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The Morehouse School of Medicine Community Pediatric Residency Program is committed to training excellent clinical pediatricians with an expertise in community-based health delivery and advocacy, aimed at promoting lifelong health habits that decrease health disparities in poor, rural, racial, and economically disadvantaged populations.

Morehouse School of Medicine
Community Pediatric Residency Program

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# Table of Contents

Table of Contents ........................................................................................................... i
Introduction ...................................................................................................................... 1
Program Overview ........................................................................................................... 1
  Mission ......................................................................................................................... 1
  Residency Setting ........................................................................................................ 2
Administrative Structure ............................................................................................... 2
  Program Director ........................................................................................................ 2
  Associate Program Director ...................................................................................... 3
  Assistant Program Director ..................................................................................... 3
  Chief Resident ........................................................................................................... 3
  Program Manager ....................................................................................................... 3
  Program Assistant ..................................................................................................... 4
  Resident Advisors ..................................................................................................... 4
  Pediatric Evaluation Committee (PEC) ...................................................................... 4
  Clinical Competency Committee (CCC) ................................................................... 5
Program Goals ................................................................................................................ 5
  Overall Residency Program Goals ............................................................................ 5
New Resident Orientation ............................................................................................. 6
  Introduction ................................................................................................................ 6
Duties and Responsibilities ............................................................................................. 6
  Professional Conduct ............................................................................................... 6
  Reliability ................................................................................................................ 7
Conference, Grand Rounds, and Didactics Attendance .................................................. 7
Communication ............................................................................................................ 7
How to Learn in a Residency ......................................................................................... 7
Faculty ......................................................................................................................... 8
Problems or Difficulties—What to Do? ......................................................................... 8
Vacation, Holiday, Sick Leave, Call, and Availability .................................................... 9
  Vacation ..................................................................................................................... 9
  Holidays ................................................................................................................... 10
  Sick Leave ............................................................................................................... 10
Emergency Back-up Call Schedule and Resident ......................................................... 11
Family and Medical Leave ............................................................................................ 11
Leave of Absence (without Pay) .................................................................................... 11
Other Leave ................................................................................................................. 12
# Table of Contents

- Moonlighting .......................................................................................... 12
- Work Hours .............................................................................................. 12
- Shift Hours ............................................................................................... 13
- Resident Evaluation, Progression, and Promotion ...................................... 13
- When to Call for Help .............................................................................. 15
- Conclusion ............................................................................................... 16
- General Information ................................................................................ 16
  - Pagers ..................................................................................................... 16
  - Dress Code ............................................................................................ 16
  - Paychecks .............................................................................................. 17
  - Parking ................................................................................................... 17
  - Licensure ............................................................................................... 17
  - Certifications ......................................................................................... 18
  - Mailboxes .............................................................................................. 18
  - Professional Organizations .................................................................... 18
  - Community Service ............................................................................... 18
- Scheduled Rotations ................................................................................ 18
  - Minimum Amount of Attendance to Receive Credit for Rotation .......... 20
    - Inpatient/ICU .................................................................................... 20
    - Outpatient/ED/Electives .................................................................. 20
  - Longitudinal Ambulatory Experience (LAE) ......................................... 21
- Educational Requirements ...................................................................... 22
  - Didactics ............................................................................................... 22
  - Resident Evidence-based Medicine and Clinical Research (EBM/CR) .... 23
    - Course Objectives ............................................................................ 23
    - Course Requirements ....................................................................... 24
  - Collaborative IRB Training Initiative (CITI) ........................................... 24
  - Patient Safety/Quality Improvement ..................................................... 25
  - Community Research ........................................................................... 25
- Study Program .......................................................................................... 25
  - Academic Preparation ........................................................................... 25
    - Longitudinal Study Plan (Practicing to Be Perfect) ......................... 25
  - In-Training Service Exams (ITE) performance ...................................... 26
  - Individual Learning Plan ....................................................................... 26
- Time Management and Administrative Responsibilities .......................... 27
- ACGME Pediatric Program Requirements ............................................. 28
# Table of Contents

Clinical and Educational Work Hour Documentation .......................................................... 28
Resident Clinical Experience and Education and the Working Environment ...................... 28
   Clinical Experience and Education ................................................................. 28
   Maximum Duty Clinical Work and Education Period Length .................................. 29
Logging Requirements for Clinical Experience and Education Work Hours ..................... 29
   Shifts ................................................................................................................. 30
Supervision of Residents ............................................................................................... 30
On-call Activities .......................................................................................................... 30
Fatigue ....................................................................................................................... 31
Patient Logs .............................................................................................................. 31
Procedure Logs .......................................................................................................... 31
American Board of Pediatrics Evaluation Requirements ................................................... 32
Competencies, Record-keeping, and Evaluations ............................................................... 34
   Educational Milestones .......................................................................................... 35
      Patient Care ...................................................................................................... 35
      Medical Knowledge ........................................................................................... 35
      Practice-Based Learning and Improvement ....................................................... 35
      Interpersonal and Communication Skills .......................................................... 35
      Professionalism ................................................................................................ 35
      Systems-Based Practice ..................................................................................... 36
Medical Records Completion ........................................................................................... 36
Resident Evaluation ......................................................................................................... 36
   The Clinical Competency Committee (CCC) .......................................................... 36
Resident Evaluation and Promotion .................................................................................. 37
   Resident Job Description ......................................................................................... 38
Support Services ............................................................................................................ 38
   Counseling Services ............................................................................................... 38
Infection Control, Occupational Safety and Health Administration (OSHA) Policies .......... 38
      Hepatitis B Vaccination and Post-exposure Evaluation ....................................... 39
Library Multi-media Center ............................................................................................ 39
Computers ...................................................................................................................... 39
Program Concern/Complaint Policy .................................................................................. 40
Program and Faculty Evaluation ....................................................................................... 40
   ACGME Professionalism Policy .......................................................................... 40
   ACGME Resident Wellbeing ................................................................................. 41
Appendix A: Policies ....................................................................................................... 43
# Table of Contents

