Education Committee

The Graduate Medical Education Committee met at each of its scheduled quarterly sessions. During each meeting, roundtable discussions were held with contributions from each program director. These discussions included the following areas:

- Resident supervision - Each of our program directors report at every meeting regarding supervision issues. Individual issues have been appropriately managed and no global concerns regarding appropriate supervision have been raised.
- Resident responsibilities— The GMEC monitors resident activities with respect to appropriate responsibility for patient care and peer education at its quarterly meetings. While issues have arisen with respect to scope of responsibility due to shifting duty hour requirements (see below), each of the programs continues to appropriately distribute
tasks, and monitor education and patient care to assure that resident educational goals are met within the scope of individual program requirements.

- Resident evaluation—All programs have internal policies regarding evaluation of their trainees. All continue to use electronic means for recording regular evaluations (New Innovations or E-Value).

- Duty hour compliance—With the implementation of new duty hours regulations in July, 2011, our programs felt increased stress in meeting the regulations while continuing to fulfill educational mission and service obligations. Several programs instituted new night float coverage systems. While the programs have met the challenges put forth by the new regulations, the GMEC continues to monitor for adherence to the rules as well as any impact felt on the education of the residents.

- Resident participation in patient safety and quality of care education—Residents continue to be actively involved in hospital hand-washing initiatives. In addition, several root-cause analyses were performed regarding issues arising from patient care within the hospital, with residents heavily involved in both case presentation and the analyses.

- Resident compensation and benefits—Compensation and benefits were reviewed by GMEC members after the June, 2012, GMEC meeting, as the results of the annual MAME survey were not available until after the meeting. Compensation and benefits were found to be within the range of compensation packages offered at residency programs across the state, according to the most recent survey by MAME.

**Highlights of each program are attached.**

Respectfully submitted,

Randolph L. Pearson, MD
Assistant Dean for Graduate Medical Education
MSU-CHM
Program Name: MSU Cardiology Fellowship
Program Director: George S. Abela, MD, MSc, MBA, FACC, FAHA, FNLA

Graduating residents and destinations:
1. Nandu Gourineni, MD, Rush Hospital, Chicago, IL
2. Firas Ghanem, MD, University of Alabama, Birmingham, AL
3. Girish Mood, MD, Tufts University, St. Elisabeth Hospital, Brighton, MA

Incoming residents and medical school attended:
1. Sridevi Durga, Cleveland Clinics, Cleveland, OH
2. Imad Ahmado, Massachusetts General Hospital, Boston, MA
3. Mohammad Anas Hajjar, University of Tennessee HSC, Memphis, TN

Faculty changes
1. Dr. Gaurav Dhar added as Key Faculty Member

Major accomplishments over previous year:
1. All graduates passed the Echocardiography Boards including our chief fellow who fell into the 99th percentile in his score
2. All graduates attended Cardiology Board Review Courses.
3. ACC On-Line Teaching was again approved for the year utilizing the Willis Endowment Funds.

Research publications/presentations (resident and faculty):

Peer Reviewed Publications:


**Book Chapters:**


**Review Papers:**


Abstracts:


Honors (resident and faculty):
2011 America’s Top Cardiologists, Consumer’s Research Council of America Award
2011 Cambridge Who’s Who
2011 Marquis Who’s Who in Medicine and Healthcare
2011 Outstanding Mentor Award, GMEI Lansing
2011 Mid-West Lipid Association Award
2012 Excellence in Teaching Award–Cardiology Fellows, MSU
2012 America’s Top Cardiologists, Consumer’s Research Council
Invited Lectures by Dr. Abela:


Challenges/opportunities for upcoming year:

1. Continue to need additional faculty for the program
2. Continue to fine tune the clinical service coverage at night

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

**Patient Care:**
Fellows are expected to assume the lead for providing care to the patients they see in the outpatient clinic. They are responsible for communicating and teaching patients as well as communicating treatment plans to clinic staff members. The fellows are the point of first contact when questions arise and they are paged by clinic staff to discuss the case. If the fellow has questions, they address them with the attending physician as needed.

**Medical Knowledge:**
Cardiology Grand Rounds are held each Friday at noon and presenters include faculty, guest speakers and fellow presentations. The format may be that of a case presentation with a full review of the findings, appropriate literature review and discussion period or it may be a didactic lecture on a specific topic. During didactic conferences there is always opportunity for discussion and questions following the presentation. Didactic conferences are repeated every 12-18 months to insure that all participants are present. There are also weekly Cardiac Catheterization, Echocardiography, Electrophysiology Conferences as well as monthly Pathology Conference and Journal Club. Additionally, the fellows attend statewide quarterly meetings in Howell, MI which feature a variety of high profile speakers and topics in the domain of cardiovascular disease.

**Practice-based Learning and Improvement:**
An institutional subscription to the ACC self assessment program is essential in the training of fellow in the cardiovascular disease program. Through this subscription fellows (and faculty) are able to access all the resources of the ACC to test their knowledge and as a result of this testing find those areas that require strengthening. Fellow are able to easily identify and focus on those areas and , through this program, access the needed materials and tools for improvement.

**Interpersonal and Communications Skills:**
As a community based program our fellows have many opportunities to interact with a variety of individuals and families. The Lansing and Greater Lansing area provide a wide spectrum of patients, from college professors to homeless individuals. Given the population inherent in a large university setting, there is also a wide spectrum of individuals of various cultural backgrounds. Informally, there are many opportunities when fellows and staff members interact and share their own backgrounds and experiences.
**Professionalism:**
The best teacher of professionalism is the model set by faculty members. Fellows are held to the same standards of professionalism as the faculty members and other staff members. A review process that allows the staff and patients to assess fellows professionalism as well as other core curriculum is also conducted annually.

**Systems-based Practices:**
A team approach is required to effectively insure compliance. Combinations of individuals participate in assisting the fellows to learn these skills. From the nursing staff in the outpatient clinic assisting with educating our physicians (fellows and attendings) to various drug formularies to the discussions during Cardiology Grand Rounds and Cardiac Catheterization Conference regarding risk vs. benefit and cost containment for presented cases there are many venues and individuals working together to advocate for the best, most cost effective patient care. Enhancements to our outpatient electronic medical record provide physicians prescribing medications to easily choose from more cost effective medications for treatment plans. The clinical service at the hospital also provides fellows with opportunities to work with other members of the health care team including pharmacists, social workers and nursing staff to formulate treatment plans in accordance with patient need and delivery systems.
Program Name: MSU Child and Adolescent Psychiatry Residency
Program Director: Madhvi P. Richards, MD

Graduating residents and destinations:
1. David Guffey, Henry Ford Health System, Detroit, MI
2. Cassie Stanton, Cherry Street Health Center, Grand Rapids, MI

Incoming residents and medical school attended:
1. Karen Dobias, COM, MSU
2. Annie Williams, COM, MSU

Faculty changes
1. Margaret Semrud Clikeman, PhD left the department
2. Emily Schnurr, DO will be supervising our child psychiatry residents. She is one of our Child Psychiatry Graduates.

Major accomplishments over previous year:
1. A new Outpatient Rotation at Mott Children’s Health Facility in Flint was added to child residency training. ACGME approval was granted 10/2010

Research publications/presentations (resident and faculty):
1. Jed Magen, DO, MS, Madhvi Richards, MD and Alyse Ley, DO – Workshop on GME funding at AADPRT, March 2012
3. Richards, M., Telepsychiatry for the Millennial Generation of Medical Students. Association of Directors of Medical Student Education in Psychiatry, June 2012


   a. A Descriptive Analysis of Symptoms Presenting in Pediatric Patients Referred to the PASCA Clinic in the Department of Psychiatry at Michigan State University

   b. A Comparison of the MSU Department of Psychiatry Child Behavioral Checklist results with a National Public Dataset for the Child Behavioral Checklist

7. Michael J. Boivin, Ph.D., MPH

   **Grants**

   **Active**

   R01HD070723 (Boivin, Bass) 08/01/11 – 07/31/16
   NIH/NICHD $2,304,641

   *Enhancing Ugandan HIV-affected child development with caregiver training.*
   We will evaluate the effectiveness of our caregiver training intervention within a randomized controlled trial (RCT) for both HIV-infected and affected Ugandan children. This study emphasizes both developmental outcomes for the children, quality of caregiving at home, and psychosocial benefit outcomes for caregivers.
   Role: PI

   D43TW009082 (John) 06/01/11 - 05/31/16
   NIH/FIC $207,856 (annual direct cost)

   *Research training in infection and neurodevelopment in Uganda.*
   Training will include an emphasis on infection-related long-term morbidity, a diverse mix of trainees from multiple disciplines and at all levels, integrated core training that is required of all degree students, and development of mentorship capacity for Ugandan faculty as part of the training program. Role: Mentor

   R01HD064416 (Boivin, Nakasujja) 04/01/2011-03/31/2016
   NIH/NICHD $2,554,870

   *Computerized cognitive rehabilitation in children after severe malaria.*
   This study will evaluate the neuropsychological benefits of computerized cognitive rehabilitation therapy (CCRT) for Ugandan school children surviving severe malaria. Role: PI

   R01ES019841 (Tshala-Katumbay) 04/01/2011-03/31/2016
NIH/NIEHS $1,684,676
Toxicodietary and genetic determinants of susceptibility to neurodegeneration.
This study will evaluate cassava toxins and the occurrence of a motor system disease, known as konzo, in the DR Congo with field assays to evaluate the pathogenic mechanisms of cassava neurotoxicity on human motor and cognitive abilities. Role: Co-I

R34MH084782 (Boivin) 03/01/2010-02/28/2013
NIH/NIMH $571,163
This study will evaluate the neuropsychological benefits of computerized cognitive rehabilitation therapy (CCRT) for Ugandan school children with HIV. Role: PI

University of Michigan Global Reach Faculty-Mentored Structured Summer Overseas Projects for Medical Students. Giordani, Boivin (PIs) 6/01/2010-8/31/2013 $20,000/year for 3 Years
Cognitive rehabilitation with HIV positive children in Uganda.
This project sponsors UM medical students each summer between their M1 and M2 years for an 8-week cognitive rehabilitation research program with Ugandan HIV school children. Role: Co-PI

RO1NS055349 (John) 5/01/2008-4/30/2013
NIH/NINDS $2,660,830
Pathogenesis of cognitive/neurologic deficits in central nervous system malaria (Uganda).
This study investigates the association of immunologic factors with neurocognitive sequelae in Ugandan children with severe malaria. Role: Co-I

U01HD064698 (John) 10/01/2009 – 01/30/2014
NIH/NICHD $1,218,000
Acute vs. delayed iron therapy: effect on iron status, anemia and cognition.
This project’s goal is to study the neurocognitive impact of early versus late iron supplement treatment for severe malaria anemia in Ugandan children. Role: Other Significant Contributor

UM1 AI068632 (Boivin) 06/01/2012 – 05/31/2013
NIH/DAIDS $10,000
A Longitudinal Developmental and Neuropsychological Assessment of the P1060 Clinical Trial Cohorts and HIV-uninfected Controls
I am serving as Protocol Chair for substudy P1104s, whereby children at seven of the P1060 clinical trial sites will be co-enrolled for a neuropsychological evaluation of the outcomes for the two principal treatment arms (Nevirapine and Kaletra) of IMPAACT-sponsored P1060 clinical trials. Both HIV-exposed (noninfected) and non-exposed reference groups will be recruited from the study sites. Role: Protocol Chair
Pending Council Review

