

Graduate Medical Education ANNUAL REPORT

2020-2021



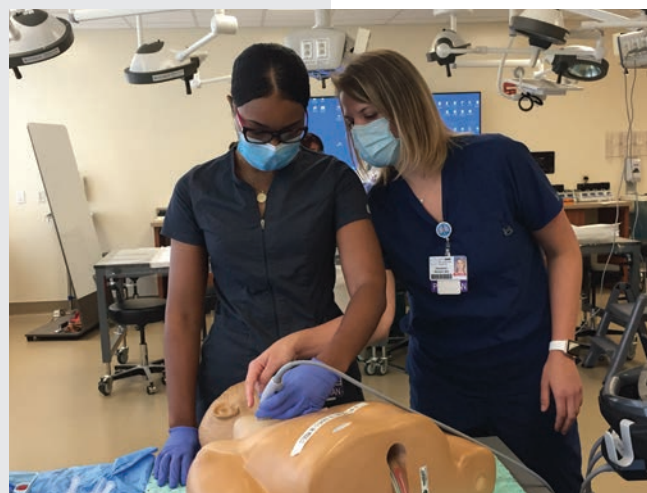
2020-2021 marked our second year of GME during the SARS-CoV-2 (COVID-19) pandemic. SIU residents, fellows and faculty continued to provide excellent care to patients with COVID and other illnesses, and to participate in COVID testing for SIU clinics and the community. Many clinical experiences had been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

Each year since the Accreditation Council for Graduate Medical Education moved to an annual accreditation system in 2013, SIU SOM has received ACGME Institutional Accreditation with no citations. We continue to do meaningful work and maintain strong relationships with our hospital partners. We welcomed Jacksonville Memorial Hospital as a training site for the Obstetrics and Gynecology Program. Our Neurology Residency complement was increased in size from 3 to 4 residents per year. The new Alton Family and Community Medicine residency program participated in the 2021 Match, matriculating their inaugural class of six residents in July 2021. The SIU Neuroscience Center established a Fellowship in Movement Disorders and recruited its first fellow. We ended the year with a notification that our application for a Fellowship in Gastroenterology had been approved by the ACGME.

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



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



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

CHAIR

Karen Broquet, MD

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Interim SIU CMO
Martha Hlafka, MD
Harald Lausen, DO,
Previous SIU CMO
Paula Mackrides, DO,
AOA Director
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Santosh Shrestha, MD
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Vidya Sundareshan, MD
(Fellowship)
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James Waymack, MD
Vincent Zata, MD

RESIDENTS

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Vanessa Einspahr, DO
Breck Jones, MD
Samantha Knight, MD
Greg Lee, MD
Suhayb Ranjha, MD

REVIEW OF INSTITUTIONAL PERFORMANCE 2020-2021

REVIEW OF PROGRAM PERFORMANCE

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

INTERNAL REVIEWS

Child & Adolescent Psychiatry
Internal Medicine
OBGYN
Pediatrics
Psychiatry

SPECIAL REVIEWS

Endocrinology

MOCK SITE VISIT

Pulmonary Disease & Critical Care Medicine

SELF-STUDIES

Scheduled Self-Studies were postponed by the ACGME

GMEC SUB-COMMITTEES

Annual Program Evaluation Review
Well-Being

REVISED POLICIES AND PROCEDURES

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

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

LEADERSHIP DEVELOPMENT

4 new Program Directors
4 new Program Coordinators

GOAL 1

Establish and implement a process to verify residents' competency to perform procedures without direct supervision (Carry over goal)

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

GOAL 2

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

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

ACADEMIC PROGRAM OVERVIEW			
	Springfield	Affiliates	Total
# Residents & Fellows	314	53	367
# Accredited Residency Programs	17	3	20
# Accredited Fellowship Programs	9	2	11
# Non-Accredited Fellowships	1	n/a	1

PROGRAM ACCREDITATION STATUS			
PROGRAM	Accreditation Status	PROGRAM	Accreditation Status
Dermatology	Continued	Fellowships	
Emergency Medicine	Continued	Adult Reconstructive Surgery	Continued
FCM - Alton	Initial	Carbondale Sports Medicine	Continued
FCM - Carbondale	Continued	Cardiovascular Disease	Continued
FCM - Decatur	Continued	Child & Adolescent Psychiatry	Continued
FCM - Quincy	Continued	Colon & Rectal Surgery	Continued with Warning
FCM - Springfield	Continued	Endocrinology	Continued
Internal Medicine	Continued	Hand Surgery	Continued
Med/Psych	n/a	Hematology & Medical Oncology	Continued
Neurological Surgery	Continued without Outcomes	Infectious Diseases	Continued
Neurology	Continued	Pulmonary Disease & Critical Care Medicine	Initial
OB-GYN	Continued	Quincy Sports Medicine	Continued
Orthopaedics	Continued	Other	
Otolaryngology	Continued	Institution	Continued
Pediatrics	Continued		
Plastic Surgery	Continued		
Psychiatry	Continued		
Radiology	Continued		
Surgery	Continued		
Urology	Continued		
Vascular Surgery	Continued		

The ACGME Clinical Learning Environment Review (CLER) program was developed to increase the integration of GME into quality and patient safety endeavors at clinical teaching sites. In late 2019, the ACGME introduced [CLER Pathways to Excellence Version 2.0](#), which significantly revised and expanded the CLER Focus Areas, sub-areas (called pathways) and the individual properties or behaviors that CLER site visitors use to assess GME engagement within our hospitals' learning environments. Level of engagement is measured by faculty and trainee participation in transitions of care, patient safety investigations, literacy and engagement in health care quality, and recognition and elimination of health care disparities.

Current CLER Focus Areas are:

- Patient Safety
- Health Care Quality
- Teaming
- Supervision
- Well-Being
- Professionalism

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



Teaming consists of multiple properties surrounding patient engagement and inter-professional work and learning. This is exemplified by the Carbondale Family and Community Medicine Program. The program has a close relationship with the SIU Physicians' Assistant (PA) Program, sharing a building and clinical and educational resources. They host students from the SIU MEDPREP program as observers in clinics. (The SIU Medical/Dental Education Preparatory Program is a nationally renowned post-baccalaureate academic program that has helped more than 1,000 educationally and/or economically disadvantaged students successfully matriculate into medical and dental school.) Accredited by the ACGME for Osteopathic Recognition, the Carbondale FCM program is a clinical training site for ATSU-Kirkville College of Osteopathic Medicine and the SIU SOM Lincoln Scholars Program, a new Doctor of Medicine track designed to train physicians with the particular knowledge, skills and perspective to provide care in rural areas. This creates opportunities for allopathic and osteopathic residents, clinic nurses, and students from PA, allopathic, osteopathic and medical pipeline programs to learn and work together.