Backup Policy ................................................................................................................. 45  
Supervision of Pediatric Residents Policy ....................................................................... 47  
Patient Hand-Off Policy ................................................................................................. 53  
  A Sample Hand-Off Format ......................................................................................... 56  
Hand-Off Policy Checklist for Residents ....................................................................... 57  
Social Media Policy ......................................................................................................... 58  
Resident Job Description ................................................................................................. 61  
  General Principles of the Training Program for Residents in Pediatrics at Morehouse  
  School of Medicine: ..................................................................................................... 61  
  Graduated Levels of Responsibility ............................................................................. 62  
  Position Descriptions for Resident Physicians Specific to Level ............................... 62  
  General Expectations .................................................................................................... 62  
Appendix B: MSM Graduate Medical Education Policies ............................................. 67  
Preface—Our Vision and Mission .................................................................................... 70  
Graduate Medical Education (GME) ............................................................................. 71  
The Scope of This Manual ............................................................................................... 72  
Welcome from the GME Office! .................................................................................. 73  
Welcome from the Resident Association ..................................................................... 74  
Resident Association Mission ......................................................................................... 74  
Bylaws of the Morehouse School of Medicine Resident Association ......................... 74  
ACGME Core Competencies ......................................................................................... 78  
General Information for Residents ............................................................................... 80  
Graduate Medical Education Committee (GMEC) ......................................................... 83  
Policies, Procedures, Processes, and Program Templates ........................................... 83  
  Adverse Academic Decisions and Due Process Policy .............................................. 85  
  Annual Institution and Program Review Policy ....................................................... 95  
  Resident Concern and Complaint Policy .................................................................. 99  
  Disaster Preparedness and Residency Policy ............................................................ 102  
  Evaluation of Residents, Faculty, and Programs Policy .......................................... 108  
  Graduate Medical Education Committee Purpose and Structure Policy ............... 113  
  Night Float Policy ....................................................................................................... 117  
  Patient Hand-off—Transitions of Care Policy ......................................................... 122  
  Professionalism Policy ............................................................................................... 126  
  Professional Liability Coverage Letter of Understanding ....................................... 132  
  Resident Eligibility, Selection, and Appointment Policy ....................................... 133  
  Resident Impairment Policy ....................................................................................... 147  
  Resident Learning and Working Environment Policy ............................................. 151
<table>
<thead>
<tr>
<th>Policy</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Leave Policy</td>
<td>159</td>
</tr>
<tr>
<td>Resident Promotion Policy</td>
<td>163</td>
</tr>
<tr>
<td>Sleep Deprivation and Fatigue Policy</td>
<td>166</td>
</tr>
<tr>
<td>Supervision and Accountability Policy</td>
<td>170</td>
</tr>
<tr>
<td>USMLE Step 3 Requirement Policy</td>
<td>174</td>
</tr>
<tr>
<td>Well-Being Policy</td>
<td>176</td>
</tr>
<tr>
<td>MSM Institutional Policies</td>
<td>178</td>
</tr>
<tr>
<td>Accommodation of Disabilities Policy</td>
<td>179</td>
</tr>
<tr>
<td>Affirmative Action/Equal Employment Opportunity Policy</td>
<td>182</td>
</tr>
<tr>
<td>Sex/Gender Non-Discrimination and Sexual Harassment Policy</td>
<td>183</td>
</tr>
<tr>
<td>Interactions with Pharmaceutical, Biotechnology, Medical Device, and Research Equipment Supply Industry Policy</td>
<td>201</td>
</tr>
<tr>
<td>Workers’ Compensation Policy</td>
<td>213</td>
</tr>
</tbody>
</table>
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Introduction

Welcome to the Community Pediatric Residency Program at Morehouse School of Medicine (MSM).

We are excited to have you as a member of our residency team. Our residency environment will provide you with the clinical experience and learning environment that will help you become an excellent clinician. After you have graduated from our program, you will have the skills, knowledge, and the confidence to enter the practice of general pediatrics, or pediatric subspecialty fellowship, as a competent, board-eligible physician.

Residency is much different from any prior training you may have experienced. It requires dedication and an unwavering commitment to perfecting your craft. Along the way you will have faculty, advisors, and mentors to help you develop your skills to diagnose and treat children and young adults with a wide variety of disorders. The skills you learn here will become the foundation of your medical career.

It should be your goal to acquire as much clinical experience and knowledge as you can during your residency training. You should develop a concentrated study program to ensure the steady accumulation of knowledge required to care for your patients.

In the following pages you will find suggestions for accomplishing your goal of becoming a competent, board-certified pediatrician. In addition to general program information, this manual provides goals and objectives for your rotations as well as policies and procedures for the residency. The manual is updated with new information, schedules, and department rosters as they are made available. As always, we welcome your input, constructive feedback, and comments.

Program Overview

Mission

Our mission is to train pediatric residents to provide excellent and quality healthcare to all children, especially the underserved. The Community Pediatric Residency Program is designed to provide a comprehensive learning experience that prepares pediatricians to meet the demands of contemporary pediatric practice. Emphasis is placed on the development of primary care pediatricians who have acquired their knowledge, skills, and competencies predominantly through community-based learning experiences.

This is a novel approach because our residents gain a significant amount of experience in the community as opposed to traditional residency programs that may focus more on the hospital environment. The program allows residents the opportunity to explore the many facets of pediatric care in the 21st century.

The city of Atlanta is a multicultural city with a variety of people from different races and ethnicities. The program benefits from this diversity. Residents benefit from a variety of patient experiences, whether patients are from the inner city, suburbia, foreign countries, or rural areas.
Program Overview

Graduates of the MSM Community Pediatric Residency Program, while expected to become excellent clinicians, are equipped to adapt to the rapidly evolving dynamics of healthcare. They will also possess the ability to assume leadership positions in the communities in which they practice healthcare service delivery, child advocacy, and child health policy.

Residency Setting

Our program hospital partners include:

- Children’s Healthcare of Atlanta (CHOA)
- Grady Memorial Hospital (GMH)
- DeKalb Medical Center (DMC)
- Gwinnett Medical Center (GMC)

In addition, we have a host of private and public sector partners for our outpatient rotations.

Administrative Structure

The following sections describe the roles and responsibilities of the members of our administration.

Program Director

The program director provides the overall leadership, development, and implementation of the residency program. The program director ensures that the program is compliant with all requirements of the Accreditation Council for Graduate Medical Education (ACGME) for a pediatric residency training program. The program director is responsible for residents’ progression and graduation from the program, ensuring that the residents meet or exceed all requirements as set forth by the program, MSM GME, ACGME and the American Board of Pediatrics (ABP).

Other responsibilities include:

- Overseeing all aspects of the residency program and resident education;
- Creating and maintaining the affiliation agreements and alliances with the necessary educational and clinical entities, hospitals, clinics, and individual physicians to provide the highest quality training opportunities in the field of pediatrics;
- Updating and modifying educational goals and curricula;
- Ensuring that faculty meet the requirements to teach in the program;
- Overseeing all learning environments;
- Directly supervising the program manager, program assistant, the core pediatrics faculty, and staff involved with the residency program implementation;
- Working closely with the department’s chairperson and other officials at MSM to ensure that the program reflects the mission of the institution as well as that of the department; and
- Overseeing the resident selection and promotion process.
**Associate Program Director**

The associate program director assists the program director in developing and implementing the program while completing specific assigned tasks. These tasks include developing and modifying the pediatrics residency curriculum, conducting semi-annual evaluations with residents, overseeing the program operations, and assisting with didactic teaching and conference schedules. In the absence of the program director, the associate program director represents the program at official meetings within the institution and externally, as needed.

**Assistant Program Director**

The assistant program director assists the residency program director and associate program director in program operations. The assistant program director schedules and conducts resident educational conferences such as grand rounds, morning report and mock code, and weekly didactic lectures. The assistant program director assists with the resident selection process, maintains the evaluation system for residents and preceptors, and oversees the chief residents in development and maintenance of the resident master schedule. The assistant program director serves as the junior faculty liaison between the program and residents.

**Chief Resident**

The chief resident serves as liaison with and advocate for the residents to the program. The chief resident supports resident teaching activities such as grand rounds, morning report, and weekly didactics. The chief resident supervises the development and modification of resident schedules, including vacation requests and arranging back-up coverage for unplanned absences. The chief resident attends faculty meetings of the department and serves as the resident liaison. A new chief resident is either appointed for each academic year from the graduating class (or PGY-3 class, if no graduate is selected) or recruited from an outside institution. Interested candidates are encouraged to contact the program director as early as possible for consideration.