RO1 HD073296 (Boivin, Fowler) 07/01/2012 – 06/30/2017
NIH/NICHD $566,817
Developmental and Growth Outcomes for ARV Exposed HIV Uninfected African Children. This study will be embedded within the NIH IMPAACT-sponsored PROMISE clinical trials on the pre- and post-natal use of different regimens of ARV to prevent mother-to-child transmission of HIV. We will evaluate the neurodevelopmental (12 and 24 months of age) and neuropsychological (60 months of age) effects of duration and type of exposure to ARV for children born to mothers in this clinical trial. This study will take place at the Uganda and Malawi PROMISE study sites, and will also evaluate neurological and hematological outcomes. Role: PI

Completed

R34MH082663 (Boivin) 4/01/2008-2/28/2012
NIH/NIMH $599,648
Cognitive and psychosocial benefits of caregiver training in Ugandan HIV children. The study evaluates the neurocognitive and psychosocial benefits of a one-year training program for the caregivers of HIV children and orphans. Role: PI

Templeton Advanced Research Program (Boivin) 6/01/2006-11/28/2010
Metanexus Institute and the John Templeton Foundation $999,921
Breast cancer disease and treatment: modeling the relationships among spiritual and emotional well-being, quality of life, neuropsychological function, and immunological resilience. This study explores the role of spiritual well-being with emotional well-being in influencing the impact of breast cancer disease and treatment on quality of life, neuropsychological function, fMRI brain activation, and immunological resilience. Role: PI

R21HD060524 (Bodeau-Livinec) 03/01/2010 – 02/28/2012
NIH/NICHD $ 349,792
Anemia in pregnancy in Benin and impact on cognitive function in childhood
This project’s goal is to study the impact of anemia during pregnancy on childhood development in Benin, while building capacity in epidemiology in Benin. Role: Consultant

R21MH083166 (Wong) 5/01/2008-4/30/2010
NIH/NIMH $407,106
Variation in neurocognitive impairment of HIV Ugandan children by HIV subtype. We evaluated the impact of HIV subtype on the neurocognitive and motor development of HIV children. Role: Co-I
**Peer-Reviewed Journals and Publications** (IF = impact factor of journal).


**Platform and Poster Presentations and Published Abstracts for Learned Societies and Organizations**


Boivin, M.J. (2012, March 27). *The neurocognitive impact of behavioral interventions with Ugandan children with HIV.* Invited presentation at the Pediatric Department Research Seminar Series; Baylor College of Medicine/Texas Children’s Hospital. Houston, TX.


Honors (resident and faculty):

1. Paul Quinlan, DO
   a. Appointed Vice-chair of MSU Biomedical and Health IRB
   b. 2011 MSU Human Research Protection Program Retreat-BIRB and clinical research representative

2. Jeanette Scheid, MD – President, Michigan Psychiatric Society

Challenges/opportunities for upcoming year:

- Recruiting for upcoming years
- Participation in Mid-Michigan Research day
- Expanding the Child and Adolescent Psychiatry Program to the Flint area
- Expanding our telepsychiatry sites

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

Patient care
  Chart reviews
  Review of patient outcomes on inpatient unit
  Rating form
  Faculty evaluation on all rotations
Medical Knowledge
   Child PRITE Exam
   Diagnostic assessments (Mock boards)
   Review of charts and records
   Faculty evaluation
   Resident presentations

Practice-based learning and improvement
   Resident seminar presentations
   Required written case presentations
   Seminar discussions
   Journal clubs

Interpersonal and communications skills
   Staff feedback
   Survey of patient satisfaction
   Direct observation
   Faculty evaluations

Professionalism
   Faculty evaluations
   Direct observation
   Attendance sheets
   Patient satisfaction survey

Systems-based practice
   Faculty evaluation
   Resident Q/A project in outpatient clinic

AOA Competency - Osteopathic Manipulative Medicine
   Approximately 10 hours of seminar in collaboration with Henry Ford Department of Psychiatry Residency Program (This is added because the Child Psychiatry Program is dually accredited)
Program Name: MSU Endocrinology Fellowship
Program Director: Ved Gossain, MD

Graduating resident and destination:

Bhavini Bhavsar, MD – relocating, with her husband, to Portland Oregon. (Still looking for a suitable position)

Incoming residents (include medical school attended):

1. Reem Alnazawi, MD – graduated from King Abdul Aziz University, Saudi Arabia. Completed her internal medicine residency from St. John Hospital and Medical Center, Grosse Pointe Woods, Michigan.

2. Deephti Rao, MD – graduated from Kakatiya Medical College at Andhra Pradesh, India. She completed her internal medicine residency from Michigan State University

Major accomplishments over previous year:

1. Recruited an additional fellow whose entire expense will be paid by the Saudi Arabian government.

2. The abstract presented by Dr Ansar “Evaluate the safety of insulin glargine in pregnancy“ at the Endocrine Society Meeting; June 2012; Houston, Texas won a clinical fellow abstract award supported by Pfizer for exceptional research.

Research publications/presentations (resident and faculty):

Ved Gossain, MD

Research Articles


Publications of Multicentric Studies


Abstracts Presented

Rao DT, Sunio LK, Gossain VV. Comparison of the adherence to guidelines of diabetes care in primarycare and subspecialty clinics. Endocrine Society Meeting; June 2012; Houston, Texas.

Ansar S, Mian S, Roth S, Hebdon GM, Gossain VV. Evaluate the safety of insulin glargine in pregnancy. Endocrine Society Meeting; June 2012; Houston, Texas.

Aldasouqi SA, Hebdon GM, Gossain VV, Ansar S, Bhavsar B, Ojha M, Monroe C. Fasting-evoked hypoglycemia in institutionalized patients with diabetes due to lack of basic diabetes knowledge in a member of the nursing staff. AACE 2012; Philadelphia, PA.


Bhavsar B, Aldasouqi SA, **Gossain VV**. Course of untreated endogenous subclinical hyperthyroidism: An academic outpatient clinic. AACE 201; San Diego, CA. Also presented at Lansing GME Research Day, oral presentation.


**Book Chapters:**


Saleh Aldasouqi, MD – Key Faculty

**Publications:**


**Aldasouqi S,** Bhavsar B, Ojha M, Tiwari A, Ansar S. Superiority of ultrasound over nuclear scan in the diagnosis of thyroid cancer in Graves’ disease (Invited submission by Hospital Practice: under review).


Kluger Nicolas, **Aldasouqi S.** Medical Tattoos in patients with diabetes: Motivations and benefits (Submitted).

**Posters:**


**Aldasouqi, Saleh A.;** Hebdon, George M.; Gossain, Ved V.; Ansar, Sameer; Bhavsar, Bhavini; Ojha, Mamata; Monroe, Cynthia. Fasting-evoked hypoglycemia in institutionalized patients with diabetes due to lack of basic diabetes knowledge in a member of the nursing staff. Proceedings of the Annual Meeting of the American Association of Clinical Endocrinologists, Philadelphia, PA, May 23-27, 2012.


**Aldasouqi, Saleh;** Graham, Erin; Reed Amy; Ansar, Sameer; Kluger, Nicolas. As more patients with diabetes resort to permanent tattoos as medical alerts, diabetes educators should be familiar with this emerging trend. Proceedings of the Annual Meeting of the American Association of Diabetes Educators, Indianapolis, IN, August 1-4, 2012.

Kluger Nicolas, **Aldasouqi S.** Medical Tattoos in Patients with Diabetes: Motivations and benefits. Poster accepted at the European Association of Dermatology and Venereology, Prague, Bulgaria, September 2012.

**Book Chapter**


Matthew Hebdon, MD – Key Faculty

Abstracts

Ansar S, Mian S, Roth S, **Hebdon GM**, Gossain VV. Evaluate the safety of insulin glargine in pregnancy. Endocrine Society Meeting; June 2012; Houston, Texas.

Aldasouqi SA, **Hebdon GM**, Gossain VV, Ansar S, Bhavsar B, Ojha M, Monroe C. Fasting-evoked hypoglycemia in institutionalized patients with diabetes due to lack of basic diabetes knowledge in a member of the nursing staff. AACE 2012; Philadelphia, PA.


Anjana Myneni, MD – Fellow (Graduated 2009)

Book Chapter:

Archana Reddy, MD – Fellow (Graduated 2011)


Saadia Mian, MD – Fellow (Graduated 2011)

Ansar S, Mian S, Roth S, Hebdon GM, Gossain VV. Evaluate the safety of insulin glargine in pregnancy. Endocrine Society Meeting; June 2012; Houston, Texas.

Bhavini Bhavsar, MD – PGY 5

Publication:

Aldasouqi S, Bhavsar B, Ojha M, Tiwari A, Ansar S. Superiority of ultrasound over nuclear scan in the diagnosis of thyroid cancer in Graves’ disease (Invited submission by Hospital Practice: under review).

Abstracts:

**Bhavsar B**, Aldasouqi SA, Gossain VV. Course of untreated endogenous subclinical hyperthyroidism: An academic outpatient clinic. AACE 2011; San Diego, CA. Also presented at Lansing GME Research Day, oral presentation April 21, 2011.


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*Sameer Ansar, MD – PGY 4*

**Ansar S,** Mian S, Roth S, Hebdon GM, Gossain VV. Evaluate the safety of insulin glargine in pregnancy. Endocrine Society Meeting; June 2012; Houston, Texas.


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Aldasouqi, Saleh A.; Bhavsar, Bhavini; Ansar, Sameer; Rao, Deepthi T.; Elayyan, Ala; Chandolu, Satish; An, Tyler A unique case of unfolding graves’ disease provides a simple model for a better understanding of the pathogenesis of thyroid autoimmunity. Proceedings of the Annual Meeting of the American Association of Clinical Endocrinologists, Philadelphia, PA, May 23-27, 2012.

Aldasouqi, Saleh; Reed Amy; Graham, Erin; Ansar, Sameer. Technical pitfalls of insulin pumps. Proceedings of the Annual Meeting of the American Association of Diabetes Educators, Indianapolis, IN, August 1-4, 2012.

Aldasouqi, Saleh; Graham, Erin; Reed Amy; Ansar, Sameer; Kluger, Nicolas. As more patients with diabetes resort to permanent tattoos as medical alerts, diabetes educators should be familiar with this emerging trend. Proceedings of the Annual Meeting of the American Association of Diabetes Educators, Indianapolis, IN, August 1-4, 2012.

Challenges/opportunities for upcoming year:

One faculty member retired. We are at the bare minimum of faculty for a successful fellowship program. Need to recruit an additional faculty member which will be difficult given our economic situation.