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

Patient Safety and Teamwork						
	ACGME Resident Survey (Reports only available for programs with 4 or more residents)					
	Information not lost during shift changes	Culture reinforces personal responsibility for patient safety	Know how to report patient safety events	Inter-professional teamwork skills modeled or taught	Participate in adverse event investigation & analysis	Process to transition care when fatigued
	% NATIONAL COMPLAINT					
PROGRAM	85%	90%	96%	78%	77%	90%
Cardiovascular Disease	83%	100%	100%	83%	83%	100%
Dermatology	86%	100%	100%	86%	71%	100%
Emergency Medicine	96%	100%	100%	100%	92%	100%
Endocrinology	100%	25%	100%	50%	50%	100%
FCM - Carbondale	79%	79%	89%	68%	100%	89%
FCM - Decatur	87%	80%	100%	93%	100%	100%
FCM - Quincy	94%	100%	100%	82%	82%	100%
FCM - Springfield	87%	100%	100%	100%	67%	97%
Hematology/Oncology	75%	100%	100%	75%	100%	100%
Internal Medicine	79%	83%	96%	69%	79%	92%
Med/Psych	100%	100%	100%	75%	100%	100%
Neurological Surgery	86%	100%	100%	100%	100%	100%
Neurology	83%	83%	92%	75%	92%	100%
OB-GYN	94%	100%	100%	82%	88%	88%
Orthopaedics	93%	100%	100%	87%	100%	100%
Otolaryngology	89%	100%	100%	100%	78%	100%
Pediatrics	82%	95%	95%	91%	82%	100%
Plastic Surgery	100%	100%	100%	100%	100%	100%
Psychiatry	88%	94%	100%	82%	82%	94%
Pulmonary Disease & Critical Care Medicine	100%	88%	100%	63%	88%	100%
Radiology	100%	100%	100%	90%	90%	90%
Surgery	95%	95%	100%	84%	79%	100%
Urology	89%	100%	100%	89%	100%	100%
Vascular	100%	100%	100%	100%	100%	100%
All Programs/Institution	89%	93%	98%	84%	86%	97%

Residents and fellows participated in the following training and root cause analysis (RCA) meetings at one of our partner hospitals.

- Mock RCA Meetings: October 8, 2020 – 22 attendees, March 11, 2021 – 28 attendees, April 13, 2021 – 27 attendees
- Real RCAs: Seven residents & fellows attended a real RCA out of seven RCAs that occurred.
- TeamSTEPPS and Lean Six Sigma classes were not held due to COVID.

The SIU Graduate Medical Education Committee held its 5th Annual SIU SOM Quality Improvement Poster Competition in April 2021. The following posters were the selected winners for the 2021 competition.

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

Implementation of Geriatric Screening in Selection Criteria for Kidney Transplant Recipients

Kauffman, M.E.², Thuppall, S.¹, Delfino, K.¹ and M.R. Garfinkel^{2,3}
¹Center for Clinical Research, Southern Illinois University School of Medicine, Springfield Illinois, ²Department of General Surgery, Southern Illinois University School of Medicine, Springfield Illinois, ³Abdominal Transplantation, Memorial Medical Center, Springfield Illinois



Abstract
 Renal transplantation is the treatment of choice for patients with advanced end stage renal disease.
 We compared 1 and 3 year patient and graft survival prior and subsequent to the implementation of a multi-point geriatric screening assessment and comorbidity risk stratification.
 We predicted better operative outcomes in the post-implementation cohort.
 All outcomes in the post-implementation (post) cohort were numerically better than that of the pre-implementation (pre) cohort. 3 year graft survival in the post cohort achieved statistical significance compared to the pre cohort.
 We concluded that revised eligibility and evaluation applied to transplant candidates assisted in achieving superior results.

Methods
 We conducted an IRB-approved retrospective chart review of all patients who underwent renal transplant at MMC from 2013 to 2019 excluding the year 2016 during which the eligibility and evaluation protocols were changed. Revised eligibility criteria for participants age ≥65 were implemented to evaluate if the participant required preoperative medical optimization or was excluded from renal transplant candidacy. Baseline demographic parameters and graft and survival data were collected through March 5, 2021 and analyzed using chi-square analysis. P value <0.05 was prospectively determined to indicate statistical significance.

Results
 Patients were divided into pre and post cohorts with 74 and 81 participants, respectively. Three year graft and patient survival data was available for 24 of the 81 participants in the post-implementation cohort. 23 of 24 (96%) of the post cohort achieved 3 year graft survival compared to 54 of 74 (73%) of the pre cohort, which was statistically significant (p = <0.05) (Fig 1). Other comparisons of 1 year patient and graft survival and 3 year patient survival were numerically better in the post cohort but did not achieve statistical significance (Fig 1 and 2).

Background

In 2016, the Memorial Medical Center (MMC) Transplant Program implemented the following patient selection protocol for all candidates age ≥ 65:

- Depression:** Geriatric Depression Screening (GDS)²
 Severe depression (score 21-30) → need preoperative mental health treatment
- Co-morbidities:** Charlson Comorbidity Scoring System³
 Moderate (score 5-6) → need preoperative geriatric evaluation
 Severe (score ≥ 7) → not an operative candidate
- Frailty:** Fried Scale⁴
 Self reported unintentional weight loss, self reported exhaustion, slowness (seconds to walk 4 meters), Activity Questionnaire, and weakness tested by grip strength⁴
 Intermediate frailty (score 1-2) → need preoperative geriatric evaluation
 Severe (score 3) → not an operative candidate

Results

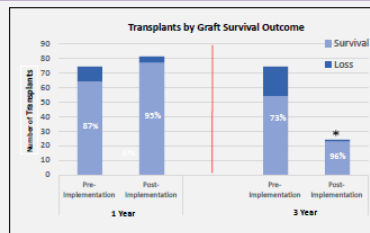


Figure 1. One and 3 year renal graft survival for pre and post cohorts

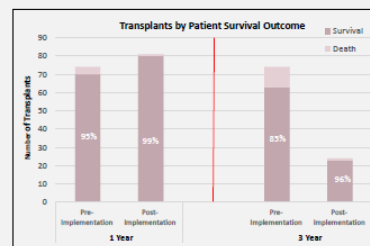


Figure 2. One and 3 year patient survival for pre and post cohorts

Discussion

Despite more stringent eligibility and evaluation criteria, more transplants were performed in the post-implementation cohort than in the pre-implementation cohort. In comparing primary outcomes before and after implementation of geriatric patient selection criteria, we identified statistically significant improved outcomes of the post cohort in the three year graft survival. The other primary outcomes demonstrated numerically better percentage but did not achieve statistical significance. This finding is likely secondary to an underpowered study with a small sample size. Nonetheless, we conclude that the revised eligibility and evaluation applied to transplant candidates assisted in achieving superior results.

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2nd PLACE: EMAN MOSLEH, MD, PEDIATRICS

Improving Trainee Communication During Subspecialty Consultation on the Inpatient Pediatric Service

Eman Mosleh, MD; Mary-Katherine Siebenaler, MD
 Southern Illinois University - School of Medicine

Background & Study Aim
 Safe and effective communication is necessary in delivering high quality inpatient pediatric care, particularly when consulting a sub-specialty service. Trainees, historically, and through a pre-survey conducted prior to this study showed varying levels of comfort and confidence in calling consults.

Study Design & Methods
 A Quality Improvement project with the main outcome measure being trainee (Southern Illinois University School of Medicine's pediatric residents, medical students) comfort in calling consults as measured on a 5-point Likert scale survey (1: not at all comfortable, 5: extremely comfortable).
 SMART Aim: Improve the comfort of trainees on the inpatient pediatric service by 1 point over six months.
 Plan-Do-Study-Act (PDSA) cycles:
 Plan: Presurvey to trainees through RedCap to identify comfort level and views on standardization of the consult process. Second presurvey of pediatric subspecialists to measure their level of satisfaction with trainee consults, as well as help identify specific questions that each subspecialty deemed essential in a consult call – this was used to construct Figure 2.
 Do: A small group of trainees were introduced to the consult tool through presentation and e-mail formats, and participated in live simulation practice sessions. The consult tool was then colorfully displayed in high-traffic areas, and pocket-cards were printed. The tool was then incorporated into the monthly orientation given to trainees on day 1 of their inpatient rotation.
 Study: Assessed trainee comfort level via a monthly survey upon completion of their inpatient rotation.
 Act: Peer-peer coaching and feedback sessions were regularly provided by senior residents.