**Program Manager**

The program manager manages the daily operational activities of the residency program and interacts with different personnel at various affiliated institutions as needed. The program manager ensures that the residents complete all required paperwork, including obtaining evaluations. The program manager also ensures that residents’ master files, evaluations, immunization certificates, visa documents, U.S. Medical Licensing Examination (USMLE) scores, and procedure and patient logs are kept up to date. The program manager is responsible for completing and filing all required paperwork and communications from internal and external entities (e.g., MSM Graduate Medical Education [GME] office, American Board of Pediatrics, American Academy of Pediatrics). The program manager coordinates the resident recruitment activities in conjunction with the program director.
**Program Assistant**

The program assistant provides administrative assistance to all program personnel. The program assistant coordinates all activities of this program:

- Maintains all files and folders, correspondence, schedules, and meeting minutes and notes;
- Maintains and distributes on-call and conference schedules to residents, faculty, and affiliates; and
- Schedules meetings as directed.

The program assistant monitors incoming evaluations for the program director’s perusal and files them along with other documents related to resident portfolios.

**Resident Advisors**

Pediatric residents are assigned to a faculty advisor. These assignments span the entire three years of training. The advisor’s role is to be the resident’s mentor in issues of professional training and career planning, as well as to assist in the resident’s ongoing training and evaluation process.

The faculty advisor undertakes the following primary responsibilities:

- Meet with his or her advisee for the academic year at a minimum of twice per year, focusing on individual plans for self-assessment and monitoring individual progress;
- Provide the resident advisee with advice to help him or her study for the pediatric boards and prepare for in-service exams and quizzes starting early in their PGY-1. The advisor should also follow-up on these plans over time.
- Discuss the resident’s performance on the ITE exam and subsequent PREP quizzes. For those residents who fall below the national mean, the faculty advisor will discuss the need for a remediation plan for improvement and subsequent assessment.
- Guide the resident to an appropriate mentor for his or her research project. The goal is for each resident to develop a research interest and become involved in an independent research study under the guidance of his or her mentor. The mentor also assists the resident in becoming part of an ongoing project by the end of his or her PGY-1.
- Review copies of all the advisee’s evaluations from different rotations and give additional commendation and constructive criticism. The residency program office sends a form to document meetings with the resident at the beginning of each academic year. After each meeting, the form must be completed and sent back to the residency program office for placement in the resident's permanent file. The form includes space for additional comments.
- Provide career guidance to the resident advisee. After exploring his or her interests and future plans, it may be necessary to direct the resident to other faculty members who may be helpful in the resident's field of interest.

**Pediatric Evaluation Committee (PEC)**

The Pediatric Evaluation Committee (PEC) is the advisory group to the program administration. The PEC is comprised of core members of the Department of Pediatrics as appointed by the program director and resident members (usually class representatives and chief residents).
Program Goals

The PEC meets on a monthly basis and actively participates in the following activities:

- Planning, developing, implementing, and evaluating all significant activities of the residency program;
- Developing competency-based curriculum goals and objectives;
- Reviewing the program annually using evaluations from faculty, residents, and others;
- Ensuring that areas of non-compliance with ACGME standards are corrected; and,
- Participating in resident selection.

Through the PEC, the program monitors and tracks residents’ performance, faculty performance, graduate performance (including performance of graduates on the certification examination), and program quality.

Clinical Competency Committee (CCC)

Residents’ progression and evaluation is monitored by the Clinical Competency Committee (CCC). The CCC is comprised of at least three (3) members who are appointed by the program director.

The CCC actively participates in the following activities:

- Reviewing all resident evaluations and educational requirements;
- Preparing and ensuring the reporting of Milestones evaluations of each resident semi-annually to ACGME; and
- Making recommendations to the program director for residents’ progression, including promotion, remediation, and dismissal.

The CCC shall meet at least semiannually, but may meet as often as required to review residents’ performances. The outcome of the CCC as agreed to by the program director, shall be communicated to each resident and his or her faculty advisor.

Program Goals

Overall Residency Program Goals

The MSM Community Pediatric Residency Program develops pediatricians who are proficient in the details of medical management as well as sensitive and responsive to the special circumstances that often prevail in medically underserved and disadvantaged communities.

As its primary goals, the program seeks to:

- Prepare pediatricians who are committed to the highest level of clinical acumen, communication, ethical principles, cultural competency, and professionalism for all populations of children, adolescents, and young adults.
- Prepare pediatricians to practice medicine in the 21st century by integrating their clinical knowledge with evidence-based medicine, quality improvement cycles, and technology for optimal patient care.
New Resident Orientation

- Recruit, train, and disseminate to the community, physician leaders who understand that overall health is not only influenced by access to care but by the environment, community, and individual choices.
- Train pediatricians as leaders of intra-professional healthcare teams, where all healthcare team members are valued.
- Produce pediatricians who are efficient and who have an expressed commitment to serve the primary healthcare needs of the medically underserved.
- Develop pediatricians who practice their profession with the highest regard for professionalism, ethics, cultural diversity, and sensitivity to the healthcare needs of the medically underserved.
- Provide educational experiences that prepare residents to be competent general pediatricians who are able to provide comprehensive and coordinated care to a broad range of pediatric patients.
- Provide educational experiences that emphasize the competencies and skills needed to practice high quality general pediatrics in the community.
- Familiarize residents with the fields of subspecialty pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders.
- Function with other members of the healthcare team in a wide variety of settings to be competent leaders in the organization and in the management of patient care.

New Resident Orientation

Introduction

Matriculating into a residency program can be an anxiety-filled time in a physician's career. The transition from “student” to “physician” or re-engaging oneself in a training program can be a source of discomfort for many trainees. Learning new environments and familiarizing oneself with new learning requirements and ACGME requirements can be a challenge. It is our responsibility and goal to help you successfully transition into residency.

The purpose of this handbook is to help you embark on an exciting career. It is not a cookbook nor is it a textbook. Hopefully, it will point you in the right direction.

Duties and Responsibilities

The following sections outline the general responsibilities and expectations of all residents.

Professional Conduct

Residents must conduct themselves in a professional manner at all times. This applies to interactions with Attending physicians, peers, supervisors, professional staff, administrative staff, support services, members of the healthcare teams, and last but not least, patients and families. Residents are expected to dress professionally according to the dress code outlined in this handbook.
Reliability

Residents must present to their assigned duty on time, including daily rotations and shifts. The resident must be available for the entire assignment, unless he or she has received permission in advance to miss any part of a responsibility. No other activity supersedes this requirement unless permission for absence is obtained from the program director. Residents should wear their pagers **at all times** during duty hours so that they can be contacted if necessary.

Conference, Grand Rounds, and Didactics Attendance

Residents are expected to attend **all** educational sessions. Attendance is taken at each session, and 90% attendance at conferences is **mandatory**. Only through attendance will maximal educational benefit be realized.

Communication

Residents must make themselves available via pager, home phone, cell phone, or e-mail at all times while on duty and from 7 am to 7 pm, except when on vacation or sick leave.

Residents are expected to check their MSM e-mail accounts at least once daily because this is a primary mode of communication. They are expected to check and respond to pages and e-mails promptly. Technological problems with pagers, iPads, and computers must be reported to the program office as soon as possible.

How to Learn in a Residency

Unlike other educational endeavors, a residency program is an apprenticeship for a particular profession. No longer will one strive to “memorize and forget” a group of facts in order to pass a test. You are learning to become a competent pediatrician.

Residency has a very steep learning curve. Residents are required to learn large amounts of information in a set period of 36 months of training. Before residents can progress to the next level of training, they must demonstrate adequate mastery of knowledge and skill appropriate to their current level of training. You should begin a regular study program early with input from your advisor.