Briefly address at least one way your program addresses each of the ACGME Core Competencies:

○ Medical Knowledge

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<thead>
<tr>
<th>How Taught</th>
<th>How Assessed</th>
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<tr>
<td>During patient care – 1:1 interactions with faculty</td>
<td>Monthly evaluations from attendings Semi annual reviews with PD</td>
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<tr>
<td>Required conferences (includes research conferences, journal club)</td>
<td>On going evaluation by faculty In training exam</td>
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<td><strong>Patient Care</strong></td>
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<tr>
<td><strong>How Taught</strong></td>
<td><strong>How Assessed</strong></td>
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<tr>
<td>During patient care – 1:1 interactions with faculty. Includes thyroid biopsies with Dr Aldasouqi and Dr. Carella</td>
<td>Monthly evaluations from attendings Procedure logs Review of notes Semi annual reviews with PD</td>
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<tr>
<td>Clinical conferences</td>
<td>Quality of participation</td>
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<tr>
<th><strong>Interpersonal and Communication Skills</strong></th>
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<tr>
<td><strong>How Taught</strong></td>
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<tr>
<td>During patient care – 1:1 interactions with faculty, patients/family.</td>
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<tr>
<td>Team function: diabetes clinic with NP, dieticians etc.; MSU clinic with MAs, nurse manager etc</td>
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<td>Consultative role: in clinic and with hospital consults</td>
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<td>Medical records</td>
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<th><strong>Professionalism</strong></th>
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<tr>
<td><strong>How Taught</strong></td>
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<tr>
<td>During patient care – 1:1 interactions with faculty. HIPPA compliance tutorial IRB tutorial for research</td>
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### Practice Based Learning and Improvement

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<tr>
<th>How Taught</th>
<th>How Assessed</th>
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<tr>
<td><em>Self assessment: directed learning; incorporation of feedback into daily practice:</em> Performed and modeled during patient care</td>
<td>Monthly evaluations from attendings</td>
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<td>Semi annual reviews with PD</td>
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<tr>
<td><em>Practice improvement: Conferences, PI project(s)</em></td>
<td>Practice improvement modules and self-directed projects</td>
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<td><em>Evidence based medicine: 1:1 discussion with attendings in conferences and during patient care</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Journal club and application during patient care</td>
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<td><em>Information technology: during patient care (EMR, hospital information systems); use of electronic library resources in patient care, conference</em></td>
<td>Monthly evaluations from attendings</td>
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<tr>
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<td>Use of EMR</td>
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<td>Use of electronic library sources in patient care, conference – part of monthly evaluation</td>
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<td><em>Education of others: talks during endo conferences, talks with residents (including during rotation or conference series)</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Feedback from faculty</td>
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<td>Teaching evaluations from residents (IM)</td>
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### Systems Based Practice

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<th>How Taught</th>
<th>How Assessed</th>
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<tr>
<td><em>Work effectively in various settings: clinical experience at MSU, Sparrow, and MMP offices</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Semi annual reviews with PD</td>
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<td>Nurse evaluation</td>
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<td><em>Coordinate patient care: communication with referring physicians, ordering tests etc across settings, communicating with patients</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Semi annual reviews with PD</td>
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<td>Nurse evaluations</td>
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<td><em>Cost awareness, risk-benefit analysis: in context of patient care, conferences</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Semi annual reviews with PD</td>
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<td>Advocate for system improvements</td>
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<td><em>Work in interprofessional teams: ie clinic, diabetes clinic; role modeling and interactions</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Semi annual reviews with PD</td>
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<td>Nurse evaluations</td>
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<tr>
<td><em>Identify and help fix system errors: Discuss during clinical conferences (ie in context of specific patient); problems getting lab results on patients for follow up visits – work on coordinating with nurses in clinic</em></td>
<td>Monthly evaluations from attendings</td>
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<td>Semi annual reviews with PD</td>
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Program Name: MSU Hematology/Oncology Fellowship
Program Director: Anas Al-Janadi, MD

Graduating residents and destinations:

1. Sanja Kaluza, MD – private practice Kalamazoo
2. Sarah Ali, MD – private practice Indiana

Incoming residents and medical school attended:

1. Peter Kurnaili, MD
   a. Medical school: Universitas Trisakti, Indonesia
   b. Residency: Roger Williams Medical Center/Boston University School of Medicine
2. Mohammed Kanaan, MD
   a. Medical school: University of Jordan, Amman, Jordan
   b. Residency: McLaren Regional Medical Center

Faculty changes

None at this time

Research publications/presentations (resident and faculty):

Anas Al-Janadi, MD

CLINICAL RESEARCH (Selected, ongoing projects)

Principal Investigator: A Phase III Multi Center, Open Label, Randomized Study of Imatinib versus Nilotinib in Adult Patients with Newly Diagnosed Philadelphia Chromosome Positive CML in Chronic Phase

Principal Investigator: A Worldwide, Observational Registry collecting Longitudinal Data on the management of Chronic Myelogenous Leukemia (CML) patients (The WORLD Registry) in routine practice
**Principal Investigator:** A Phase II trial of twice weekly induction followed by once weekly IV velcade (bortezomib) with dexamethasone in patients with relapsed and/or refractory multiple myeloma following at least 1 prior treatment

**Principal Investigator:** Phase II Study of Combination Rituximab-Chop and Velcade Induction Therapy Followed by Velcade Maintenance Therapy for Newly Diagnosed Mantle Cell (SWOG S0601)

**Principal Investigator:** Observational study to assess the incidence of osteonecrosis of the jaw in cancer patients with bone metastasis who are starting on zoledronic acid treatment (SWOG S0702)

**Principal Investigator:** A Randomized Phase III Trial to Test the Strategy of Changing Therapy Versus Maintaining Therapy for Metastatic breast Cancer Patients Who Have Elevated Circulating Tumor Cell Levels at First Follow-Up Assessment (SWOG S0500)

**Principal Investigator:** Molecular Epidemiology Case-Series Study of Non-Small Cell Lung Cancer in Non Smoking Women and Men, Stage 1, 2, and 3, excluding malignant pleural effusion (SWOG 0424)

**Principal Investigator:** A Randomized, double-Blind, Multicenter Study of Denosumab Compared with Zoledronic Acid (Zometa) in the Treatment of Bone Metastases in Subjects with Advanced Cancer (Excluding Breast and Prostate Cancer ) Or Multiple Myeloma

**Principal Investigator:** **EXamination of PNH by Level Of CD59 on REd and White blood cells in bone marrow failure syndromes (EXPLORE)**

**Principal Investigator:** (SWOG 0601). A Phase II Study of Combination Rituximab-CHOP and Velcade Induction Therapy Followed by Velcade Maintenance Therapy for Patients with Newly Diagnosed Mantle Cell Lymphoma

**Principal Investigator:** (SWOG 0515). A Phase II Trial of Standard Dose Cyclophosphamide, Doxorubicin, Vincristine, Prednisone (CHOP) and Rituximab Plus Bevacizumab for Advanced Stage Diffuse Large B-Cell NHL

**Principal Investigator:** A Multicenter, Randomized, Open-Label Study Comparing Three Alternative Dosing Regimens of Subcutaneous Azacitidine Plus Best Supportive Care for the Treatment of Myelodysplastic Syndromes.
Kenneth A. Schwartz, MD

Publications:


2. Flow Cytometric Assessment of Canine Erythrocytes and Platelets for DEA 1.1 by Lucidi, Cynthia; Takahira, Regina; Gerlach, John; Davis, John; Schwartz, Kenneth; Scott, Michael. 40 (4): 435-443, 2011


Abstracts:

1. American Society of Hematology December 2011. Amount of Platelet Inhibition Produced when Initiating Aspirin Therapy: Comparison of Two Doses 81 and 325 mg. Kenneth A. Schwartz, MD, Simona Chivu, MD and John Davis, BS.


Deminate Tamkus, MD

Poster Presentations:

1. Wyatt GK, Sikorskii A, Tamkus D, You M. Quality of Life Among Advanced breast Cancer Patients with and without Metastasis. Poster presentation at the 9th annual Conference of the American Psychological Oncology Society, Miami, February 2012.


Presentations:


2. ASCO 2011 update. MSU Hematology/Oncology Core Conference, June 2011


Borys Hrinczenko, MD

Abstracts:


Presentations:


3. Hrinczenko, B. Anemia of Chronic Disease, Breslin Cancer Center, Core Conference, MSU, East Lansing, MI August 26, 2011.

Subramony Iyer, MD – Fellow


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Challenges/opportunities for upcoming year:

1. Recruit new faculty: 1-2 faculty members are sought
2. Relocation of Breslin Cancer Center

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

**Patient Care:**

Fellows have their own continuity clinics 2 days per week, and also see patients in IRMC and Sparrow, both in consultation and as primary admitting service. They also spend time at the outpatient oncology practice in Flint.

**Medical Knowledge:**

Fellows participation in journal club twice a month, weekly core conference, weekly tumor boards, clinical case discussion monthly. They are offered ASH and ASCO in-training exam yearly during their training (PGY4-6) to measure the progress of their knowledge

**Practice-based Learning and Improvement:**

Fellows see patients in the clinic, following their progress and setbacks; monthly clinic practice meetings; participation in QOPI, the Quality Oncology Practice Initiative, with the American Society of Clinical Oncology (ASCO).

**Interpersonal and Communications Skills:**

Fellows participate in weekly meetings on oncology floor at IRMC for patient care planning; weekly tumor boards, periodic Schwartz rounds, which address issues of the caregivers of critically or terminally ill patients; interdisciplinary tumor boards and clinics.

**Professionalism:**

Fellows are expected to discuss plans of care with an interdisciplinary team, consisting of nurses, other clinicians and social workers; they are expected to complete notes accurately and timely; They attend multidisciplinary tumor boards for breast and thoracic cancer; they attend periodically multidisciplinary breast cancer clinic.
**Systems-based Practices:**

Exposure to this competency occurs in the weekly inpatient rounds, as well as in clinic, with patients needing home care and other help to obtain their care. They are assisted by our oncology pharmacist, social workers, nurses and the faculty in this endeavor.
College of Human Medicine  
Michigan State University  
Lansing Community Residency/Fellowship Annual Report  
Academic Year: 2011-2012

Program Name: MSU Infectious Disease Fellowship  
Program Director: Daniel Havlichek MD

Graduating resident and destination:  
Grace Kulhanek MD, Lansing Internal Medicine Assoc, Lansing MI

Incoming resident and medical school attended:  
Fadi Abu-Yasin, Jordan University of Science and Technology, Irbid, Jordan, Internal Medicine Residency through GMEI, Lansing MI.

Faculty changes  
1. Dr. MaryAnn Tran transitioned to half time on 7/1/12;  
2. Dr. Mary Nettleman left 3/1/12 to become Dean at University of South Dakota.  
3. Dr. Subhashis Mitra joined MSU on 7/9/12 as a full time faculty member in the ID Division. He did his Internal Medicine training at the Marshfield Clinic, Marshfield WI, and completed his Infectious Disease Fellowship at Wayne State University.