Results
Pre-intervention
 There were 60 responses to the trainee survey aimed at third year medical students and all pediatric residents.
 Trainee survey showed that 40% of trainees did not feel comfortable at all with calling consults (average 2.7/5), 70% reported receiving no formal training on calling consults, and 83% strongly believed that standardizing the consult process would improve their confidence.
 There were 33 responses to the sub-specialist survey within the Pediatric department. Amongst them, 50% were not satisfied with trainee consults, and 82% believed that standardizing the consult process would improve their satisfaction and ultimately patient care.

Post-intervention
 A monthly two question survey aimed at trainees rotating through the inpatient Pediatric unit since the introduction of the tool (N=23) revealed that 60% of trainees felt very comfortable (Avg 4.5/5) in calling consults.
 Amongst trainees surveyed, 86% (N=20) reported using the consult tool before calling a consult.

Discussion
 In only three months following tool introduction, 60% of trainees reported feeling very comfortable with calling a consult, with an average comfort score increasing from 2.7 to 4 (48% increase), exceeding our initial target. The vast majority of trainees stated that they have used the consult tool provided in the pediatric unit, and that it directly affected their level of comfort when contacting a subspecialty service.

Next Steps:
 Post intervention survey of pediatric subspecialists to assess utility of the tool, satisfaction with consults, and future suggestions will be conducted in April 2021.
 Making tool available via a smart phone application.
 Expanding outcome measures to include factors directly related to patient care such as length of stay, time to first subspecialty contact, etc.

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3rd PLACE: LYNN NGUYEN, MD, OBGYN

ASSESSMENT OF ESTIMATED AND QUANTIFIED BLOOD LOSS AFTER CESAREAN DELIVERY: PDSA Cycle II

Lynn Nguyen MD, Haylee Elvendahl-Rumley MD¹, Jaycee Housh MD¹, Stephanie Dalla Riva MD¹, Kathleen Groesch MS^{1,2}, Paula Diaz-Sylvester PhD^{1,2}, Teresa Wilson BA^{1,2}, Erica Nelson MD¹

¹Departments of Obstetrics and Gynecology and the ²Center for Clinical Research at Southern Illinois University - School of Medicine

Introduction
 Maternal hemorrhage is one of the major causes of maternal morbidity and mortality both in the United States and worldwide and is increasing in incidence. Estimated blood loss (EBL), which is determined by provider clinical judgment, has been found to have high inter-observer and intra-observer variability and can underestimate blood loss at the time of delivery. Underestimating blood loss can result in significant poor outcomes for the mother, especially in situations with postpartum hemorrhage. In an effort to improve maternal outcomes, the Illinois Department of Public Health began requiring the use of quantified blood loss (QBL) using gravimetric measurements to be able to objectively measure blood loss. To comply with the state guidelines and determine the accuracy of our QBL collection methods, a quality improvement study was performed at HSHS St. John's Hospital (SJH) from July 1, 2018 to Feb 28, 2019 comparing the accuracy of EBL vs. QBL during cesarean deliveries (CS). At the time of our initial assessment, QBL was more accurate than EBL in only 28% of CS.

Methods (cont.)
 Estimation of accuracy of EBL vs. QBL:
 1 unit of packed red blood cells is 500ml, and is expected to raise hemoglobin levels by 1g/dL. Based on this, we estimate that a drop of 1g/dL in hemoglobin levels correlates with 500ml of blood loss at the time of CS.
 EBL and QBL values were divided by 500 to then calculate the expected drop in hemoglobin based on the patient's blood loss. This was compared to the difference between the patient's postoperative day #1 hemoglobin and their preoperative hemoglobin. Whichever blood loss estimate (EBL or QBL) was closer to the blood loss calculated via hemoglobin drop was deemed more accurate.
 Statistical analysis:
 Descriptive statistics were computed for all study variables. Continuous variables are described with measures of central tendency (mean, median) and dispersion (range, standard deviation). Categorical variables are summarized as frequencies and percentages. Comparisons between categorical variables were performed using the Chi-Square test. P-values < 0.05 are considered statistically significant.

Results
 147 CS with both QBL and EBL documented
 36 patients with equal EBL and QBL or difference < 45 ml
 111 cesarean deliveries

Accuracy of EBL vs. QBL
 2019 (n = 69): QBL 39.1%, EBL 60.9%
 2020 (n = 111): QBL 36%, EBL 64%

Scheduled vs. Unscheduled
 Scheduled: EBL 71.9%, QBL 28.1%
 Unscheduled: EBL 39.2%, QBL 60.8%

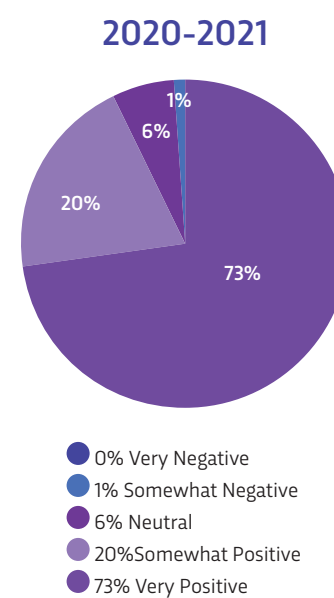
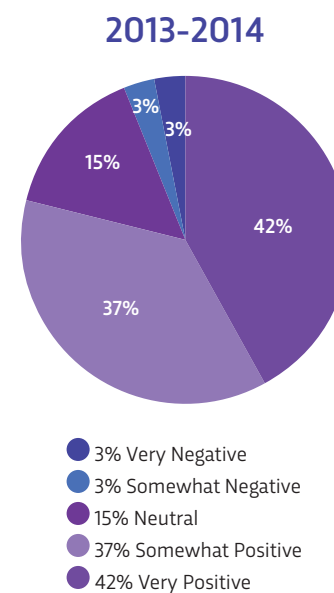
Ruptured vs. Intact membranes
 Ruptured: EBL 74.3%, QBL 25.7%
 Intact: EBL 69.2%, QBL 30.8%

Discussion/Conclusions
 Overall, our data suggests that despite interventions taken in the PDSA cycles, the EBL documented by the provider remains more accurate than the QBL.
 Although not statistically significant, we observed that QBL trended towards having a lower accuracy in patients with rupture of membranes prior to their CS, suggesting that contamination with amniotic fluid grossly disrupts our measurement of blood loss, which may contribute to inaccuracy of QBL, while clinical judgement used to estimate EBL is able to take the volume of amniotic fluid into account.
 The "C-section Data Sheet" does have a field for estimated amniotic fluid but this field was not consistently used when the sheet was utilized.
 The "C-section Data Sheet" was only used in 36 CS; however, QBL was still less accurate than EBL in the cases where the "C-section Data Sheet" was utilized with QBL, only being more accurate in 27.8% of the cases.
 One limitation of this data is the small sample size of CS in which the data sheet was employed. Also, as proposed in last PDSA cycle, the weight of the outted hip pad following fundal massage at the end of delivery is consistently contaminated by iodine vaginal preparation. Another consideration is that connealing blood loss by using preoperative or postoperative hemoglobin does not account for haemocoagulation that may exist upon admission.
 Proposed Changes to Current Practice
 Accounting for amniotic fluid more accurately by collecting this fluid prior to delivery of the baby (clamping/tying amniotic fluid from blood is easier at this point of the procedure).
 Standardizing procedures among the scrub technicians to reduce the variability between "wet lap weights" and implementing regularly scheduled re-education sessions.

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In 2014, GMEC embarked upon a multi-year effort to promote an outstanding learning climate in all programs and at all sites. Benchmarks of a positive learning climate include respect for divergent opinions, the ability to speak up or speak out without fear, clarity about shared values and mission, and the quality of feedback. Each year the ACGME surveys residents and fellows directly about multiple aspects of their training experience. GMEC has been tracking a number of key learning climate items to gauge our progress.