An Individual Learning Plan (ILP) is a requirement for each resident. It can be accessed through Pedialink. The ILP allows a resident to reflect on his or her strengths and weaknesses and determine how to achieve his or her goals. The ILP must be completed at the beginning of each academic year. See the ILP section of this handbook for further information.

All residents are provided access to pediatric books and journals, including *Nelson Essentials of Pediatrics*, *Zitelli and Davis’ Atlas of Pediatric Physical Diagnosis*, and *Pediatrics* (journal), just to name a few. All residents have access to electronic books and databases through MSM and CHOA.

Your primary objective is to commit to memory the appropriate amount of information and technical skills required to safely and adequately care for patients. The pediatrician should be readily able to handle all common problems, be familiar with most uncommon problems, and know where and how to find necessary information rapidly for rare situations.
Residents should develop study habits that will carry over throughout their entire career. The information explosion in medicine will only increase over time. Residents must develop a plan to keep abreast of changes in the specialty.

At the start of training, residents are usually overwhelmed with the technical aspects of the specialty. Once daily routines and setups are learned through practice; establishing a sound database should be of primary importance. A regular reading program will help to ensure a methodical accumulation of information. Several texts are available today, as noted earlier in this document.

Techniques for rapid learning should be utilized as much as possible because of limited study time during a residency.

- Pre-scan a text chapter for an introductory statement, bold and italicized text, figures and captions, and finally, chapter summaries and key points (if available).
- Next, rapidly scan the chapter.
- Finally, repeat the first step.

You will leave the study time with more information in long-term memory than if you had read the chapter slowly from start to finish.

We do not recommend reading extensively in the current literature until you establish a good solid foundation. Review articles are the exception to that rule. Review articles are obtained through appropriate Internet search engines, *Pediatrics in Review* journal, Pedialink.org, or from faculty.

As a resident, you can take the initiative to acquire as much information as possible from faculty, preceptors, and senior residents. All you have to do is be enthusiastic and ask questions. You will be surprised at the response and the information obtained. Conference attendance is also important. There is little excuse for missing conferences. Lack of attendance is recognized and examined by the program director, especially when a resident falters academically.

**Faculty**

Faculty members are board-certified or board-eligible general pediatricians and subspecialists. They may utilize various methods to teach residents and also learn from residents in bi-directional education. Methods of teaching may include, but are not limited to being a role model for residents, formal and informal didactics, formative feedback, bedside rounds, etc. Program faculty members have a stake in your success, therefore extracting as much information as you can from them will make your transition much easier.

**Problems or Difficulties—What to Do?**

As a resident or a physician, you may encounter clinical problems or have personal problems arise that are difficult to handle. If you find you do have clinical or personal problems that you are finding difficult to handle, seek help and advice from your advisor, the faculty, the program manager, or the program director(s). It is important to remember that the program directors maintain an open-door policy toward all residents. We are here to assist you with any problem that arises. It is important to notify us so that we can help.
MSM also has additional resources outside of the program that include:

Student Psychological Services
Shawn Garrison, Ph.D. Director, Counseling Services
(404) 752-1789 (office)
sgarrison@msm.edu

Office of Disability Services (ODS) (part of Human Resources)
(404) 756-5200 or (404) 752-1871

United Healthcare Employee Assistance Program
Any employee or student concerned about alcohol, substance abuse, or emotional problems may contact the EAP liaison directly at (404) 752-1846 or 1 (888) 887-4114.

**Vacation, Holiday, Sick Leave, Call, and Availability**

Residents are expected to perform their duties as resident physicians for a minimum of 11 months or 12 blocks each academic training year. Absences from the training program including vacation, sick, and all other absences, should not exceed four (4) weeks per academic year. If absences exceed four (4) weeks, extra time may be needed to complete the program.

For successful completion of the program in time for board eligibility in July following graduation, the American Board of Pediatrics does not permit more than 30 days leave time per year. Leave time is any time away from the residency training program that is unrelated to educational purposes. Permission for leave time in excess of 30 days and not covered by FMLA is at the discretion of the program director. Resident time may be added to the original date of completion in order to fulfill the 33 months of required training.

**NOTE:** As an employee of Morehouse School of Medicine you are also governed by the institution’s leave policy.

All vacation will be scheduled at the beginning of the academic year. This is to ensure adequate planning for both the program and resident. Do not make any travel plans before vacation request is approved!

All leave (vacation, sick, bereavement, and administrative) requires submission and approval of an official leave request form.

**Vacation**

Each resident is allowed 15 days of vacation usually taken in a one-week interval and a two-week interval. Vacation requests are granted on a first-come, first-served basis and **must** be requested in writing using the program’s official Request for Leave form.

Vacation time is scheduled during designated rotations. Vacation leave must be taken at the beginning or at the end of a rotation. Any request for leave outside of designated rotations or blocks must be approved by the program director. All requests for exceptions should be in a letter addressed to the program director detailing the request and specific reasons for the deviation from the aforementioned policies. If any changes in the on-call schedule are necessitated by a leave request, it is the resident’s responsibility to secure coverage in
advance. The names of the physicians covering the clinic or call hours must appear on the request form.

The first step is to submit the leave request to the program (chief resident or program designee) for approval. In most circumstances, we ask that residents submit his or her vacation request after the schedules are finalized (an announcement will be made). Requests will be considered in the order in which they are received.

**NOTE:** No travel plans should be made until the program director approves the request.

After approved, the vacation dates will appear on [www.amion.com](http://www.amion.com) or on New Innovations as part of the block schedule.

Vacation days not used will not carry over to the next academic year (they are not accrued). Vacation leave is not subject to an accumulated “pay out” upon the completion of training or upon a resident’s termination from the program.

The designated blocks in which residents may take leave by post-graduate year include:

- **PGY-1**—One (1) week during faculty practice and two (2) weeks during dentistry/psych
- **PGY-2**—One (1) week during rural health; one (1) week during surgery; and one (1) week during an advocacy
- **PGY-3**—Two (2) weeks and one (1) week during electives.

**NOTE:** PGY-3s might be able to take 1-2 days of intermittent vacation scattered throughout the year in order to go on job/fellowship interviews. Such intermittent vacation days must be approved by the chief resident or a program director. PGY-3s who plan to go to fellowship should try to take some of their vacation days at the end of residency year.

**Holidays**

Approved MSM holidays do not apply to your rotation holidays. Check with your particular rotation to determine what days are considered holidays. For example, MSM celebrates Good Friday, but other practices may not. The rotation schedule supersedes any MSM holiday.

**Sick Leave**

Each resident is allowed a maximum of 15 paid sick days per academic year. This time can be taken for illness, injury, and medical appointments for the resident or for the care of an immediate family member. Sick leave can only be used for sick days. A missed shift for sick leave may be required to be made up. See Appendix A for more detailed policy on making up missed shifts.

Other than a missed shift, sick days are not required to be made up as long as they do not prevent the resident from receiving a satisfactory evaluation and appropriate exposure to the rotation as determined by the course director, program director, and CCC. It is the resident’s responsibility to notify the chief resident or program designee by 8 am when he or she is out sick.
The resident must complete a leave form for all sick days as soon as possible, either when physically better or on the first day back to work. E-mail this form to both the chief resident or program designee and the program manager.

It is also the resident’s responsibility to notify the corresponding faculty member and supervising resident of sick leave. Sick leave is not accrued from year to year.

A combination of sick leave and vacation leave may be used to care for oneself or an immediate family member. When these two leave categories are exhausted, any additional leave days are uncompensated.


Sick leave that lasts three (3) or more days must be documented by a physician’s Return to Work note.