Major accomplishments over previous year:  
1. Dr. Havlichek, asked to continue on as Chair of the Infectious Disease Society of America, Training Program Directors Committee (one additional year beyond the normal term); appointed as a reviewer to the Gulf War Illness Research Program Research Committee (DOD).  
2. Dr. Havlichek, President-elect of the Michigan Infectious Disease Society  
3. Continuing with second inpatient service to better handle consults and provide medical education to fellows and residents  
4. Dr. Tran appointed Chair of the Infection Prevention Committee at Sparrow.  
5. Dr. Syed received a Pearl Aldrich research grant evaluating usefulness of procalcitonin in COPD exacerbations.  
6. Dr. Medina (2011 graduate), presented at the 2011 IDSA Fellow’s Day Case Conference, Boston MA  
7. Added, on trial basis, 3rd year CHM medical students to ID rotation
Research publications/presentations (resident and faculty):


Kalra A. Onchocerciasis. Update. Emedicine.com


Honors (resident and faculty):

No specific honors

Challenges/opportunities for upcoming year:

1. Recruiting nationwide has become an issue in Infectious Disease programs. We will are concerned about ability to recruit highly motivated and trained IM residents.

2. Recruiting will be from July to November 2012. This new date may be a challenge.
3. We need to continue to monitor clinical volume to ensure that education is not compromised. This will need to be closely monitored with Dr. Kulhanek joining LIMA and drawing consults away from MSU.

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

**Patient Care:** The Infectious Disease Fellowship continues to provide comprehensive patient care to the patients of Sparrow Hospital and the Region. Fellows see patients from all inpatient medical and surgical services at Sparrow, indigent persons with HIV thru the Ryan White Clinic at the Ingham County Health Department, and outpatients in the MSU clinic.

**Medical Knowledge:** Medical knowledge is addressed through daily interactions with the fellow during patient presentations on rounds or in the clinic, by the in-training exam which is administered through the IDSA, and through interactions during conferences which are often presented in a question/response format.

**Practice-based Learning and Improvement:** Fellows are involved in improving practice by lectures in the core conference series, projects involving screening persons with HIV for cholesterol levels and handwashing. What is learned from each project is used to improve our patient practice.

**Interpersonal and Communications Skills:** Interpersonal and communication skills are addressed through daily observation of interactions between the fellow and the patient and hospital/clinic staff on rounds or in the clinic, by lectures in the core conference series, and by the mini OSCE. Fellows are evaluated by clinic staff on this skill as well.

**Professionalism:** Professionalism is addressed through daily observation of interactions between the fellow and the patient and hospital/clinic staff on rounds or in the clinic, by lectures in the core conference series, and by the mini OSCE. Fellows are evaluated by clinic staff on this skill as well.

**Systems-based Practices:** Systems based practice is addressed through the rotations in Infection Prevention and Microbiology. In these rotations, fellows see how what they do as physicians impacts the larger enterprise. They also receive lectures in the core conference series regarding this topic.
College of Human Medicine  
Michigan State University  
Lansing Community Residency/Fellowship Annual Report  
Academic Year: 2011-2012

Program Name: MSU Internal Medicine Residency  
Program Director: Heather Laird-Fick, MD

Graduating residents and destinations:
1. Michael Darabos, hospitalist, Sparrow Hospital, Lansing, MI  
2. Pavan Gorukanti, faculty, Michigan State University, East Lansing, MI  
3. Nazish Ismail, hospitalist, Cumberland, MD  
4. Naomi Mathew, chief resident, Michigan State University, East Lansing, MI  
5. Manjunath Raju, vascular fellow, Cleveland Clinic, Cleveland, OH  
6. Deepthi Rao, endocrinology fellow, Michigan State University, East Lansing, MI  
7. Leela Reddy, geriatrics fellow, Michigan State University, East Lansing, MI  
8. Abrar Sayeed, hospitalist, St. Joseph Mercy, Ann Arbor, MI  
9. Brian Schneider, neurology resident, Michigan State University, East Lansing, MI  
10. Srikar Sudini, hospitalist, locums, North Carolina  
11. Kristine Sunio, nephrology fellow, Medical College of Wisconsin, Milwaukee, WI  
12. Deepthi Vodnala, cardiology fellow, St John Hospital, Southfield, MI  
13. Nephertiti Efeovbokhan, cardiology fellow, University of Tennessee, Nashville, TN

Incoming residents and medical school attended:
1. Abrahem Alsherbini, King Abdulaziz University, Saudi Arabia  
2. Dane Gruenebaum, Nova Southestern College of Medicine  
3. Divya Sharma, Michigan State College of Osteopathic Medicine  
4. Elvis Efeovbokhan, Obafemi Awolowo University, Nigeria  
5. David Kim, Michigan State College of Human Medicine  
6. Jinsoo Chang, Chonbuk National University, South Korea  
7. Justin Oneese, Michigan State College of Human Medicine  
8. Madalina Opreanu, Ovidious University of Constanta, Romania  
9. Amit Mehta, Kasturba Medical College-Manipal, India  
10. Richa Tikaria, Maharani Iaxmi Bai Medical College, India  
11. Sumugdha Rayamajhi, Kathmandu Medical College, Nepal  
12. Woo Jong Chang, Philadelphia College of Osteopathic Medicine-Georgia  
13. Dean McFarlane-Parrott (PGY3 transfer), Michigan State College of Human Medicine

Faculty changes:
1. Rajil Karnani replaced Francesca Dwamena as Associate Program Director  
2. Carmen Meerschaert left core faculty and was replaced by Robert Smith

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Major accomplishments over previous year:

1. Robert Smith, core faculty member, received a 5-year HRSA grant to train internal medicine residents in mental health care. Heather Laird-Fick (program director) and Laura Freilich (core faculty) are two of the three educators being trained as part of the project. The third is Carmen Meerschaert (former core faculty member, now director of Carefree Medical).

2. Establishment of a discharge clinic targeted at indigent patients. Patients admitted to the resident service are identified in the hospital and scheduled for a 1 time appointment at Carefree Medical. Patients then have the opportunity to become permanent patients at the clinic. We are analyzing the impact of the project on hospital readmission.

3. The residency inpatient service (Firm) consistently has had very good performance on Average Length of Stay Index and other measures at Sparrow Hospital, outperforming other non-teaching services.

4. Residents have had national level presentations (see bibliography) and peer reviewed publications.

5. Rey Bouknight (core faculty) instituted an innovative approach to Morbidity and Mortality Conference, introducing quarterly sessions in which residents and faculty reviewed past M&M cases, reaffirmed the major learning points related to the cases, and discussed how they were able to apply the knowledge or skills moving forward. We also had a combined medicine-surgery M&M this year, and plan to schedule others to facilitate team learning and interactions.

Honors (resident and faculty):

1. Alpha Omega Alpha induction: Deepthi Vodnala

2. CHM Resident Teaching Award, Lansing: Oliver Abela

3. CHM, Excellence in Teaching Award for Clinical Faculty, Lansing: Gary Ferenchick

4. Junior Resident of the Year (Sparrow): Mrinal Yadava

5. Junior Resident of the Year (University): In Chal (Tyler) An

6. Senior Resident of the Year (Sparrow): Naomi Mathew

7. Senior Resident of the Year (University): Michael Darabos

8. Heme/Onc Resident of the Year: Naomi Mathew

9. Cardiology Resident of the Year: Oliver Abela

10. Infectious Disease resident of the Year: Lily Kristine Sunio

11. Nursing Resident of the Year: Waddah Saba

12. Outstanding Research Award: Deepthi Vodnala

13. David Greenbaum Emerging Leader Award: Srikar Sudini

14. Endowed Bernard Smookler Award: Abrar Sayeed

15. University Faculty of the Year: Venu Gourineni

16. Community Faculty of the Year: Corey O’Brien

17. Research Teacher of the Year: Heather Laird-Fick
**Challenges/opportunities for upcoming year:** The following tables are excerpted from our annual internal work plan.

<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL-INPATIENT</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Availability of procedure experience  
*Opportunities to perform procedures on Firm (LP, thoracentesis, paracentesis, arthrocentesis, etc)* | 4. Consider faculty development so that more Firm attendings are able to supervise procedures. |
| Hand off/transition systems could be improved | 1. APD/Hospital Site Director developing educational model and system. |
| Mechanism for transferring clinical responsibilities when residents experience significant fatigue is not well developed | 1. Assemble team to create and implement process, including faculty development. |
| Balance of service and education not optimal |             |
| **DIDACTICS and TEACHING** |             |
| Faculty involvement  
*More direct faculty instruction needed  
*Interest in teaching not always evident  
*Not enough feedback at the end of educational experiences  
*Direct observation of interviewing and physical exam skills  
*Need for additional faculty development for new and experienced attendings | 1. Increase number of faculty presentations at didactics by eliminating requirement for PGY3 presentation.  
2. Faculty development including feedback, direct observation of skills. |
| ECG series may not be achieving what we hoped – struggles of residents to pass exam in PGY3 | 1. Plan to re-vamp lectures and test.  
2. Faculty development to emphasize ECG reading on rounds. |
| **SCHOLARLY ACTIVITY** |             |
| Faculty/staff do not adequately encourage an environment of inquiry  
*Availability of even more scholarly opportunities | 1. Make research director more visible and accessible to the residents, and empowered to facilitate connection with research mentors. |
<p>| Participation in QI | 1. Dr. Bouknight to look at transparency of clinic QI, and possibility of variable implementation across clinics. Consider adding an additional component re QI to the ambulatory blocks. |
| <strong>INFRASTRUCTURE and ADMINISTRATION</strong> |             |</p>
<table>
<thead>
<tr>
<th>Adequate space for teaching rounds</th>
<th>4. As more Firm attendings chose to do “sit down rounds”, help them identify other places where they can meet with their teams. Work with 8S DM to improve conference room resources.</th>
</tr>
</thead>
</table>
| *For Firm, only 8South, which is used by others as well, and has poor quality tables  
*Very small room in ICU doesn’t accommodate entire team well  
*No space readily available on multiple units (4F/4S etc) |                                                                                                                                 |

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Next steps and/or needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need for a new key faculty member</strong></td>
<td>1. Meet with new hires in GIM in July to assess interest and ability. Opportunity to add new skill set to core faculty.</td>
</tr>
</tbody>
</table>
| **Relationship with CareFree Medical and Dental Clinic**  
*Discharge clinics  
*Women’s Health  
*Psychosocial rotation | 1. Need a sustainable model for identifying and scheduling patients for discharge clinic; hire part time coordinator.  
2. Schedule ambulatory sessions for residents to increase exposure to specific clinical issues (transitions, underserved care, ambulatory gynecology, mental health, etc). |
| **HRSA Grant for Mental Health Training**  
*Incorporate “difficult patient” clinics into PGY3 ambulatory rotation (AY12-13) and then more broadly for PGY2-3 in AY13-14.  
*Change in structure and content of psychosocial rotation | For AY12-13, scheduling and faculty development emphasis. |
| **Sparrow EMR implementation**  
*Resident training schedules  
*December implementation month  
*Unavailability of Sparrow conference rooms August through December | *Plan attendance schedule for training (once available from Sparrow)  
*Work with GIM division to have additional people (faculty etc) available to help during December  
*Radiology auditorium booked for conferences.  
*Look at ways to use EMR to facilitate quality improvement, resident assessment, etc. |
Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

**Patient Care**: For resident on Night Float, we have instituted a chart stimulated recall exercise, using a template available from the University of Alberta (http://www.practicalprof.ab.ca/teaching_nuts_bolts/chart_stimulated_recall.html).