ACGME Resident Survey					
PROGRAM	ACGME Resident Survey (Reports only available for programs with 4 or more residents)				
	Able to raise concerns without fear or intimidation	Comfortable calling supervisor with questions	Satisfied with faculty members' feedback	Quality of teaching received	Satisfied with process for dealing confidentially with problems & concerns
	ACGME program data reported in % compliant responses.				
	% NATIONAL COMPLIANT				
	78%	89%	76%	97%	78%
Cardiovascular Disease	50%	67%	67%	100%	50%
Dermatology	100%	100%	100%	100%	100%
Emergency Medicine	100%	96%	96%	100%	100%
Endocrinology	50%	100%	25%	100%	25%
FCM - Carbondale	68%	95%	58%	95%	42%
FCM - Decatur	80%	87%	93%	100%	80%
FCM - Quincy	94%	88%	82%	100%	88%
FCM - Springfield	93%	100%	87%	100%	87%
Hematology/Oncology	75%	100%	100%	100%	75%
Internal Medicine	73%	88%	54%	94%	58%
Med / Psych	88%	100%	75%	88%	88%
Neurological Surgery	100%	100%	100%	86%	86%
Neurology	100%	83%	92%	100%	83%
OB/GYN	88%	100%	76%	94%	88%
Orthopaedics	73%	100%	80%	100%	80%
Otolaryngology	100%	100%	100%	100%	100%
Pediatrics	86%	95%	91%	100%	73%
Plastic Surgery	100%	100%	100%	100%	100%
Psychiatry	88%	94%	88%	100%	76%
Pulmonary Disease & Critical Care Medicine	75%	100%	75%	88%	63%
Radiology	90%	80%	80%	90%	70%
Surgery	89%	100%	89%	100%	84%
Urology	89%	100%	89%	100%	89%
Vascular	100%	100%	100%	100%	100%
All Programs/Institution	86%	94%	82%	97%	78%



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

Resident Satisfaction with Training						
PROGRAMS	ACGME Resident Survey (Reports only available for programs with 4 or more residents)					
	Overall evaluation of program			Overall opinion of the program		
	Percentage of responses					
	Very Negative / Negative	Neutral	Positive / Very Positive	Definitely / Probably Not Choose Again	Might or Might Not Choose Again	Probably / Definitely Choose Again
Cardiovascular Disease	0%	33%	66%	0%	17%	83%
Dermatology	0%	0%	100%	0%	0%	100%
Emergency Medicine	0%	0%	100%	0%	0%	100%
Endocrinology	0%	50%	50%	50%	0%	50%
FCM - Carbondale	5%	16%	79%	5%	37%	58%
FCM - Decatur	0%	0%	100%	0%	7%	94%
FCM - Quincy	0%	0%	100%	0%	0%	100%
FCM - Springfield	0%	3%	97%	3%	3%	93%
Hematology / Oncology	0%	0%	100%	0%	0%	100%
Internal Medicine	2%	15%	83%	8%	10%	81%
Med/Psych	0%	0%	101%	0%	13%	88%
Neurological Surgery	14%	0%	86%	14%	0%	86%
Neurology	0%	0%	100%	0%	8%	92%
OB-GYN	0%	0%	100%	0%	18%	82%
Orthopaedics	0%	7%	93%	0%	13%	86%
Otolaryngology	0%	0%	100%	0%	0%	100%
Pediatrics	0%	0%	100%	0%	5%	95%
Plastic Surgery	0%	0%	100%	0%	0%	100%
Psychiatry	0%	12%	89%	0%	12%	89%
Pulmonary Disease & Critical Care Medicine	0%	0%	100%	0%	38%	63%
Radiology	10%	10%	80%	20%	20%	60%
Surgery	0%	5%	95%	0%	0%	100%
Urology	0%	11%	89%	0%	11%	89%
Vascular	0%	0%	100%	0%	0%	100%
All Programs/Institution	1%	6%	93%	3%	9%	88%

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

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

Our programs have embarked on a number of initiatives to improve the level of equity and inclusion, including:

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

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

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

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

PROGRAM	Ultimate Board Certification Status for 2013-2014 Graduates	3-Year Rolling Pass Rate for First Time Takers	
		Written	Oral
Dermatology	100%	100%	n/a
Emergency Medicine	100%	100%	89%
FCM - Carbondale	100%	100%	n/a
FCM - Decatur	100%	100%	n/a
FCM - Quincy	86%	100%	n/a
FCM - Springfield	100%	100%	n/a
Internal Medicine	100%	89%	n/a
Med/Psych	No graduates	IM-60%, Psy-100%	
Neurological Surgery	No graduates	n/a	n/a
Neurology	100%	100%	n/a
OB-GYN	100%	75%	70%
Orthopaedic Surgery	100%	100%	100%
Otolaryngology	100%	100%	100%
Pediatrics	80%	81%	n/a
Plastic Surgery	100%	100%	100%
Psychiatry	100%	67%	n/a
Radiology	100%	89%	n/a
Surgery	100%	100%	100%
Urology	100%	100%	100%
Vascular Surgery	No graduates	100%	67%
FELLOWSHIPS			
Adult Recon	No graduates	100%	100%
Carbondale Sports Medicine	100%	100%	n/a
Cardiovascular Disease	No graduates	n/a	n/a
Child Psychiatry	100%	83%	n/a
Colorectal Surgery	100%	100%	100%
Endocrinology	100%	83%	n/a
Hand Surgery	100%	100%	100%
Hematology/Oncology	No graduates	n/a	n/a
Infectious Diseases	100%	83%	n/a
Pulmonary Disease & Critical Care Medicine	100%	81%	n/a
Quincy Sports Medicine	0%	66%	n/a

PROGRAM COORDINATOR DEVELOPMENT TOPICS

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

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

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

PROGRAM DIRECTOR DEVELOPMENT SESSIONS

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

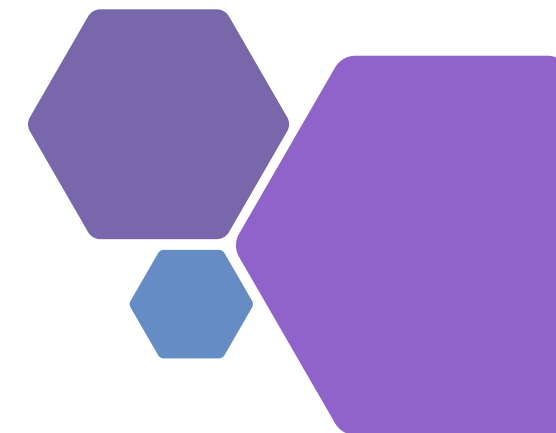
RESIDENT/FELLOW LIVE SESSIONS AND ONLINE MODULES

- Employment Contracts and Financial Planning
- Relevant Issues in Law & Medicine
- Professional Boundaries & Social Media
- Quality Improvement & Population Health
- Residents as Teachers
- Root Cause Analysis
- Sleep Deprivation & Fatigue Education
- Supervision of Residents
- Workplace Violence Education

NEW RESIDENT/FELLOW ORIENTATION OVERVIEW

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

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



The residency and fellowship Program Directors for the 2020–2021 academic year are included below. The institution is grateful for their hard work and dedication in training and mentoring excellent physicians.