Be advised that there is a minimum amount of time in which rotations must be completed in order for the resident to receive full credit for the rotation.

See Scheduled Rotations, page 18.

**Emergency Back-up Call Schedule and Resident**

When a resident has an unexpected absence, scheduled shifts or other duties may need to be adjusted. In the event that a resident is unable to trade shifts, the back-up call resident is used. The resident on back-up call is expected to fill in for the absent resident. Back-up call will be assigned to all residents and placed on amion.com. Residents who are covered for by the back-up resident, may have to “pay back” the covering resident at a later date. See appendix A for more detailed policy information on paying back shifts to a covering resident.

**Family and Medical Leave**

The pediatrics residency program follows and complies with MSM Human Resources and GME Policies for Leave and Family Medical Leave.

See the full GME Resident Leave Policy at http://www.msm.edu/Education/GME/index.php

**Leave of Absence (without Pay)**

Requests must be submitted in writing to the residency training director for disposition. The request shall identify the reason for the leave and the duration. Requests for a leave of absence without pay are approved only if the residency training director is reasonably sure that the resident’s position is expected to be available when the resident returns. A leave of absence without pay when approved shall not exceed six (6) months in duration. If the absence extends over six months, the resident must re-apply to the residency program.
New Resident Orientation

Other Leave

Other leave types are explained in detail in the MSM Human Resources employment manuals. The resident is advised that in order to fulfill the special requirements of training and of the specialty certification board, it may be necessary for a resident to spend additional time in training to make up for time lost while he or she used vacation, sick leave, the various types of emergency leave, or leave of absence without pay.

Residents are allowed three (3) days of administrative leave per academic year for fellowship interviews, job orientation, etc., and these administrative leave days must be approved by the chief resident or a program director.

See the full GME Resident Leave Policy at http://www.msm.edu/Education/GME/index.php.

Moonlighting

Moonlighting is defined as any employment for compensation that is unrelated to the MSM Community Pediatric Residency Program. The program director must approve all moonlighting work.

Per ACGME, moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

MSM's malpractice insurance does not cover the resident for moonlighting work.

The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

Any hours a resident works for compensation at the sponsoring institution or any of the sponsor’s primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

A resident who wants to moonlight must submit a written request and discuss this activity with the program director. No moonlighting is allowed during the resident’s first (PGY-1) year.

See the Resident Learning and Working Environment Policy, page 28.

Work Hours

Unless otherwise specified by the faculty, the work day generally begins at 8:00 am and continues until the end of the clinical work day for the rotation. Refer to the inpatient work guidelines for additional details. Ending times may vary from rotation to rotation, but in general, ending time is usually between the hours of 5:00 pm and 6:00 pm. Rotations with 12-14 hour shifts include Emergency Medicine, Intensive Care Unit, and Inpatient. Residents may work 24 + 4 hours consecutively according to ACGME requirements.

See clinical experience and education work hours at http://www.msm.edu/Education/GME/index.php.
**Shift Hours**

When pediatric residents are admitting new patients or are on night shifts, they are expected to remain on the hospital premises until they are relieved by the next shift of residents or an identified person who assumes full responsibility for patient care. If they are on other rotations and are starting shifts at the hospital, they are expected to arrive for the sign-out rounds at the designated sign-out time for that campus and remain there until the end of their shift.

**Resident Evaluation, Progression, and Promotion**

A number of evaluation tools are used, including:
- Faculty, nurse, patient/family, and peer assessments;
- Direct resident observation;
- Procedure and case logs;
- Written examinations; and
- Presentation skills assessments.

Additionally, each resident will maintain and submit a portfolio of assessment tools to document the core competencies and all academic activity during residency. The portfolio is held by the program assistant.

Residents are evaluated by faculty at the end of each rotation. The evaluations reflect achievement of the six (6) core competencies:
- Patient Care
- Medical Knowledge
- Interpersonal Skills
- Practice-based Learning
- Professionalism
- Systems-based Practice

Reviews are provided to each resident by the program director semi-annually, unless issues arise necessitating more frequent evaluation. Each resident’s progress is reviewed at least twice each year by the CCC who then makes a recommendation to the program director. The final decisions on promotion to the next level of residency are made by the program director. Resident promotion is determined by the following criteria.

**From PGY-1 to PGY-2**

The following promotion criteria apply to promotion from PGY-1 level to PGY-2 level. The resident must:
- Be approved by the CCC to be promoted based on the evaluation of the following elements:
  - Clinical performance (i.e., 360° evaluations)
    - ACGME core competencies by faculty, peers, ancillary staff, and patients
    - Ability to supervise interns and medical students
  - Professionalism
New Resident Orientation

- Performance on ITE
- Performance on mini ITEs
- Completion of program-sponsored study plan
- Attendance and participation in didactics and mandatory program requirements
- Milestone rating review

- Successfully complete a direct observation exam.
- Not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the program director.
- Be continually eligible to practice medicine on a limited license in Georgia.
- Complete the GME returning resident orientation.
- Be compliant with all MSM Pediatric Residency Program policies including, but not limited to, being up to date with his or her duty hour and procedure and patient log.

From PGY-2 to PGY-3
The following promotion criteria apply to promotion from PGY-2 level to PGY-3 level. The resident must:

- Meet all of the requirements for PGY-1 stated above with the exception that the resident does not have to successfully complete a direct observation exam.
- Pass USMLE Step 3 by 20 months of residency.
- Have up-to-date PALS certification.

From PGY-3 to Graduation
The following criteria apply to PGY-3 for graduation. The resident must:

- Meet all the requirements for PGY-2 stated above.
- Have completed an approved scholarly activity.
- Have completed an approved Patient Safety/Quality Initiative activity.
- Complete the GME/HR/ and MSM IM exit procedures.
- Be performing as satisfactory or above in all six ACGME competencies.
- Receive the program director's determination that the resident has had sufficient time to complete all required AGGME and ABP training at MSM.

**NOTE:** If the program director determines that the resident is performing with an unsatisfactory status in an ACGME competency it will be reported, as required, to the ABP.

The resident should review the status of his or her performance, progression, and promotion at least twice per year with his or her advisor and designated program director.

Upon a resident’s successful completion of the criteria listed above, the residency program director will certify that the resident has successfully met the specialty requirements for promotion to the next educational level and file the semi-annual evaluations and the promotion documentation in the resident’s portfolio. If the resident is a graduating resident, the program director should include the final summative assessment in the resident’s portfolio as well.
When a resident will not be promoted to the next level of training, or his or her appointment will not be renewed, the program will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident’s current appointment agreement.

If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.

For more information concerning adverse events, refer to the GME Adverse Academic Decisions and Due Process Policy.

Academic support and counseling is available to residents and it should be sought on an individual, as-needed basis.

Residents will complete peer and self-evaluations at least twice per year. Residents will also complete rotation and faculty evaluations at least twice per year. In addition, residents will complete confidential evaluation surveys of the program on an annual basis which will come from the residency program, ACGME, and institutional GME.

Evaluations are accessed on New Innovations by the residents and the preceptors. A composite will be compiled of evaluations from both the resident and preceptor. Evaluations will be available to the resident and his or her advisor in New Innovations.

Preceptors’ (faculty members) evaluation of a resident’s performance is documented using the ACGME Pediatric Milestones. Using aggregate faculty reports of Milestones data and a review of the other tools, the Clinical Competency Committee (CCC) makes recommendations to the program about each resident’s progression and promotion at least twice per year. A resident’s performance as it relates to the pediatric Milestones is reported to the ACGME twice per year.