**Medical Knowledge**: All residents take the in-training exam each year. In addition, we have a longitudinal, systems-based board review series. Residents must pass every module with a minimum score or complete a remediation assignment.

**Practice-based Learning and Improvement**: First year residents present an Interesting Case Conference, which includes a case presentation, PICO literature search, and application of the search to the patients’ care.

**Interpersonal and Communications Skills**: Continuity clinic patients complete evaluations of residents after visits assessing humanistic skills and ability to communicate effectively and compassionately. Clinic staff also evaluate residents’ communication skills.

**Professionalism**: Professionalism is a key component on all of our global (rotation) evaluations and are also included on the mini-CEX forms we use from the American Board of Internal Medicine.

**Systems-based Practice**: The inpatient academic case manager completes a global evaluation of residents in this area after each Firm rotation. Clinic staff evaluations of residents also include components related to this competency.
Program Name: MSU Interventional Cardiology Fellowship
Program Director: Tim A. Fischell, M.D.

Graduating fellows and destinations:

Nitesh Gadeela, MD
Heart and Vascular Institute of Winchester
650 Cedar Creek Grade
Winchester, VA

Maximiliano Arroyo, MD
Cardiology Associates of Jonesboro
201 E. Oak
Jonesboro, AR  72401

Khurram Ahmad, MD
Allen Park Cardiology
6742 Park Ave.
Allen Park MI  48101

Incoming fellows (include medical school attended):

Saba Noorin Khan, MD
Osmania Medical College, India

Herman Kado, MD
Wayne State University School of Medicine, Detroit, MI

Manish Jhawar, MD
Government Medical College Nagpur, India

Major accomplishments over previous year:

We have had a very successful academic year in 2011/2012. 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, as above.
In addition to continuing our high volume interventional cardiology-training program during the last year we have begun to form an alliance for rotations in peripheral vascular intervention in Grand Rapids, at Metro Hospital, with Dr. Jihad Mustapha. This rotation was first begun at the end of the 2010 academic year and will continue to be offered to enhance our fellows’ peripheral vascular interventional training in the coming year. We have not had any significant changes with our faculty in the last 12 months with continued excellent participation of: Dr. Vishal Gupta; Dr. Robert LaPenna; Dr. Steven Peck; Dr. William LaPenna; Dr Kamath; Dr. Soundos Moualla; and myself.

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 been re-accredited with a 5-year review period as of 4/5/11.

In summary, we have had a very successful year in fellowship training and continued success of our prior fellows. We added three new faculty members in the prior year (Drs. Mustapha, Kamath and Saltiel) as well as a successful navigation thru our ACGME review and re-accreditation. We have a talented group of interventional cardiology fellows that started July 1, 2012, and look forward to our ongoing affiliation with Michigan State University.

**Research publications/presentations (fellows and faculty):**


**Fischell invited lectures:**


Gupta invited lecture:


Honors (resident and faculty):

Tim A. Fischell, MD, Top Cardiologists 2011, Best Doctors in America (2011-2012),
Tim A. Fischell, MD, The Leading Physicians of the World (2012),
Tim A. Fischell, MD, Invitee and Awarded Innovator’s Workbench Award, Stanford University, may 2012
Vishal Gupta, MD, Star Performer Award, Borgess Medical Center (2011)

Challenges/opportunities for upcoming year:

We are having some challenges with regard to clinical volumes for training purposes in peripheral vascular disease. We clearly have excellent coronary intervention volume now with each of the recent fellow graduates participating in >500 coronary interventions, we continue to strive to provide comprehensive training in peripheral vascular disease and in structural heart disease intervention. For this reason we are also continuing to expand the clinical experiences for the fellows including 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. The addition of Dr. Frank Saltiel to the Heart Center practice will be helpful. Dr. Gupta is actively pursuing the start-up of a major structural heart disease initiative, with plans to begin TAVI procedures this year (percutaneous aortic valve replacements). This should provide a great, cutting edge clinical opportunity for our fellows.

Briefly address at least one way your program addresses each of the ACGME Core Competencies:

1. Patient care

We have continued to evolve and refine our patient care responsibilities during our fellowship. We have improved our continuity of care initiatives by rotating and assigning each fellow to a different faculty member’s outpatient clinic so that they may see patient’s preprocedural, during the procedure and for post procedural follow-up. This program has been amended such that each of the fellows rotates with each of three different faculty for four month rotations. We believe that this will enhance their patient care learning experience.
2. Medical Knowledge

We believe that our journal club provides one of our best teaching opportunities. These are held for approximately two hours on a monthly basis. At least two, and as many as four current interventional cardiology scientific papers are reviewed and discussed in depth with regard there content, scientific validity, statistics, etc. We believe that this detailed and critical review of scientific literature on an ongoing basis will help enhance the ability of our fellows to critique scientific literature as they move forward in their career.

3. Practice-based learning and improvement

The fellows will have chart review by the program director in the next several months as part of an ABIM initiative with regard to board certification. This chart review and interview and feedback process will “close the loop” for each of the fellow’s practice-based learning.

4. Interpersonal and communications skills

Each of the fellows is reviewed on at least a quarterly basis with regard to their communication skills and their interpersonal skills and communications skills with staff, patients and faculty. The fellows also are engaged in public speaking in their role as case presenters at both the weekly clinical (cath, angio, surgical) conferences every Friday, as well as the morbidity mortality conferences.

5. Professionalism

As above, the fellows are monitored and evaluated on a regular basis with regard to their professionalism. There is a clear-cut chain of command and reporting process in the event of any disruption and deviation from professional behavior in the clinic, cath lab or in the research area.

6. Systems-based practice

The interventional cardiology fellows are integrated every year into at least one significant systems-based practice evaluation program. In the past year the fellows were actively involved in the BMC² data based monitoring for success rates in the treatment of aorto-ostial lesions. This has resulted in a manuscript that is in the process of submission. In addition, the fellows were involved in the review of access site complications in the Borgess cardiac catheterization laboratory. This has given a further awareness and appreciation and active participation in a systems-based practice initiative.
Program Name: MSU Neonatal-Perinatal Medicine Fellowship
Program Director: Ira H. Gewolb, M.D.

Graduating fellow and destination:
1. Ahmed Rezk, M.D. - Gulf Coast Medical Center, Florida

Incoming fellows and medical schools attended:
1. Sowmya Angusamy, M.D. - Coimbatore Medical College, India
2. Tarek Mohamed, M.D. - University of Alexandria, Egypt

Faculty changes
None

Major accomplishments over previous year:
1. 6 former fellows all passed Neonatal-Perinatal Medicine Boards
2. Division has leadership role in Michigan-VON Collaborative QI Project

Research publications/presentations (fellow and faculty):

Abstracts/Scientific Presentations:


Gewolb IH, Vice FL, Sobowale B, Grider D, Padwardhan A, Robinson T, Reynolds EW: The Interaction of Neurological Injury and Chronic Lung Disease on the Biorhythms of Infant Feeding in Premature Infants” Pediatric Academic Societies meeting, Boston, MA, May 2012.


Movsas, TZ, Paneth NS, Rumbeiha WK, Zyskowski JA, Gewolb IH: The Effect of Vaccination on Serum Aluminum and Essential Levels in Preterm Infants: A Pilot Study” Pediatric Academic Societies meeting, Boston, MA, May 2012.


Rezk A, Omar S. Lymphocyte subpopulation in healthy premature infants. Pediatric Academic Societies meeting, Boston, MA, May 2012.

Publications:


Submitted Manuscripts:


Comments:

**Invited Presentations:**

**Awonuga M:** Breastfeeding the Preterm Infant: Perinatal Study Day, Borgess Medical Center, Kalamazoo, Michigan - 03/2011

**Awonuga M:** Breastfeeding the Preterm Infant: Pediatric Grand Rounds, Hurley Medical Center, Flint, Michigan - 03/2011

**Gewolb I:** Kalamazoo Center for Medical Studies-Pediatric Grand Rounds. “Retinopathy of Prematurity” June, 2011

**Gewolb I:** 24th Kentucky Perinatal Association Educational Conference “Exploring Perinatal Cultural Competencies”“Neonatal GERD,” June, 2011

**Gewolb I:** T-32 Collaborative Conference: “Stranger in a Strange Land: The role of a neonatologist in a perinatal epidemiology training program” Madison, WI, April, 2012.

**Gewolb I:** Feeding Club-Featured Speaker, Pediatric Academic Societies “A New Accelerometric technique for the Diagnosis of Gastroesophageal Reflux in Infants. Boston, MA, May 2012

**Gewolb I:** 2nd Annual NOMAS Meeting- Featured Speaker, NY, NY, October 2012 “The role of respiration in successful feeding of the neonate” “Ontogeny and the underlying rhythms of suck, swallow, and respiration in infant feeding”

**Kadrofske, M:** Hillsdale College Department of Chemistry Seminar, Hillsdale, MI. “Role of Serotonin in Enterocyte Migration and Intestinal Wound Healing: Key Concepts in the Pathogenesis of Necrotizing Enterocolitis” May 3, 2011.

**Omar S.:** Genetic Biomarkers of Acute Lymphoblastic Leukemia in Children, Hurley Medical Center, Flint, Michigan, 2011.

**Grants:**

**Gewolb I:** Principal Investigator The Michigan Initiative for Innovation and Entrepreneurship (MIIE) Technology Commercialization Fund “A New Non-Invasive Accelerometric Technique for Diagnosing Gastroesophageal Reflux in Infants” $30,000 (4/1/2011-9/31/2012)

Co-Investigator (P.Panigrahi, P.I.) NIH- 4% salary support “Use of probiotics for the prevention of sepsis in Indian children in a rural setting” (3/1/07-2/28/13)
Honors (fellow and faculty):
1. Dr. Gewolb was named to the Editorial Board of Translational Pediatrics, 2011

Challenges/opportunities for upcoming year:
1. Need for Pediatric subspecialists at Sparrow/MSU
2. Need for Pediatric Radiology, Pathology, Surgery at Sparrow/MSU
3. Need to begin planning for renovation/expansion of NICU
4. Request to expand fellowship to 5

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

**Patient Care:** Manages 35 bed Neonatal ICU with 600 admissions/yr. Runs outpatient Developmental Assessment Clinic with 250 visits/yr.

**Medical Knowledge:** Educational experiences include rotating, Research Speakers, Journal Clubs, M & M/Case Management Conferences, Statistics Course, Physiology Course, etc.

**Practice-based Learning and Improvement:** Ongoing QI projects as part of Michigan-VON initiative; introduction by library staff to web based learning; daily use of electronic medical record (NIS)

**Interpersonal and Communications Skills:** Supervision during Prenatal and Neonatal consultations with families; experience as “fellow-attending during final year.