Youssef Chami, MD
Cardiovascular Disease



Ayame Takahashi, MD
Child & Adolescent
Psychiatry



Jan Rakinic, MD
Colon & Rectal Surgery



Sacharitha Bowers, MD
Dermatology



Andrew Varney, MD
Internal Medicine



Kathleen Bottum, MD
Medicine / Psychiatry



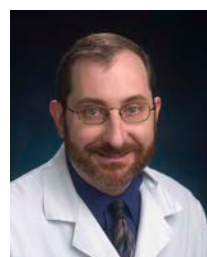
Devin Amin, MD
Neurological Surgery



Samantha Dial, MD
Neurology



James Waymack, MD
Emergency Medicine



Michael Jakoby, MD
Endocrinology



M. Rebecca Hoffman, MD, MSPH
Family & Community Medicine
– Alton



Quincy Scott, DO
Family & Community
Medicine – Carbondale



Erica Nelson, MD
Obstetrics & Gynecology



D. Gordon Allan, MD
Orthopaedic Surgery / Adult
Reconstructive Surgery



Dana Crosby, MD, MPH
Otolaryngology



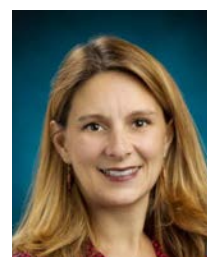
Janet Patterson, MD
Pediatrics



Jessie Junker, MD
Family & Community
Medicine – Decatur



William Dixon, MD
Family & Community
Medicine – Quincy



Careyana Brenham, MD
Family & Community
Medicine – Springfield



Scott Schonewolf, DO
FCM Sports Medicine –
Carbondale



Nicole Sommer, MD
Plastic Surgery



Santosh Shrestha, MD
Psychiatry



Rajagopal Sreedhar, MD
Pulmonary Disease &
Critical Care Medicine



Vincent Zata, MD
Radiology



James Daniels, MD
FCM Sports Medicine –
Quincy



Brian Mailey, MD
Hand Surgery



Krishna Rao, MD
Hematology/Oncology



Vidya Sundareshan, MD
Infectious Diseases



Prasad Poola, MD
Surgery – General



Ranjiv Mathews, MD
Urology



Douglas Hood, MD
Vascular Surgery

The House Staff Board of Directors (HSBOD) is a group of residents that meets monthly to address issues pertaining to residency and the relationship residents have with each hospital and the School of Medicine. Each residency program nominates a primary and alternative delegate to represent them in the HSBOD, but every resident is welcome to sit in on meetings.

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

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

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

Mohitkumar Ajmeri, MD
 Family Medicine, PGY3
 Vice President, House Staff Board of Directors



Emily Konopka
Dermatology



Cassandra Johnson
Dermatology
Alternate



Zach Elliott
Emergency Medicine



Jennifer Butler
Emergency Medicine
Alternate



Mohit Ajmeri
Family Medicine
Vice President



Kristia Abernathy
Family Medicine
Alternate



Sabree Abedrabo
Internal Medicine



Zurain Niaz
Internal Medicine
Alternate



Andrianna Stephens
Med/Psych



Vanessa Einspahr
Med/Psych
Alternate



Ammar Tarabichi
Neurology



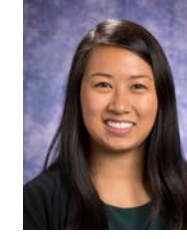
Ahmed Abbas
Neurology
Alternate



Breck Jones
Neurosurgery
President



Victoria Watson
Neurosurgery
Alternate



Lynn Nguyen
OB/GYN



Laura Swale
OB/GYN
Alternate



Erlena Josifi
Orthopaedics



Paul Al-Attar
Orthopaedics
Alternate



Sara Wing
Otolaryngology



Betty Chen
Otolaryngology
Alternate



Amy Joseph
Pediatrics



Usha Ravi
Pediatrics
Alternate



James Winters
Plastic Surgery



Eryn Neumeister
Plastic Surgery
Alternate



Chris Trammell
Psychiatry



Philip Schoenrock
Psychiatry
Alternate



Thymur Chaudhry
Radiology



Matt Evans
Radiology
Alternate



Sam Knight
Surgery



Olivia White
Surgery
Alternate



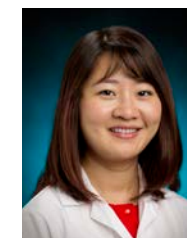
Matt Davis
Urology



Robert Petrossian
Urology
Alternate



Ruhani Nanavati
Vascular Surgery



Tian 'Nini' Zhang
Vascular Surgery
Alternate



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

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

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

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

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

Thank you for your tireless efforts to keep moving forward during a pandemic that keeps pushing back. We will continue to support you through your training and appreciate your tenacious dedication!





2021 SIU SCHOOL OF MEDICINE OUTSTANDING COORDINATOR AWARD – GRADUATE MEDICAL EDUCATION

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

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

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



Lee stars in the TLC’s medical reality series “Dr. Pimple Popper™” and has a successful practice in California. She completed her dermatology residency at SIU School of Medicine in Springfield in 2003. *Photos are from the event and with current Dermatology residents and faculty.*

NEW PROGRAM AND AFFILIATED TRAINING HOSPITAL

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



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

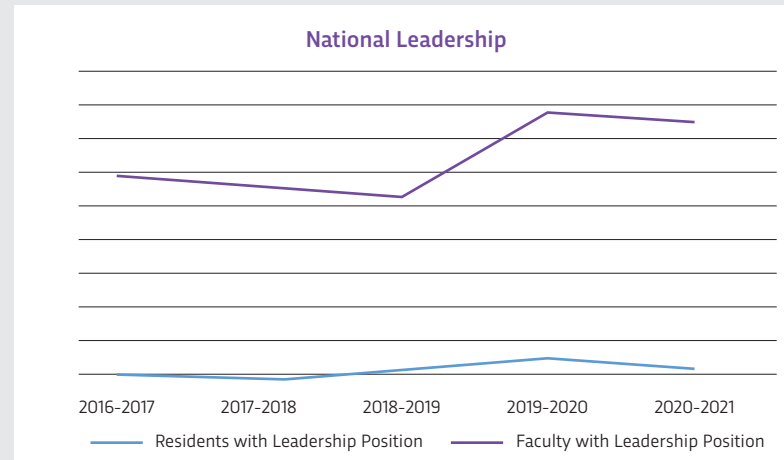
“Our shared vision for education, and patient and community care allow for many opportunities throughout our service areas.”



Suttles, Dylan. “SIU Family Residency Program kicks off at AMH.” The Telegraph, 2 July 2021, [thetelegraph.com/news/article/SIU-Family-Residency-Program-kicks-off-at-AMH-16290716.php](https://www.thetelegraph.com/news/article/SIU-Family-Residency-Program-kicks-off-at-AMH-16290716.php)



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



CHILD PSYCHIATRY

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

Pamela Campbell, MD
Council Representative – Illinois Council, American Academy of Child and Adolescent Psychiatry

COLON & RECTAL SURGERY

Jan Rakinic, MD
Executive Council, American Society of Colon and Rectal Surgeons

EMERGENCY MEDICINE

Christopher McDowell MD, MBA, Med
Councillor American College of Emergency Physicians (Illinois College of Emergency Physicians)

Jason Kegg MD
Councillor American College of Emergency Physicians (Illinois College of Emergency Physicians)

FAMILY & COMMUNITY MEDICINE – DECATUR

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

FAMILY & COMMUNITY MEDICINE – SPRINGFIELD

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

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

HAND SURGERY

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

INFECTIOUS DISEASES

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

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

INTERNAL MEDICINE

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

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

NEUROLOGY

Rodger Elble, MD
Co-Chair, Tremor Study Group, International Parkinson and Movement Disorder Society

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

OBSTETRICS AND GYNECOLOGY

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

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

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

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

Donald Torry, PhD
Chair, Awards Committee, American Society for Reproductive Immunology; Editorial Board Member, American Journal of Reproductive Immunology; Editorial Board Member, Journal of Reproductive Immunology