See Clinical Competency Committee, page 5.

For residents who are having academic difficulties as demonstrated by evaluations, feedback, Milestones performance review of the CCC, PEC, and program director, the resident may be subject to the Adverse Academic Action and Due Process Policy as outlined in the GME policy manual at http://www.msm.edu/Education/GME/index.php.

**When to Call for Help**

For clinical help, seek your supervising resident first. If the situation is not resolved or if no supervising resident is available, call the supervising faculty member.

For in-house patient emergencies at each CHOA campus, a rapid response team is available 24 hours a day, seven days each week, at (404) 785-TEAM.

If personal problems arise, you may discuss them with the program director and/or you may contact Human Resources and ask for the Employee Assistance Program (EAP). We maintain an open door policy for any problems.

Academic support and counseling is available to residents and should be sought on an individual, as-needed basis.
Conclusion

The residency program staff and faculty look forward to working with you and fostering your development as a general pediatrician. The resources in this training program are focused on supporting your clinical and research training. Remember that this is the time you learn how to practice medicine in your chosen field. Make the most of it!

General Information

Pagers

The program provides pagers and holders to all residents at no charge. The pagers are alphanumeric and receive three (3) types of messages: text, numeric, and voicemail messages.

When your pager number is displayed on the pager, you have a voicemail message. To listen to or delete your messages, call your pager, press zero, and enter your access code, which is 1234. Press 3 to listen to messages and 2 to delete messages.

To change your greeting, dial your pager number, press zero, enter your access code (1234), and then press 11 for the greeting menu. Press 30 to record, 1 to stop recording, and 40 to play the message back.

Text messages are sent on the American Messaging website www.myairmail.com. You can also send text messages via e-mail by using the e-mail address as pager number@myairmail.com. For example, if you want to e-mail to pager number (404) 555-1234, you would enter the e-mail address 4045551234@myairmail.com.

Malfunctioning pagers are replaced at no additional charge to the resident. The units are exchanged in the residency office. Residents will be charged a $42 fee for lost or stolen pagers.

NOTE:
- You should respond to your pages within 10 minutes.
- You are expected to wear and respond to your pagers at all times while on duty.

Dress Code

Residents are expected to abide by the MSM institutional guidelines on dress code and professional conduct and by those guidelines of the affiliate participating sites (hospital). Residents shall present themselves in a professional manner at all times. A lab coat is required along with your identifiable name badges (MSM and hospital ID) while within the hospital.

- Men should wear slacks, such as khakis or chinos, not jeans or jeans-style pants, with collared or mock-collared shirts. Ties are optional, unless required by the Attending physician.
Women should wear professional-looking attire. This may be a dress or jumper, skirt of knee-length or longer, or dress slacks (not jeans), with a sweater or blouse. Shoes should be closed-toed dress shoes or clogs (CHOA mandate). Clean tennis shoes are acceptable when on call.

Scrubs should not be worn outside of the hospital. Hospital scrubs are permissible at appropriate times (post call, ED, or ICU) within the hospital.

The following clothing items are unacceptable:

- Flip-flops or sandals
- Jeans
- Suggestive, revealing, or tight-fitting clothing
- Mini-skirts
- Camisole-type tops or other shirts that expose shoulders, bra straps, or midriff
- Any clothing with inappropriate pictures or slogans

The following guidelines apply when you are working in the hospital overnight and the following morning:

- Scrubs and comfortable shoes may be worn (sneakers are acceptable).
- Wear your white coat.
- Change out of scrubs before continuity clinic duty.
- Personal grooming is expected at all times.

Paychecks

Paychecks are available biweekly (26 paychecks per calendar year). If you have direct deposit, the check stub is e-mailed directly to you from Payroll.

Parking

Parking cards for personal parking at Grady Hospital are issued during the Graduate Medical Education orientation. Residents must pay a $10 deposit and the first month’s fee of $21. Subsequent months are paid through a payroll deduction. Free parking is available at other work sites (CHOA at Egleston, CHOA at Scottish Rite, DeKalb Medical, Gwinnett Medical Center) with your hospital ID badge.

Licensure

Residents are required to apply for a Georgia training permit upon entrance to the program. This is paid for by the institutional GMDE. Residents are required to take the U.S. Medical Licensing Examination (USMLE) Step 3 by the 18th month of training (middle of PGY-2) and pass USMLE Step 3 by the 20th month of training.

**NOTE**: Residents who have not passed USMLE Step 3 by their 20th month of training will receive notice of non-renewal of contract until they pass USMLE Step 3. Failure to pass USMLE Step 3 by the end of the 24th month of training (usually June 30 of the PGY-2 year) will result in non-renewal of a contract and dismissal from the program. If dismissed, residents are required to re-apply to the program.
Scheduled Rotations

Certifications

Residents are required to be certified in Pediatric Life Support (PALS), Basic Life Support (BLS), and Neonatal Resuscitation Program (NRP) throughout their residency. Residents must apply for a National Provider Identifier number (NPI) and use this number for writing prescriptions.

Mailboxes

Resident mailboxes are located in the residency suite. It is expected that you purge your mailbox on a regular basis. We strongly encourage you to change all mailing addresses to your home address. Changing your address ensures that you receive important mailings in a timely fashion.

Professional Organizations

The program provides support for the resident's annual membership in the American Academy of Pediatrics, as well as in the Georgia Chapter of the AAP. Membership includes a yearly subscription to Pediatrics, Pediatrics in Review, and PREP the Curriculum. We strongly recommend that each resident become an active member of the Georgia AAP and take full advantage of educational resources such as Pedialink.org.

Community Service

Residents are required to complete 50 hours of community service each academic year for a total of 150 hours by the completion of residency. Failure to do so may result in the resident not receiving a graduation certificate.

Scheduled Rotations

The duration of each clinical rotation is a four-week block and involves specific time scheduling and administrative requirements. The residency program office must be able to locate all residents during scheduled working hours. Should a resident fail to report to the scheduled rotation site during scheduled work hours without prior notification to the supervisor or approval, disciplinary measures will be taken that might include documentation of poor professional conduct in his or her permanent file or dismissal from the program, if necessary. If a resident fails a rotation, this may result in his or her dismissal or other disciplinary actions by the program.


Each resident will participate in an educational curriculum consistent with ACGME requirements, which will offer a solid training in general pediatrics. Residents will also have the opportunity to participate in individual educational curriculum based on his or her career path.
The program offers two tracks from which residents can choose: General Pediatrics or Subspecialty. Residents who want to pursue careers in general pediatrics shall take all courses listed below, except those marked with the prefix \textit{ST}. Residents who are considering careers in subspecialty will take the courses listed below but can substitute those courses designated with the prefix \textit{ST} for the course it is listed under.

For example, a PGY-1 who is considering a cardiology fellowship may opt to take cardiology instead of faculty practice. In order for each resident to be successful and have an opportunity to gain the experience necessary for his or her career, the resident must discuss intended career plans with his or her advisor and the program director early and often. The resident shall make his or her preference known at the beginning of the year and during schedule planning.

After the resident decides on his or her career path and individual educational units, the resident will make known his or her elective choice (if applicable) to the chief resident, faculty advisor, and assistant program director. For all electives at an outside institution, residents are encouraged to inquire about the process and requirements at least six (6) months in advance. If there is a desired elective within the MSM or CHOA system, the resident shall directly inform the chief resident or assistant program director \textit{before} proceeding.

Resident assignments for each post-graduate year are described in the following sections.