**Professionalism:** IRB offerings; 360 degree evaluations by faculty, nursing staff.

**Systems-based Practices:** Joint conferences with Ob-Gyn to review cases, involvement in multicenter trials, periodic attendance at Root Cause Analyses
Program Name: MSU/Sparrow Pediatrics Residency
Program Director: Ashweena Gonuguntla, MD

Graduating residents and destinations:
1. Manoj Gupta, MD – Cleveland - Cardiology fellowship
2. Gamil Fteeh, MD – Baylor in Texas – Neurology fellowship
3. Satheesh Chonat, MD – Cinncinati, OH – Hem/onc fellowship
4. Rasika Venkatraman, MD – Columbus, OH – PICU fellowship
5. Anil Chhabra, MD – Washington DC Pediatrician
6. Trisha Snair, DO – Cleveland, OH – Pediatrician
7. Jayne Tarkleson, DO – New Hampshire – Pediatrician
8. Gretshen Inkumsah, DO – South Carolina – Pediatrician

Incoming residents and medical school attended:
1. Aimee Leasure-Martins, DO – MSU / COM
2. Erin Fox, DO – New York COM
3. Ashley Pence, DO – Lake Erie COM
4. Lee Murphy, DO – Pikeville COM
5. Dania Al-Hamad, MD – Jordan University, Jordan
6. Farouq Thabet, MD - Al-Anbar University, Anbar
7. Srinivas Panchangam, MD – Seth G.S. Med School, India
8. Abdul Abdi, MD – Med University of Americas – Saint Kitts

Faculty changes
1. Ashweena Gonuguntla, MD – Program Director
2. Michael Stiffler, MD – Assistant Director
3. Left: Dele Davies, MD; Stephen Obaro, MD; Robert Conway, MD
4. New Chair: Renuka Gera, MD
5. New Hires: Brad Hemker, MD for Heme-Onc
6. To leave: Elna Saah, MD

Major accomplishments over previous year:
Annual Pediatric Board Reviews were sponsored and organized by Department of Pediatrics and Human Development, College of Human Medicine since 2009 and has been continued with its most successful board review in 2012. The 2012 course ran 4 days covering all board content. Resident feedback about the content and quality of the course was universally positive.

The Systems Based Practice rotation and curriculum, as well as the Mock Code/Simulation, was introduced throughout the last academic year. The mock code curriculum will run through the
three years of residency training. The SBP rotation is a 3rd year rotation and has been very well received by residents. ACGME core competencies including Patient Care, Medical Knowledge, Communication and Interpersonal Skills and Systems-Based Practice are reflected in both these curricula.

Research publications/presentations - residents:


2. Manoj Gupta, MD - Resident, Pediatrics, Madhulika Kulkarni, MD, Asst Professor, CHM/MSU, Ashweena Gonuguntla, MD, Asst Professor, CHM/MSU. VITAMIN D SUPPLEMENTATION IN INFANTS: WHERE WE STAND AS PHYSICIANS? Lansing area research day 2011

3. Manoj Gupta, MD: Pediatric resident, Said Omar, MD: Director Division of Neonatology, Stephen Guertin, MD: Division of Pediatric intensive Care, Steve Martin, MD: Division of Pediatric intensive Care. “iPG12 Use Along With HFOV for RSV Associated Respiratory Failure.” Lansing area research day 2011


7. Madhulika Kulkarni, MD, Pediatric Resident, Ashweena Gonuguntla, MD CHM/MSU.“Assessment of Awareness in the Health Care Providers Regarding Vitamin D Supplementation in Infants 0-6 Months of Age”. Poster presentation at Pediatric Academic Societies meeting in Denver, CO. May 2011.


**Research publications/presentations – faculty:**

1. Effect of Exenatide on Glucose Homeostasis and Survival in a Murine Model of Dilated Cardiomyopathy. PloS ONE; 6(2) PMID: 21359201; Vyas AK, K-C Yang, D Woo, PY. Jay, PW Hruz; Feb 2011 17

2. Effects of the HIV Protease Inhibitor Ritonavir in GLUT4 knockout mice. JBC; 285; 36395-36400 PMID 20864532; Vyas AK, Koster J, Anatoly Tzekov, PW Hruz; Nov. 2010


5. Pediatric Hematology Oncology. Handbook of Clinical Pediatrics. An Update for the Ambulatory Pediatrician World Scientific; Gera, R; Pawar, A; *Saah, E N; Scott-Emuakpor AB; Kulkarni, R.; 2010

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Honors (resident and faculty):
1. Satheesh Chonat inducted into Alpha Omega Alpha
2. Intern of the Year: Sarah Servinsky, DO
3. Professionalism Award: Suad Khalil, MD
4. Scholar of the Year Award: Bhagya Mysore Venkatesh, MD
5. Teacher of the Year Award: Satheesh Chonat, MD
6. Resident of the Year by Hospitalists: Satheesh Chonat, MD
7. Maria Patterson Mentor of the Year: Ashweena Gonuguntla, MD
8. Subspecialist Teacher of the Year: Aditi Sharangpani, MD
9. Teacher of the year: Renuka Gera, MD
10. Well Child Clinic Teacher of the Year: Sathyasudhanthar, MD

Challenges/opportunities for upcoming year:
1. ACGME site visit Sept 17, 2012
2. Understanding and implementing the new ADS and new program requirements by July 2013
3. Implementing the new milestones project by July 2013
4. Finding a new program director
5. With India now issuing J1 visas, it could be challenging competing with other programs for excellent IMGs for our MD slots.

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

1. **Patient Care:** H&PE direct observation forms are ongoing. These forms have improved the evaluation process providing residents with immediate feedback on their H&PE skills. Mock Code curriculum assesses PALS and procedures.

2. **Medical Knowledge:** ITE. Also Mock Board for the third year residents. The Board consisted of 100 questions and resembled an actual Board exam. Results of this test have correlated well with results of graduate performance on the actual Board exam. This test will continue to be used annually for residents soon to complete their training. Also, Mock Code curriculum assess PALS and procedures.

3. **Practice-based learning and improvement:** The Research Curriculum was revised and now included online, web-based modules as well as explicit timelines, mentors and worksheets to help residents complete research projects. This curriculum addresses knowledge and skill in areas of EBM, medical biostatistics and epidemiology as well as in conducting clinical research. Residents must complete and present research projects.
4. **Interpersonal and communications skills:** Cultural Competency discussions were organized in collaboration with Sparrow Health Systems Human Resources and Diversity/Inclusion Department.

5. **Professionalism:** A Mini CEX focused on interpersonal skills and professional behavior is used as an evaluation tool for direct observation of the residents.

   Through the Medical Home curriculum and the ILP (Individual Learning plans) we have increased emphasis on self-reflection and self-assessment.

6. **Systems-based practice:** A SBP rotation has been developed and implemented in the last year which incorporates all of the sub-competencies of SBP competency. This rotation is done during 3rd year of residency and complements the advocacy curriculum, medical home curriculum and General Pediatrics rotations. Each of these curricula are implemented across the three year course of residency study.
Program Name: MSU Physical Medicine and Rehabilitation Residency
Program Director: Michael Andary, MD

Graduating residents and destinations:
1. Wendy Miller – Private Practice Arizona
2. Rebecca Wyatt – staying as an attending at MSU PMR

Incoming residents and medical school attended:
1. Tegtmeier, John - Des Moines University - Osteopathic Medical Center
2. Peng Bai Michigan State University College of Osteopathic Medicine
3. Michael Slesinski Lincoln Memorial University-DeBusk College of Osteopathic Medicine

Faculty changes
1. Hired Rebecca Wyatt, DO
2. Jim Sylvain, DO is the new Chairperson

Major accomplishments over previous year:
1. Completed ACGME Review
2. Presented at Lansing Research Day
3. Have a research presentation accepted at a national meeting AANEM.

Research publications/presentations (resident and faculty):


Challenges/opportunities for upcoming year:
1. Improve our documentation of meeting minutes.
2. Improve utilization of resident goals.

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

Patient Care:
Progressive responsibility is developed and achieved by several mechanisms including:
• Gradually increased responsibility with inpatient rehabilitation service, team conference management, and decision making on the inpatient ward and outpatient clinics.
• Supervision of junior residents and medical students during the senior rotation on the inpatient rehabilitation ward
• Gradually increased responsibility in residency continuity clinic
• Increasing responsibility in EMG consultations and testing (initially doing histories and physicals, then nerve conduction studies on the arm, then nerve conduction studies on the leg, then needle EMG
• Senior residents and Chief Residents are responsible for and participate in scheduling of didactics, rotations and leave times.
• Faculty encourage and allow increasing responsibility on consults and outpatient services as they have acquired the knowledge and skills for that practice area

Medical Knowledge:
Lectures and AAPMR and AANEM self assessment examinations.

Practice-based Learning and Improvement:
We have a requirement within the portfolio to put some articles and patient care strategies as part of the resident portfolio.

Interpersonal and Communications Skills:
Residents and attendings jointly attend, coordinate, and document team and family conferences.
• Initially residents observe and provide medical and functional information. As their experience increases, they move towards leading team and family conferences.
• Goals and objectives for the conferences, with feedback about team dynamics, including communication skills, are reviewed with the attending physician on a regular basis.
• Residents initially primarily observe, then as abilities warrant, participate and eventually lead outpatient team or family conferences.
• Residents receive counseling, role modeling, and feedback from other team members including social work, nursing, and other therapies.
• The outpatient team conferences are attended and directed by attending physicians and primarily observed by residents.
**Professionalism:**
This should be done on a regular and daily basis.

- Residents talk to each other about issues of coverage, patient transfers, and patient care. The ancillary staff in the clinics are encouraged and required to give the Program Directors formal written (email) feedback on resident professionalism and communication skills.
- This competency is reviewed in the monthly evaluations and in the semi-annual reviews with the Program Director(s).

**Systems-based Practices:**
We have had two opportunities for residents to participate in root cause analysis “projects”
Program Name: MSU General Adult Psychiatry Residency  
Program Director: Alyse Ley, D.O

Graduating residents and destinations:
1. Christine Liszewski M.D. - Michigan State University, Department of Psychiatry  
2. Jeff Frey D.O. - Michigan State University, Department of Psychiatry; St. Lawrence Adult Psychiatric Unit  
3. Jose Herrera M.D. - Michigan State University, Department of Psychiatry; Carson City Psychiatric Unit  
4. Roohi Sualeh M.D. - Private Practice, South Bend, Indiana  

Incoming residents (include medical school attended):
PGY I  
1. Sarah Burke D.O. - Pacific Northwest College of Osteopathic Medicine  
2. Dora Hillman D.O. - MSUCOM  
3. Erica Larsen D.O. - MSUCOM  
4. Deepti Mughal M.D. - Garjha Raja Medical College, India

PGY 2  
1. Rebecca Brown D.O. - Lake Erie College of Osteopathic Medicine  
2. Ruth Baer D.O. - MSUCOM

PGY 4  
1. Mon Poulose M.D. - Berkshire Medical Center

Major accomplishments over previous year:
1. Expansion of telepsychiatry services throughout the state to underserved areas and incorporation of the residents into the telepsychiatry program  
2. Continued compliance with ACGME rules, supervision requirements and hand off procedures.  
3. Appointment of new faculty members-Farha Abbasi M.D.  
4. Publication of the Muslim Mental Health Journal  
5. Hosted the annual Muslim Mental Health Conference  
6. Dr. Quinlan Appointed Vice-chair of MSU Biomedical and Health IRB  
7. Dr. Quinlan, 2011 MSU Human Research Protection Program Retreat-BIRB and clinical research representative  
8. Dr. Quinlan, 2012 Michigan Research Ethics Conference- BIRB and clinical research representative
Research publications/presentations (resident and faculty):


2. Smith BD. Summer 2011. Association of Directors of Medical Student Education in Psychiatry (ADMSEP) Annual Meeting, Savannah, Georgia (*Are Medical Students Prepared for the Medical Home? How They Think About Psychiatric Comorbidity)*


5. Richards, M., Increasing Medical Student Exposure to Child and Adolescent Psychiatry; An Example of a CAP Elective Clerkship. Association of Directors of Medical Student Education in Psychiatry, June 2011, Savannah, GA


11. Jed Magen, DO, MS, Madhvi Richards, MD and Alyse Ley, DO – Workshop on GME funding at AADPRT, March 2012

12. Al Aniskiewicz PhD-Invited lecturer, Warsaw Poland. University of Warsaw, Psychotherapy in Multiple Sclerosis

13. Magen, Ley, Scheid, D’Mello, Richards, Smith, Quinlan, Wagenaar-Center for Rural Health at Michigan State University-Broadcast throughout state to multiple sights - topics including Psychopharmacology, Post-partum Depression, Psychotropic Medications in Pregnancy and Lactation, Psychosis, Elderly and Depression, Childhood/Adolescent Bipolar Disorder, Dual Diagnosis.