ORTHOPEDIC SURGERY

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

PEDIATRICS

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

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

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

PLASTIC SURGERY

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

PSYCHIATRY

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

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

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

SPORTS MEDICINE – QUINCY

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

RADIOLOGY

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

Deepa Cyriac, MD
Secretary Assist Treasurer, American College of Radiology, Illinois Chapter

SURGERY

Stephen Hazelrigg, MD

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

John Mellinger, MD

Board of Directors, American Board of Family Medicine; Director,
American Board of Surgery; Co-Chair, Society of American Gastrointestinal
and Endoscopic Surgeons Medical Education

Prasad Poola, MD

Vice Chair, Membership Committee of Association for Surgical Education

Adam Reid, MD

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

Emily Sturm, MD

Chair, Fellows & Young Attending Subcommittee,
Society of Surgical Oncology

John Sutyak, MD

Co-Chair, Committee on Trauma,
American College of Surgeons ATLS Committee

Jarrold Wall, MD

Vice Chair, Illinois Committee on Trauma,
American College of Surgeons

UROLOGY

Bradley Schwartz, DO, FACS

President Elect, North Central Section of the American Urological
Association; Associate Director of Education, Endourological Society; Chief
Editor, WebMD Urology; Editor, Current Pharmaceutical Design; Editor,
eMedicine, Consumer Health Journal; Board of Directors,
Society of Government Service Urologists

VASCULAR SURGERY

William Robinson, MD

Vice Chair, Post Graduate Education Committee,
Society for Vascular Surgery

PUBLICATIONS

CARDIOLOGY

Also see *Internal Medicine*

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Ratra, V. Improving Childhood Obesity Screening and Education in a Federally Qualified Health Center by Improving Documentation: Society of Teachers of Family Medicine- Virtual; May 3, 2021

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Loret de Mola JR, Le N, **Nguyen L, Ghareeb A, Bremer P, Groesch K, Wilson T, Diaz-Sylvester P, Braundmeier-Fleming A.** Alteration of Immune Profiles in Patients with Endometriosis, Presented at the 14th World Congress on Endometriosis (WCE); March 6-10, 2021.

Wieland E, Le N, Tomlin M, **Nguyen L, Groesch K, Brard L, Braundmeier-Fleming A.** Subjective Personal Health Ratings and Immune Dysbiosis in Endometrial and Ovarian Cancer Patients, Presented at the 2021 American College of Obstetricians and Gynecologists (ACOG) Annual Clinical and Scientific Meeting; April 30-May 2, 2021.

ORTHOPEDICS

Bailey JR. Bringing Physical Exam Skills Back From the Dead: Thiel-Embalmed Cadavers for Identifying a Positive Lachman Test. American Orthopedic Association Virtual Annual Leadership Meeting, June 2021, e-Poster Presentation.

Kurcz BP. Documented Penicillin Allergies Should Not Preclude Use of Pre-Operative Cefazolin in Hip and Knee Arthroplasty. OREF Midwest Region Resident Research Symposium, April 2021.

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OTOLARYNGOLOGY

Heuermann M. Regenerated Hair Cells in the Neonatal Cochlea Express Markers of Both Inner and Outer Hair Cells, 44th Annual ARO MidWinter Meeting, Virtual. Feb 20-24, 2021.

Chen B, Parathyroid Disease, AHNS Virtual Tumor Board. Sept 2, 2020.

Ali N, Natural history for cystic neuroma, Combined Otolaryngology Spring Meetings, Virtual. April 7-11, 2021.

Heuermann M, Gregory S, Sharma A. Tracheal chondrosarcoma: A case report and review of 30 cases. Poster Presentation at AHNS 10th International Conference on Head and Neck Cancer, Chicago, IL, July 2020. (Abstract was accepted but meeting was cancelled due to COVID-19.

PEDIATRICS

Rafaquat A, **Were M, Fedorovich Y,** McGowan T, Han H. (2020) Virtual Rounds in Medical Student Education – A Qualitative Analysis. The Generalists in Medical Education (TGME). Descriptive Session. Online. November 2020

Rafaquat A, **Were M, Fedorovich Y,** McGowan T, Han H. (2020) Improving Medical Student's Virtual Rounding Experience – A Qualitative Analysis. 2021 Group Educational Affairs (GEA) Regional Spring Meeting. Oral presentation.

Furqan S, Saleh E, Chaudhary S, Siebenaler MK, Rodriguez M, Bekker S, Rafaquat A. Rubor limb in a healthy neonate – a legwork of diagnostic work up. Abstract accepted for online publication and Conundrum Mini-Platform, Pediatric Hospital Medicine (PHM) Conference. July 2020.

Jasti A. Fetal and Neonatal Endocrinology and Metabolism. Hyperinsulinism and Panhypopituitarism in Neonate with Novel FOXA2 Mutation. Pediatric Endocrinology Society (Virtual). April 2021

Joseph A. An Indirect Route to Figuring Out Direct Hyperbilirubinemia. Pediatric Hospital Medicine Conference (Virtual). July 2020.

Mosleh E. Siebenaler MK. Improving Trainee Communication During Subspecialty Consultation on the Inpatient Pediatric Service. 10th Annual Academic Pediatric Association Conference (Virtual). April 2021

Croke B, **Ravi U.** Could deletion of **RBPI** be the Cause of Midline Scalp Defects in Wolf-Hirschhorn Syndrome? National Genetics Conference American College of Medical Genetics. April 2021. (Case Abstract)

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PLASTIC SURGERY

Daugherty THF, Bueno Jr. RA, Mailey BA, Neumeister MW. Targeted Muscle Reinnervation in the Hand: An Anatomical Study For Identification of Target Motor Entry Points. Plastic Surgery Research Council/Plastic Surgery Foundation MiniMeeting Session II: Nerve Smackdown. Invited speaker. July 30, 2020.

Thayer J, Beason A, Mailey BA. Anterior Scalene Muscle Block as Diagnostic Indicator for Thoracic Outlet Syndrome Release. (virtual podium), American Society of Plastic Surgeons Annual Meeting (Virtual), October 17, 2020.

Olla D, Reducing Narcotic Prescriptions By Implementing an Enhanced Recovery after Surgery (ERAS) Protocol after Outpatient Plastic Surgery Breast Cases. (Virtual podium) American Society of Plastic Surgeons The Meeting, September 2020.

Ruffolo A. Technical Refinement in Three-Dimensional Nipple Areolar Complex Tattooing of the Reconstructed Breast. (virtual podium) Midwestern Association of Plastic Surgeons Meeting- Virtual. June 2021.

Sawyer JD, Franke J, Sommer NZ, Scaife S, Neumeister MW. Autologous Breast Reconstruction is Associated with Lower 90-Day Readmissions: An Analysis of the Nation Readmissions Database. (virtual podium) Midwestern Association of Plastic Surgeons Meeting- Virtual. June 2021.

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PULMONARY CRITICAL CARE

Hayrabadian M, Sreedhar R. Disseminated Intravascular Coagulation (DIC) as a Predecessor of Thromboinflammation and Multiorgan Organ Failure in a Patient with Coronavirus Disease 2019 (COVID-19). American Thoracic Society Conference, May 2021.

Masutti T, **Kyaw P, White P.** A Rare Case of Fulminant Myocarditis caused by Mycoplasma Pneumoniae successfully treated with IVIG. Chest Conference 2020.

Hayrabadian M, Nayeemuddin F, Sreedhar R, Pneumomediastinum in a critically ill COVID 19 patient. Annual Chest Conference July 2020.

Hayrabadian M, Suhaib R, Gao J. Atypical case of Pulmonary Langerhans Cell Histiocytosis misdiagnosed as Endocarditis. Annual Chest Conference July 2020.