\textbf{PGY-1}

- Inpatient/CHOA Hughes Spalding (three blocks), Drs. Latasha Bogues and Maya Eady
- Inpatient/CHOA Scottish Rite (two blocks), Dr. Chevon Brooks
- Faculty Practice—Morehouse Healthcare (one block), Dr. Iris Buchanan
- ST—Subspecialty—various sites, Dr. Chevon Brooks
- Emergency Medicine—CHOA Hughes Spalding (two blocks), Dr. Bolanle Akinsola
- Term Nursery—Decalb Medical Center (one block), Dr. Ghada Osko
- NICU—Gwinnett Medical Center (one block), Dr. Palanisamy Rajasekaran
- Developmental/Behavioral Pediatrics—various sites (one block), Dr. David O’Banion
- Adolescent Medicine—various sites (one block), Dr. Yolanda Wimberly
- Dentistry—various sites (one week), Drs. Redwine and Rose-Mize
- Child and Adolescent Psychiatry—various sites (one week), Dr. Sara Vinson

\textbf{PGY-2}

- Inpatient/CHOA Scottish Rite (two blocks), Dr. Chevon Brooks
- Community Medicine—various sites (one block), Dr. Chevon Brooks
- ST—Elective or Research—various sites, Dr. Chevon Brooks
- Emergency Medicine—CHOA Egleston (one block), Dr. Bolanle Akinsola
- PICU—CHOA Egleston (one block), Dr. Nga Pham
- NICU—Gwinnett Medical Center (one block), Dr. Palanisamy Rajasekaran
- Cardiology—various sites (one block), Dr. Michelle Wallace
- Rural Health—Cordele, GA (one block), Dr. Nikkia Johnson
- Pulmonology—Sibley Heart Center Cardiology (one block), Dr. Latressa Lang
Scheduled Rotations

- Pediatric Surgery—CHOA Scottish Rite (one block), Dr. John Bleacher
- Hematology/Oncology—CHOA Scottish Rite and Hughes Spalding (one block), Drs. Olufolake Adisa and Beatrice Gee
- Float/Community Research—CHOA Hughes Spalding (one block), Drs. Latasha Bogues, Maya Eady, Iris Buchanan, and advisor
- Advocacy—various locations (one block), Dr. Makia Powers and Megan Douglas
- ST—Megan Douglas and Dr. Makia Powers

PGY-3

- Inpatient/CHOA Hughes Spalding (three blocks), Drs. Latasha Bogues and Maya Eady
- Float/Quality Improvement—CHOA Hughes Spalding (one block), Dr. Lori Singleton
- Emergency Medicine—CHOA Egleston (one block), Dr. Bolanle Akinsola
- PICU—CHOA Egleston (one block), Dr. Nga Pham
- Infectious Disease—CHOA Egleston (one block), Dr. Inci Yildirim
- Elective—as assigned (five blocks)
- ST—various subspecialties
- Community Medicine—various sites (one block), Dr. Chevon Brooks

Minimum Amount of Attendance to Receive Credit for Rotation

Inpatient/ICU

Residents are expected to be present at all scheduled inpatient shifts. Residents are required to work a minimum of 200 hours per rotation. If a resident works less than 200 hours, he or she will be required to work additional hours to meet the 200 hour requirement. If a resident has worked greater than or equal to 200 hours, but the rotation preceptor determines that the resident’s experience has been inadequate to fulfill the objectives of the rotation due to absence, the resident may be required to work additional hours, the amount which is to be determined by the program administration.

Outpatient/ED/Electives

Residents are expected to be present at all scheduled outpatient, emergency department, and elective shifts. Residents are required to work a minimum of 85% of the scheduled rotation time to receive credit for completion. If a resident works less than 85% of the scheduled time, he or she will be required to work additional hours to reach the 85% requirement. If a resident has worked greater than or equal 85% of the scheduled time, but the rotation preceptor determines that the resident’s experience has been inadequate to fulfill the objectives of the rotation due to absence, the resident may be required to work additional hours, the amount which is to be determined by the program administration.
**Longitudinal Ambulatory Experience (LAE)**

LAE is an ACGME requirement. Each resident will attend LAE one (1) half-day per week for at least 36 weeks per year. Residents are expected to attend their assigned LAE on every rotation. The only rotations with an exception to LAE include the following:

- **Rural health**
- **ER** (The resident attends clinic if duty hours allow and the resident doesn’t have a shift during his or her clinic time.)
- **Inpatient**
  - Hughes Spalding and SRMC senior residents do not attend clinic at all
  - PGY-3 float residents attend clinic if coverage for float is available
  - PGY-2 float residents do not attend clinic at all
- **PICU** (The resident attends clinic if he or she has a day PICU shift on his or her clinic day or if he or she is off from the PICU and can attend clinic without violating duty hours.)
- **Vacation**
- **Sick leave**

LAEs are located at various community pediatricians’ offices and CHOA Hughes Spalding clinic. Interns have LAE at CHOA Hughes Spalding and they may transition to a community site in subsequent years. Residents are expected to attend clinic on their designated day and time. Absences from LAE must be approved by a program director. Residents will maintain a patient log on New Innovations of their LAE patients. Residents will be evaluated on their LAE performance by their preceptor twice a year. Residents may also have a structured clinical observation evaluation annually.

Dr. Latasha Bogues is the course director for LAE.

See the LAE Manual for more details.
Educational Requirements

Didactics

The chart below shows regular journal clubs, seminars, rounds, and conferences that are a part of the pediatric training program.

<table>
<thead>
<tr>
<th>Conference</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Series</td>
<td>Month of July</td>
<td>HSRB, simulcast to SR</td>
</tr>
<tr>
<td>Wednesday Didactic Conference</td>
<td>Weekly</td>
<td>Residency Suite/SRMC/Egleston</td>
</tr>
<tr>
<td>Evidence-based Medicine</td>
<td>Quarterly</td>
<td>Residency Suite</td>
</tr>
<tr>
<td>Grand Rounds at HS</td>
<td>1st, 3rd, and 4th Thursdays</td>
<td>FOB 123</td>
</tr>
<tr>
<td>Journal Club</td>
<td>2nd Thursdays</td>
<td>FOB 123</td>
</tr>
<tr>
<td>Grand Rounds at SRMC</td>
<td>1st, 2nd, 3rd Tuesdays</td>
<td>SRMC auditorium</td>
</tr>
<tr>
<td>Morning Report at HS</td>
<td>Monday through Friday</td>
<td>Hughes Spalding inpatient</td>
</tr>
<tr>
<td>Board Review</td>
<td>Ongoing</td>
<td>Residency Suite</td>
</tr>
<tr>
<td>Noon Report at SRMC</td>
<td>Weekly: Tuesdays, Wednesdays, and Fridays</td>
<td>SRPAC conference room</td>
</tr>
<tr>
<td>Radiology Rounds at SRMC</td>
<td>2nd Thursdays</td>
<td>Radiology suite</td>
</tr>
</tbody>
</table>

All conferences are mandatory for residents to attend, with the exception of those marked with an asterisk in the chart above. Residents are expected to attend a minimum of 90% of mandatory conferences. As special circumstances occur, trainees must notify the program director or associate director prior to the conference in order to be excused from a particular conference for personal reasons.