34. **Boivin, M.J.** (2012, May 4). *The neuropsychology of Konzo: a neuromotor disease from toxic cassava in the Congo basin.* Invited presentation to the Psychology Section Grand Rounds, Depart of Pediatrics; Baylor College of Medicine/Texas Children’s Hospital. Houston, TX.

35. **Boivin, M.J.** (2012, March 27). *The neurocognitive impact of behavioral interventions with Ugandan children with HIV.* Invited presentation at the Pediatric Department Research Seminar Series; Baylor College of Medicine/Texas Children’s Hospital. Houston, TX.


53. A Phase 2, Multicenter, Open-label Study to Assess the Safety and Tolerability of OPC-34712 as Adjunctive Therapy in Adult Patients with Major Depressive Disorder. Co-Investigator. Sponsor Otsuka. 2010 to present.

54. RAISE - Early Treatment Program (ETP) - [RAISE (Recovery After an Initial Schizophrenia Episode)] Principal Investigator. Sponsor NIMH. 2010 to present.


58. Richards, M., Telepsychiatry for the Millennial Generation of Medical Students. Association of Directors of Medical Student Education in Psychiatry, June 2012


61. Quinlan; A Descriptive Analysis of Symptoms Presenting in Pediatric Patients Referred to the PASCA Clinic in the Department of Psychiatry at Michigan State University

62. Quinlan; A Comparison of the MSU Department of Psychiatry Child Behavioral Checklist results with a National Public Dataset for the Child Behavioral Checklist

Federal and Other Research Grants:

1. 196-212. R01HD070723 (Boivin, Bass) 08/01/11 – 07/31/16
   NIH/NICHD $2,304,641
   Enhancing Ugandan HIV-affected child development with caregiver training. We will evaluate the effectiveness of our caregiver training intervention within a randomized controlled trial (RCT) for both HIV-infected and affected Ugandan children. This study emphasizes both developmental outcomes for the children, quality of caregiving at home, and psychosocial benefit outcomes for caregivers. Role: PI
2. D43TW00982 (John) 06/01/11 – 05/31/16
NIH/FIC $207,856 (annual direct cost)
Research training in infection and neurodevelopment in Uganda.
Training will include an emphasis on infection-related long-term morbidity, diverse mix of trainees from multiple disciplines and at all levels, integrated core training that is required of all degree students, and development of mentorship capacity for Ugandan faculty as part of the training program. Role: Mentor

3. R01HD064416 (Boivin, Nakasujja) 04/01/2011-03/31/2016
NIH/NICHD $2,554,870
Computerized cognitive rehabilitation in children after severe malaria.
This study will evaluate the neuropsychological benefits of computerized cognitive rehabilitation therapy (CCRT) for Ugandan school children surviving severe malaria. Role: PI

4. R01ES019841 (Tshala-Katumbay) 04/01/2011-03/31/2016
NIH/NIEHS $1,684,676
Toxicodietary and genetic determinants of susceptibility to neurodegeneration.
This study will evaluate cassava toxins and the occurrence of a motor system disease, known as konzo, in the DR Congo with field assays to evaluate the pathogenic mechanisms of cassava neurotoxicity on human motor and cognitive abilities. Role: Co-I

5. R34MH084782 (Boivin) 03/01/2010-02/28/2013
NIH/NIMH $571,163
This study will evaluate the neuropsychological benefits of computerized cognitive rehabilitation therapy (CCRT) for Ugandan school children with HIV. Role: PI

6. University of Michigan Global Reach Faculty-Mentored Structured Summer Overseas Projects for Medical Students. Giordani, Boivin (PIs) 6/01/2010-8/31/2013 $20,000/year for 3 Years
Cognitive rehabilitation with HIV positive children in Uganda.
This project sponsors UM medical students each summer between their M1 and M2 years for an 8-week cognitive rehabilitation research program with Ugandan HIV school children. Role: Co-PI

7. RO1NS055349 (John) 5/01/2008-4/30/2013
NIH/NINDS $2,660,830
Pathogenesis of cognitive/neurologic deficits in central nervous system malaria (Uganda).
This study investigates the association of immunologic factors with neurocognitive sequelae in Ugandan children with severe malaria. Role: Co-I
8. U01HD064698 (John) 10/01/2009 – 01/30/2014
    NIH/NICHD $1,218,000
    Acute vs. delayed iron therapy: effect on iron status, anemia and cognition.
    This project’s goal is to study the neurocognitive impact of early versus late iron
    supplement treatment for severe malaria anemia in Ugandan children. Role: Other
    Significant Contributor

9. UM1 AI068632 (Boivin) 06/01/2012 – 05/31/2013
    NIH/DAIDS $10,000
    A Longitudinal Developmental and Neuropsychological Assessment of the P1060 Clinical
    Trial Cohorts and HIV-uninfected Controls
    I am serving as Protocol Chair for substudy P1104s, whereby children at seven of the
    P1060 clinical trial sites will be co-enrolled for a neuropsychological evaluation of the
    outcomes for the two principal treatment arms (Nevirapine and Kaletra) of IMPAACT-
    sponsored P1060 clinical trials. Both HIV-exposed (noninfected) and non-exposed
    reference groups will be recruited from the study sites. Role: Protocol Chair

10. RO1 HD073296 (Boivin, Fowler) 07/01/2012 – 06/30/2017
    NIH/NICHD $566,817
    Developmental and Growth Outcomes for ARV Exposed HIV Uninfected African
    Children.
    This study will be embedded within the NIH IMPAACT-sponsored PROMISE clinical
    trials on the pre- and post-natal use of different regimens of ARV to prevent mother-to-
    child transmission of HIV. We will evaluate the neurodevelopmental (12 and 24 months
    of age) and neuropsychological (60 months of age) effects of duration and type of
    exposure to ARV for children born to mothers in this clinical trial. This study will take
    place at the Uganda and Malawi PROMISE study sites, and will also evaluate
    neurological and hematological outcomes. Role: PI

    NIH/NIMH $599,648
    Cognitive and psychosocial benefits of caregiver training in Ugandan HIV children.
    The study evaluates the neurocognitive and psychosocial benefits of a one-year training
    program for the caregivers of HIV children and orphans. Role: PI

12. Templeton Advanced Research Program (Boivin) 6/01/2006-11/28/2010
    Metanexus Institute and the John Templeton Foundation $999,921
    Breast cancer disease and treatment: modeling the relationships among spiritual and
    emotional well-being, quality of life, neuropsychological function, and immunological
    resilience.
    This study explores the role of spiritual well-being with emotional well-being in
    influencing the impact of breast cancer disease and treatment on quality of life,
neuropsychological function, fMRI brain activation, and immunological resilience. Role: PI

13. R21HD060524 (Bodeau-Livinec) 03/01/2010 – 02/28/2012
NIH/NICHD $349,792
*Anemia in pregnancy in Benin and impact on cognitive function in childhood*
This project’s goal is to study the impact of anemia during pregnancy on childhood development in Benin, while building capacity in epidemiology in Benin. Role: Consultant

NIH/NIMH $407,106
*Variation in neurocognitive impairment of HIV Ugandan children by HIV subtype.*
We evaluated the impact of HIV subtype on the neurocognitive and motor development of HIV children. Role: Co-I

### Honors (resident and faculty):

1. Miko Rose, D.O. - APA/Substance Abuse and Mental Health Services Award Fellowship
2. Joel Sanchez, M.D. - MPS Resident President
3. Jeanette Scheid, MD, PhD - MPS President
4. Jed Magen, DO - Elected Membership in the American College of Psychiatrists
5. Hanna Saad, M.D. - MPS Resident Representative
6. Madhvi Richards, M.D. - advanced status to Associate Professor
7. Brian Smith, M.D. - advanced status to Associate Professor

### Challenges/opportunities for upcoming year:

1. Discussions to expand general residency/electives to Stone crest Center/Center City CMH and Alliance Health.
2. Elective rotation Brighton Hospital
3. Participation in Lansing Community Research Day
4. Recruiting for upcoming years:
   - Given our unusual funding mechanisms and the fact that we participate in both the DO and MD match, we vary the numbers of first year residents we take each year and generally have 4-5 PGY-1’s in any given year. We have flexibility to take a second year resident if we have a qualified applicant. We also do not have resident driven services, so that we have maximum flexibility in terms of resident numbers.
Briefly address at least one way your program addresses each of the ACGME Core Competencies:

**Patient care**
- Chart reviews
- Review of patient outcomes on inpatient unit
- Rating form
- Faculty evaluation on all rotations
- Handoff Procedures

**Medical Knowledge**
- PRITE Exam
- Board Review Series
- Required seminars and didactics

**Practice-based learning and improvement**
- Resident seminar presentations
- Required written case presentations
- Seminar discussions
- Journal clubs

**Interpersonal and communications skills**
- Staff feedback
- Survey of patient satisfaction
- Direct observation
- Faculty evaluations

**Professionalism**
- Faculty evaluations
- Direct observation
- Attendance sheets
- Patient satisfaction survey

**Systems-based practice**
- Faculty evaluation
- Resident Q/A project in outpatient clinic

**AOA Competency - Osteopathic Manipulative Medicine**
- Approximately 10 hours of seminar in collaboration with Henry Ford Department of Psychiatry Residency Program through the Statewide Campus System
Program Name: MSU Integrated Residency Program in General Surgery
Program Director: Michael K. McLeod, M.D.