Hayrabadian M, Ranjha S, Moja J. Pulmonary Actinomycosis presenting as subcarinal mass in a healthy young woman. Annual Chest Conference July 2020.

SPORTS MEDICINE - QUINCY

Hui J, Daniels J, Arguelles C, Miller-Spears EM. An Unusual Case of Abdominal Trauma Due to Soccer Injury. AMSSM Conference Virtual Case Podium Presentation. April 2021.

Hui J, Jeong D, Daniels J. Case Report: Using Point of Care Ultrasound to Evaluate A Curious Case of Back Pain In A Hockey Player. American College of Sports Medicine Annual meeting; June 2021.

SURGERY

Chawla K. NSQIP risk score helps to predict treatment allocation to surgery vs. sbt for clinical state I non-small cell lung cancer. Oral Presentation (virtual). American College of Surgeons Clinical Congress, October 3-7, 2020.

RESEARCH

ADULT RECON

Also see Orthopedics

Allan DG, **Lindemeier S, Lieber J.** Thermal Necrosis Risk Associated with Bone Cutting During Robotic Total Knee Arthroplasty.

Allan DG, **Lindemeier S, Inabathula A.** Prosthetic Joint Infection after Polyethylene Exchange for Accelerated or Uneven Polyethylene Wear.

DERMATOLOGY

Blaise B, Minielly K, Song B, Schnietz R. 2019 – 2020 Protocol Number: B7451029, Study Title: A Phase 3 Randomized, Double-Blind, Double-Dummy, Placebo-Controlled, Parallel Group, Multi-Center Study Investigating The Efficacy And Safety Of Pf-04965842 And Dupilumab In Comparison With Placebo In Adult Subjects On Background Topical Therapy, With Moderate To Severe Atopic Dermatitis (Pfizer).

Blaise B, Minielly K, Song B. 2019 - B7981015 A Phase 2b/3 Randomized, Double-Blind, Placebo-Controlled, Dose-Ranging Study To Investigate The Efficacy And Safety Of Pf-06651600 In Adult And Adolescent Alopecia Areata (Aa) Subjects With 50% Or Greater Scalp Hair Loss (Pfizer).

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Parker C, Minielly K, **Blaise B**, Song B, **Schnietz R**. POETYK-PSO-2: A multi-center, randomized, double-blind, placebo- and active comparator-controlled Phase 3 study with randomized withdrawal and retreatment to evaluate the efficacy and safety of BMS- 986165 in subjects with moderate-to-severe plaque psoriasis.

Stone S, Parker C, Minielly K, Song B, **Blaise B**, **Schnietz R**, **Konopka E**, **Parker J**, **Patterson B**, **Dwan A**, **Johnson C**. Corrona Psoriasis Registry. Longitudinal observational study on the comparative safety of systemic psoriasis treatments.

EMERGENCY MEDICINE

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

Turner M, **Fleming A**, Tennill R, Kim S, Delfino K, Dynda D, Austin R. Identifying Gaps in Third- and Fourth-Year Medical Student Rotations in Emergency Medicine Due to COVID-19.

Nanadiego J, Rosario J, Siebenaler M, Kim S, Dynda D, Duong M. QA/QI: Decreasing Radiation Exposure for Children with Abdominal Pain.

Gieswein J, Tennill A, Austin R, Dynda D, Kim S. Evaluation of Modified Emergency Medicine Elective Courses Due to Covid-19 Quarantine.

Jenkins E, Kim S, Dynda D, Duong M. QI/QA: Proper Facial Mask Usage in the Emergency Department During the COVID-19 Pandemic.

Hart J, Fulks T, Kim S, Dynda D, Austin R. QI/QA: Evaluating New, Low-Cost Field Amputation Model.

Butler J, **Chambers B**, dela Cruz J, Dynda D, **Frey D**, Kim S, **Munawar M**, Pasichow S, Stephenson C, Tennill R, Waymack J. QI/QA: Transitions of Care in the Emergency Department.

Stephenson C, **Hart J**, Patel C, Waymack J, Austin R, Kim S, Dynda D, dela Cruz J. Compartment Patient Exposure of Third-Year Rotation in Rural and Metropolitan Emergency Departments.

ENDOCRINOLOGY

Williams V, **Jaju A**. 21-773: Family healthcare advocate ... (FISH) Recruitment phase

Williams V. 20-665: Glycemic control and COVID-19. Presented at ADA 81st Scientific Sessions

Kanta R, **Jaju A**, **Williams V**. 19-384: Hospital hypoglycemia protocol Manuscript in process
 Ansari M, Kanta R, **Jaju A**, **Williams V**. 18-271: Dexamethasone and hip arthroplasty, Manuscript in process

Williams V. 18-278-B: eMonitor for diabetes, Recruitment phase

INFECTIOUS DISEASES

Pl: Sundareshan V, Sub I: All ID faculty, **Khan A**, **O'Keefe D**. SCTA01-B301: A Multicenter, Adaptive, Randomized, Double-blinded, Placebo-controlled Phase II/III Trial to Evaluate the Efficacy and Safety of Monoclonal Antibody SCTA01 against SARS-CoV-2 in Hospitalized Patients with Severe COVID-19.

Pl: Sundareshan V, Sub I: All ID faculty, **Khan A**, **O'Keefe D**. A Phase 3 Prospective, Randomized, Multicenter, Open-label, Central Assessor-Blinded, Parallel Group, Comparative Study to Determine the Efficacy, Safety and Tolerability of Aztreonam-Avibactam (ATM-AVI) +/- Metronidazole (MTZ) Versus Meropenem +/- Colistin (MER+/-COL) for the Treatment of Serious Infections Due to Gram-Negative Bacteria, Including Metallo-B-Lactamase (MBL) - Producing Multidrug Resistant Pathogens, For Which There are Limited or No Treatment Options 1/13/2022.

Pl: Sundareshan V, Sub I: All ID faculty, **Khan A**, **O'Keefe D**. A PHASE 2, RANDOMIZED, DOUBLE BLIND, PLACEBO-CONTROLLED STUDY OF ZANUBRUTINIB TREATMENT IN PATIENTS HOSPITALIZED FOR COVID closed.

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NEUROLOGY

Al Sawaf A, Fifer A, **Ibrahim F**. The SIU Neuroscience Institute Epilepsy Center Clinical Registry.

Allam H, Buhnerkempe M, Delfino K, Fifer A, **Ibrahim F**. Systemic White Blood Cell Count as a Biomarker for Malignant Cerebral Edema in Massive MCA Stroke.

Allam H, **Abbas A**, Delfino K, Fifer A, **Tarabichi A**. Is Elevated Troponin Level at Initial Presentation Associated with an Increased Risk of Symptomatic Intracerebral Hemorrhage?

Allam H, Vost K, Conklen K, Ferrill D, Fiorito L, **Ibrahim F**. Venous Thromboembolism Prophylaxis in Hemorrhagic Stroke Patients.

OB/GYN

Brard L, Braundmeier-Fleming A, Chowdhury F, Diaz-Sylvester P, Groesch K, Wilson T, Garza-Cavazos A, Hales D, Hales K, Younkin C, Nelson E, Martin JA, Zeino Y, Holland T, Ayyagari V, **Nguyen L**, **Paar S**. Biomarkers for Endometrial and Ovarian Cancer (IRB# 16-943).

Braundmeier-Fleming A, Loret de Mola JR, Brard L, Garza-Cavazos A, Holland T, Le N, Martin JA, Nelson E, Zeino Y, **Gonzalez-Osorio E**, **Nguyen L**, **Battley L**, **Aluru S**. Endometriosis and the Microbiome (IRB# 14-220).

Braundmeier-Fleming A, Loret de Mola JR, Nelson E, **Addo J**, Holland T, Le N, Martin JA, Pollard J. Preterm Birth and the Microbiome (IRB# 14-185).