Graduating residents and destinations:

Graduating Chiefs:
1. Lynn Butvidas – University of Arizona
2. Erick Rivas – University of Michigan
3. Anthony Nigliazzo – Adams Memorial Hospital Decatur, IN

Transferring Categorical Residents:
1. Justin Sobinsky – Saint Joseph Hospital Chicago, IL

Preliminary Residents:
1. Lissa Sakata – Confidential
2. Nicole Akers – MSU Kalamazoo Center for Medical Studies

Incoming residents and medical school attended:

Categorical:
1. Andrew Cho – University of Cincinnati College of Medicine
2. James Jones – Albany Medical College
3. Derek Ornelas – University of Cincinnati College of Medicine
4. Nicole Zaremba – Ross University of Medicine

Preliminary:
1. Pranit Chotai – Medical College of Baroda
2. Jamila Goldsmith – Michigan State University College of Human Medicine
3. Shihong Li – Dalian Medical University
4. Debra Pierce – University of Cincinnati College of Medicine

Faculty changes
1. Dr. Harvey Bumpers (New employee)
2. Dr. Srinivas Kavuturu (New employee)
3. Dr. Brian Peshek (New employee)
4. Dr. Shean Satgunam (Left department)
5. Dr. Pandu Yenumula (Left department)

Major accomplishments over previous year:
1. Expanded speakers for Grand Rounds and M&M’s
2. Implemented new approaches to didactics, including separate curricula for juniors and seniors
3. Refined evaluation process for residents in clinical settings
4. Developed new research projects for resident involvement
Research publications (resident and faculty):


Research presentations (resident and faculty):


Honors (resident and faculty):

1. Outstanding Educator Award Flint Campus – Robert Molnar, M.D.
2. Outstanding Educator Award Lansing Campus – Andrew Saxe, M.D.
3. Highest Junior Absite – Yetnayet Zewge
4. Highest Senior Absite – Kartik Gohil
5. Most Improved Junior – Gabriel Gallardo-Velasquez
6. Most Improved Senior – David Henry
7. Dr. Harvey Bumpers:
   - Poster presentation Certificate Honor among Seasoned Investigator Category, Center to Reduce Cancer Health Disparities Conference (NCI), Bethesda, MD. July 2011
   - Selected for platform and poster presentations at Department of Defense Era of Hope Breast Cancer Conference, Orlando, FL. August 2011
   - Invited moderator for Center to Reduce Cancer Health Disparities Conference, Bethesda, MD. July 2011
   - Invited facilitator for Translational Science and Clinical trial session at Center to Reduce Cancer Health Disparities Conference, July 2011

8. Dr. John Kepros
   - Sparrow Physician Leadership Award, Women’s Board of Managers and Sparrow Health System, Lansing, MI April 28, 2012
   - Keystone Surgeon of the Month, Sparrow Hospital, April 2012
   - “For consistently briefing before surgery to explain the plan for patients at high risk for a retained object and the need for a wound exploration by performing a count and x-ray at the end of the case.”
   - Outstanding Service Award, Board Member, Michigan State University HealthTeam,
   - America’s Most Compassionate Doctors, Patients’ Choice, April 18, 2011
9. Dr. Michael McLeod
   • 2012 Michigan Health & Hospitalization Association Keystone Center Patient Safety and Quality Leadership Award.

10. Dr. Dinesh Vyas
    • 2012 Scholarship and Education Committee, International College of Surgeons, USA

Challenges/opportunities for upcoming year:
1. Going forward, residents are going to be required to be included in quality improvement projects and systems based practice.
2. The department is continuing to expand with the recent addition of new faculty.
3. Correlate performance in didactic sessions with standardized test performance
4. Explore development of intra-operative evaluation tool
5. Develop predictive methods for determining resident success in leadership roles during training

Briefly indicate at least one way your program addresses each of the ACGME Core Competencies:

**Patient Care:** Provides patient care that is compassionate, appropriate and effective for treatment of health problems and promotion of health. (Gathers information, makes informed decisions, plans patient care, applies evidence, demonstrates competent technical skills, works with teams).
   • Objective structured clinical examination evaluated by Allied Health Professional, Chief Resident, Faculty Member, Nurse, Patient, Program Director, and Self.

**Medical Knowledge:** Demonstrates knowledge about established and evolving biomedical, clinical & cognate (e.g., epidemiological & social-behavioral sciences), and application of this knowledge to patient care (investigatory, analytical & uses sciences.)
   • In-training examination (ABSITE) administered yearly and evaluated by Faculty Member, Faculty Supervisor, and Program Director.
   • Weekly didactics with quizzes
   • Weekly morbidities and mortalities
   • Weekly Grand Rounds

**Practice-based Learning and Improvement:** Able to investigate and evaluate their patient care practices; appraise and assimilate scientific evidence; and improve their patient care practices. (Analyzes own experiences, appraises and understands evidence, uses own patient population data, uses technology, and teaches others).
One learning activity in which the residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients’ health problems is in completing a journal club assignment in which the resident is directed to review assigned articles and prepare a presentation based on a format that by answering the questions assigned with the assistance of the faculty moderator, how to evaluate peer-reviewed and/or consensus-developed published evidence and assess its applicability to a clinical or patient-based question. For example, one journal club session addressed the question of whether routine preoperative assessment of vocal cord function should be performed on all patients preoperatively prior to thyroidectomy. This view was held by some faculty but not by others. Papers were selected by the residents and assigned faculty moderator to address both sides of the issue. The quality and soundness of the papers were presented and discussed. The limitations of the available literature were identified and the sense that a clinical algorithm utilizing clinical findings and a specific question set in the review of systems of the patient might be superior to mandatory preoperative laryngoscopy in every patient prior to thyroidectomy. The process was illuminating even if the conclusion was not shared by all faculty present. The residents were required to locate supporting information from the available published literature (beyond the articles assigned) by using information technology, had to appraise the information obtained and available for discussion, they participated in the discussion to assimilate the evidence available and came to a conclusion on how they might apply the information obtained to present and future patient care.

**Interpersonal and Communications Skills:** Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families & professional associates. (Ethical relationships with patients, listens, communicates effectively, and works as a member or leader of team).

- Dr. Smith and Dr. Dwamena led a conference in May with the residents and faculty in expert communication skills and professionalism in ethics.
- Tom Tomlinson conducts lectures and leads discussions on various ethical themes of care of the surgical patient.
- Residents learn effective team work habits during their rotations on the Academic Surgical Services in general surgery. The general surgery services consist of several attending surgeons, three to four residents of varying seniority, and several medical students. The attending surgeons oversee the care of their individual patients, review, and approve the residents’ treatment plans as developed and proposed by the chief or most senior resident acting as chief. The chief resident develops or endorses patient management plans, directs the care as discussed with the respective attending surgeon, assigns more junior residents to execute the care plan for each patient, as well as their operative cases for the day and other ward duties. The chief or senior resident is responsible for other administrative duties such as generating the call schedules for all residents.
bearing in mind established work hour limits. Junior residents perform assigned patient care and ward duties, see consultations, evaluate tests and present their considerations to the chief resident and respective attending surgeon to further refine patient care management. In the course of providing patient care the residents invariably must interact with, and as needed direct various aspects of the patient care plan with and through nursing, ancillary care services as well as hospital administration (all members in an effective health care team focusing on the patient’s well-being). All residents participate in the education of medical students.

- Communication occurs at all levels and is primarily by direct conversation. Conversations take place both on a scheduled basis (morning rounds, evening (sign-out) rounds and “hand offs”) and on an ad hoc basis many times during each day. Also, residents use a secure, password-protected electronic database containing all MSU Surgery service patients that is on a secured website and available via the internet from computers located throughout both major hospitals. This allows residents to update relevant patient-specific information for others on the team in a secured HIPAA compliant setting.

**Professionalism:** Demonstrates a commitment to carrying out professional responsibilities, an adherence to ethical principles, and sensitivity to a diverse patient population. (Respectful, compassionate, responsive to patient and society, accountable, confidential, and sensitive to culture, age, gender, etc.). The residents’ Fundamentals of Surgery & SCORE curriculum both include themes in professionalism.

- Residents receive formative assessments by selected/appointed faculty mentors to help them gain insight into their strengths and development needs.

**Systems-based Practices:** Demonstrates an awareness of and responsiveness to the larger context & system of health care and the ability to effectively call on system resources to provide care that is of optimal value. (Understands health care organizations & components, practices cost-effective care, helps patients with systems & partners with other professionals to affect system performance.

- Assignment to the trauma service to the trauma service provides a rich experience in systems-based practice. This service is characterized by the need to recognize, appreciate and integrate the efforts of many members and components of the health care system. These include residents on service, the attending trauma surgeon, other physicians and their service representatives, pharmacists, occupational and physical therapists, respiratory therapists, social workers, clergy, dietitians, and discharge planners.

- At the M&M conference, discussion often revolves around the integration of the surgical service into the larger system of medical care, for example in requesting

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and analyzing tests from the clinical laboratory and radiology department. Discussion also commonly involves plans for integrating post-discharge follow-up by the surgical and other services.
College of Human Medicine
Michigan State University
Lansing Community Residency/Fellowship Annual Report
Academic Year 2011-2012

Program Name: MSU Surgical Critical Care Fellowship
Program Director: Chet Morrison, M.D., FACS

Graduating residents and destinations:
Larry Ansari, MD - graduating Dec. 2012, unknown destination

Incoming residents (include medical school attended):
Possible part time fellow Dr. Ronald Hyde

Major accomplishments over previous year:
Successful recruitment of full time off-cycle fellow

Research publications/presentations (resident and faculty):

- Disorganized Care: The Findings of an Iterative, In-Depth Analysis of Surgical Morbidity and Mortality; Cheryl I. Anderson, RN, BSN, MSA, Catherine Nelson, MD, Corey Graham, MD, Benjamin D. Mosher, MD, Kartik Gohil, MD, Chet A. Morrison, MD, Paul D. Schneider, MD, John P. Kepros, MD

- Morrison CA  The Inhibition of Rho Kinase: The Next Hopeful Salvo in the Long War Against Sepsis?; Journal of Surgical Research 2102 May 24

- Whole body imaging in the diagnosis of blunt trauma, ionizing radiation hazards and residual risk; J. P. Kepros, R. C. Opreanu, R. Samaraweera, A. Briningstool, C. A. Morrison, B. D. Mosher, P. Schneider & P. Stevens


Honors (resident and faculty):
Leadership award for Dr. John Kepros
Challenges/opportunities for upcoming year:

Recruitment of fellow for 2013-2014; may require expansion of fellowship

Briefly address at least one way your program addresses each of the ACGME Core Competencies:

1. Patient care

11 months is spent in critical care rotations taking care of the surgical critical care patient; the medical critical care patient, and the pediatric critical care patient

2. Medical Knowledge

Weekly didactic sessions and reading assignments; Board review materials supplied; opportunity of fellow to attend critical care congress. Sent fellow to comprehensive critical care review in July of this year

3. Practice-based learning and improvement

Opportunity to participate in department QI; opportunity to take yearly medical critical care knowledge assessment exam; participates in surgery department monthly journal club

4. Interpersonal and communications skills

Interpersonal skills incorporated into weekly curriculum, fellow evaluated by attendings and residents; fellow takes the lead in counseling of family members of critically ill patients

5. Professionalism

Professionalism is incorporated into our curriculum; fellow participates in surgery department professionalism training and evaluation

6. Systems-based practice

Fellow attends keystone meetings, critical care working meetings and participates in NSQIP project with MSU surgery department