Loret de Mola JR, Bremer P, **Dalla Riva S**, **James E**, Battrell J, Delfino K, Kraus R, Lincoln K, Diaz-Sylvester P, Groesch K, Wilson T. HbA1c vs. OGTT in the Detection and Diagnosis of Prediabetes and Type II Diabetes Mellitus in Reproductive Age Women with Polycystic Ovarian Syndrome (IRB# 19-477).

Loret de Mola JR, **Palencia L**, Diaz-Sylvester P, Groesch K, Wilson T. Diabetes, Prenatal Depression and Self-rated health: Exploring the mediating role of self-efficacy (IRB# 17-098).

Martin JA, **Hyon K**, Zeino Y, Diaz-Sylvester P, Groesch K, Wilson T. Addressing Unmet Basic Needs to Improve Colposcopy Adherence among Women with an Abnormal Pap smear (IRB# 17-105).

Nelson E, **Nguyen L**, **Dalla Riva S**, **Elvendahl-Rumley H**. Assessment of Estimated and Quantified Blood Loss after Cesarean Delivery (IRB# 19-409).

Nelson E, **Hamdan A**, **James E**, **Swale L**, **Ouyang W**, Stephens HB, Diaz-Sylvester P, Groesch K, Wilson T. Assessing Food Insecurities during Gestation (IRB# 20-594).

Nelson E, **Battley L**, **Palencia L**, **Pratt K**, Diaz-Sylvester P, Groesch K, Wilson T. Assessing Contraceptive Counseling During the Prenatal Period (IRB# 19-412).

Soltys S, Loret de Mola JR, **Dalla-Riva S**, **Diebold T**, **Scherbel JR**, Diaz-Sylvester P, Groesch K, Wilson T. Is Perinatal Pitocin Exposure Associated with Autism Spectrum Disorders? (IRB# 15-324).

Younkin C, Unal E, **Swale L**, **Ouyang W**, Lincoln K, Diaz-Sylvester P, Groesch K, Wilson T. Vitamin D Deficiency and Its Implications on the Fetus (IRB# 17-080).

Unal E, **Addo J**, **Hamdan A**, Bauer E. Racial and Ethnic Disparities in Maternal and Neonatal Outcomes: A Retrospective Review of Delivery Records (IRB# 21-823).

Zeino Y, Brard L, Nelson E, **Battley L**, **Ouyang W**, **Aluru S**, **Elvendahl-Rumley H**, Diaz-Sylvester P, Groesch K, Wilson T. Prophylactic Salpingectomy Analysis: A Risk Reduction Procedure for Ovarian Cancer (IRB# 17-104 & 20-728).

Zeino Y, **Hewell K**, Igbokwe I, **Nguyen L**, Hartling S, Diaz-Sylvester P, Groesch K, Wilson T. Correlating Level of Training and Specialty with IUD Malposition on Ultrasound (IRB# 21-834).

ORTHOPEDICS

Also see *Adult Reconstructive Surgery*

Stevens B, Allan DG, **Beason A**, **Forgas D**, Delfino K, Thuppall S. Fusion rate of 1-2 intermetatarsal arthrodesis in the modified Lapidus procedure for the treatment of Hallux Valgus.

El-Bitar Y, **Lieber J**, Ma J, Mitchelson A. Trends in epidemiology and associated co-morbidities of the adult humerus fractures.

Stevens B, **O'Rourke RJ**, **Blank K**, Horberg JV, Delfino K, Thuppall S, Ryan B. Clinical Outcomes after delayed open reduction internal fixation for talus fractures utilizing dual and triple incision approach.

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VanFleet T, **Al-Attar P**; **DiPompeo C**, **Kurcz BP**, **Murphy H**, Delfino K, Thuppall S. Expandable vs. Static Cage in Minimally Invasive Transforaminal Lumbar Interbody Fusion Surgery.

Stevens B, **Kurcz BP**, **Johns E**, Thuppall S, Delfino K, Garcia C. Incidence of Hardware Removal after Posterolateral Distal Fibula Plate Fixation.

Maender C, **Bailey JR**. Thumb carpometacarpal joint denervation for painful osteoarthritis – is it a viable option?

Otsuka N, **Bejcek C**, Revelt N. The Effects of the COVID-19 Pandemic on Orthopaedic Complaints in the Emergency Department.

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Chen B, Chaudhry T, Bekker S, Adjei E, Johnson M (PI). Evaluating Patterns of Change in Facial Skeletal Aging.

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Ali N, Alyono J (PI). SCCD in OSA.

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Fleischer J, **Garg N**, Botchway A, Groepper D, O'Connor M, Croke B. Predictors of incidence, progression, and outcome of vascular disease in a population of suspected Connective Tissue Diseases.

Saad D, **Fedorovich Y**, Majcina S, Spilde T. ADHD and Appendicitis: Is There a Deficit in Attention to Their Association?

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Volle M, **Abdelnour M**. Improving Education on Sudden Infant Death Precautions in the Outpatient Setting.

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Olla D, **Beason A**, Neumeister MW. Stem Cell Based Vascularized Bone and Cartilage Construct.

Ruffolo A, **Bruce W**, Neumeister MW. Resiniferatoxin Treatment as an Effective Modulator of Pain Resulting from Burns.

Lee G, Neumeister MW. Developing TRAIL Flap for Breast Cancer Treatment.

Winters J, **Olla D**, Neumeister MW. The Role of the NOTCH Pathway in Heterotopic Ossification.

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Ruffolo A, Mailey B. The Effects of Hyperbaric Oxygen Treatment on Auto-Transplantation.

Daugherty T, Neumeister MW, Mailey B. Adipose Derived Stem Cells Differentiate into epithelial Stem Cells: a possible mechanism for skin improvement in Radiated Skin.

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PULMONARY CRITICAL CARE

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

UROLOGY

Babaian, **Lybbert**, **Montgomery**, Dynda, Rao, Robinson. Phase I Study of MK-3475 in combination with BCG for patients with high risk superficial bladder cancer. Full Board 14-208-B.

Babaian, **Montgomery**, Fiore. Feasibility and outcomes of a salvage partial nephrectomy after a failed ablation procedure of a small renal mass. Pending final draft approvals for IRB submission.

Grampsas, **Lybbert**. Grafix application during direct vision internal urethrotomy for urethral stricture disease. Submitted to IRB.

Mathews, **McMurray**, Dynda. Ectopic Testes: incidence and related findings. Expedited retrospective. 20-634.

Mathews, **Baas**, Dynda. Penile Length in pediatric urology. Expedited 17-103.

Mathews, **Damm**, Dynda. Evaluation of the AAP Guidelines for the evaluation of children presenting with urinary tract infections. Expedited 15-376.

Schwartz, **Hart**, Dynda. Double Core Biopsy Instrumental Kit. NHSRD. 19-475.

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Schwartz, Monn, **Lybbert**, Dynda. Robotic assisted ureteroplasty with buccal mucosa graft – case series. Expedited 21-790.

Schwartz, **Jenks**, Dynda. Outcomes of metal ureteral stent use for chronic obstruction in malignant and benign disease. NHSRD. Pending approval.

Tadros, **Petrosian**, **Jenks**. Efficacy of Rezum Water Vapor Thermal Therapy for Large Prostates over 80 grams. Expedited 20-662.

Tadros, Holland, **Petrosian**. Prevalence of hypogonadism in resident physicians. Expedited 18-356. Seeking funding to carry out study.

Tadros, **McMurray**, Dynda. Patient reported outcomes after microscopic denervation of the spermatic cord. NHSRD. Pending IRB submission.

VASCULAR SURGERY

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