All didactic conferences will take place Wednesday afternoons from 1:00–5:00 pm (unless otherwise noted) in the residency suite, Scottish Rite, or Egleston.
All residents are required to attend all Wednesday didactic sessions and they are excused from their rotation duties during that time. Exceptions to this requirement include:

- Post shift sick
- Vacation
- Residents on NICU
- Residents on PICU
- Residents on rural health
- Residents on ER (if a shift is scheduled during the same time)
- If attendance would cause any duty hour violation

All residents are expected to attend Grand Rounds, Grand Case Report, and Journal Club.

Exceptions to Thursday morning activities include the following reasons:

- ER (if a shift is scheduled during the time)
- Scottish Rite (seniors will attend SRMC Grand Rounds)
- Residents on PICU
- Residents on rural health
- PGY-2 residents on NICU
- Anesthesia rotation
- Sick leave
- Vacation

Residents are required to sign in when they arrive. A monthly attendance report is prepared for the program director in order to provide feedback to residents during one-on-one requirement compliance meetings.

For missed conferences, residents should review the lecture handouts and cataloged videos available on our website.

All residents who are on rotations at SRMC (Allergy/Immunology, Pulmonology, Neurology, PMR, Hematology/Oncology/Surgery, Otolaryngology) are also expected to attend Grand Rounds and noon report at SR unless it conflicts with rotation schedule.

**Resident Evidence-based Medicine and Clinical Research (EBM/CR)**

**Course Objectives**

The goal of this course is not only to provide all residents with the ability to critically evaluate current research literature—so that they are enabled to be lifelong learners—but also to educate residents on the design of a clinical research project and to promote resident-driven clinical research.

Residents are required to participate in research activities. In the first year of training, residents learn fundamental clinical research principles through a basic course and become certified in human subject investigations. Residents then have an opportunity during their first, second, and third years of training to participate in ongoing research within the department, medical school,
Educational Requirements

and affiliated institutions like the Centers for Disease Control and Prevention (CDC) in Atlanta and several research initiatives under the National Center for Primary Care on the MSM campus.

Over the course of residency, residents develop and complete a project in groups of two (2), with an identified research faculty advisor. Residents prepare a written report and an oral presentation before the end of their PGY-3 year. The Float-Community Research (Float-CR) rotation is a concentrated opportunity for residents to work on their project. Details are provided in the course curriculum.

A four-week research elective is also available in which residents can further refine and progress on their research with direct supervision by faculty. All research electives and projects require prior approval by the faculty research mentor and residency program director.

Residents are expected to present their research findings either at a national or local scientific meeting or other acceptable venue such as the Frontiers of Science program or the annual Pediatric Academic Society meeting.

All research activities should be catalogued for the resident’s portfolio of scholarly activity. This includes abstracts and other scholarly activities that are submitted but not accepted for presentation.

Course Requirements

All residents, including interns, are required to attend and actively participate in the EBM/CRD course that is incorporated into the regular didactic schedule on a monthly basis. During these sessions, residents learn how to appropriately evaluate articles from an evidence-based medicine perspective in a journal club format. In addition, residents are required to develop a research question and complete a research project by the end of their PGY-3 year. During the process of clinical research design, residents are required to give presentations at various stages of their research project development.

Collaborative IRB Training Initiative (CITI)

The CITI program site provides a comprehensive selection of educational modules that can be used to satisfy institutional instructional mandates in the Protection of Human Research Subjects. The program can be accessed at www.citiprogram.org.

The following modules are included in the program:

- Seventeen basic modules focused on biomedical research
- Continuing education (CE) modules for biomedical researchers who have completed the basic modules

All residents are required to complete CITI training (Biomedical Sciences) as part of the Evidence-based Medicine course by the end of their first six (6) months of training. A copy of completion confirmation will be placed in the resident’s file. In addition, if the resident wants to become part of any research activity, the course is mandated by the IRB prior to approval.
**Patient Safety/Quality Improvement**

Residents will receive education on patient safety and quality improvement in line with ACGME requirements: ([https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf)).

Residents are required to complete institutionally-sponsored training on PS/QI. Residents will develop and complete a quality improvement project and are required to prepare a written report and an oral presentation before the end of their PGY-3 year. Details are provided in the course curriculum.

**Community Research**

The community research project is a longitudinal study developed throughout the entire three (3) years of residency. Residents develop this project in groups with an identified research faculty advisor. Residents prepare a written report and an oral presentation before the end of their PGY-3 year. Details are provided in the course curriculum.

**Study Program**

**Academic Preparation**

**Longitudinal Study Plan (Practicing to Be Perfect)**

All residents are expected to demonstrate medical knowledge adequate for their year of training on standardized (and similar) pediatric examinations. All residents are required to participate in the longitudinal board preparation program and meet the goals outlined by the program at the beginning of the academic year. The study program is a continuous cycle of improvement that may be modified based on the resident's performance on the national ITE, faculty input, and resident input.

All residents participate in the program’s designated longitudinal study plan. The plan can be adjusted based on resident performance and PEC input. The plan will be clearly outlined at the beginning of the academic year and discussed and updated throughout the year as needed.

Residents will take a monthly mini-ITE. Nationally, residents perform at the levels listed below; therefore residents should aim for these minimums on monthly exams:

- PGY-1 ~ 60%
- PGY-2 ~ 70%
- PGY-3 ~ 75%
- First time ABP passing minimum ~ 80%.

**NOTE**: Failure to participate in the study plan on a regular basis as outlined will result in extra call assignments and possibly adverse action as outlined in the GME Adverse Academic Decisions and Due Process Policy.
**Study Program**

**In-Training Service Exams (ITE) performance**

Each July, all residents participate in the national ITE for pediatric residents. The ITE is strongly correlated to an individual’s likelihood of passing the American Board of Pediatrics Exam. In addition to participation in the program’s study plan and the development of a study plan with their advisors, all residents who perform poorly on their In-Service Training exam (ITE) are strongly encouraged to have their test-taking skills evaluated by a professional psychologist.

**Individual Learning Plan**

An Individual Learning Plan (ILP) is a tool used by residents to assess individual accomplishments and needs in essential knowledge, skills, and abilities. The plan is flexible and is tailored to meet the personal and professional needs of individuals.

The ILP provides a location for recording and prioritizing personal learning goals and goal achievements and is used to develop a personal portfolio for self-evaluation.

Being able to see what you have learned, achieved, and enjoyed helps you to take more control of your future.

Creating your plan can help you develop more confidence in your ability to tackle new things, become more employable, and get more out of life. To get started with your plan, consider some of the things that you have already learned and enjoyed. Write those experiences down and periodically remind yourself why they were each important to you and how they have helped you. Look forward in your life and identify your goals.

You should compare all you have already learned and achieved to what you hope to gain in the future. Set targets that will indicate that you are on your way to getting what you want or being where you want to be. This will provide the skeleton of your learning plan. Review what has helped or hindered your learning progress. Identify the support and guidance you will need.

Keep your plan updated. Read through your steps regularly and see if you can add anything. Review your plan regularly. Re-evaluate your plan. Do you still have the same goals?

In summary, ILPs include the following information:

- Your career goals
- Electives that help you progress toward your career goal
- Your learning objectives and strategies for achieving those learning objectives

Residents build a new ILP each year, designating three (3) specific areas for development, improvement, growth, and enrichment. The ILP should be reviewed with your faculty advisor annually.

ILPs allow you to:

- Analyze your learning needs in a systematic way.
- Create a plan for engaging in learning experiences based on these needs.
- Document your commitment to lifelong learning.
- Have a positive impact on your own clinical practice and professional development.
The ILP is located on the resident’s center of PediaLink. PediaLink is an innovative, online tool that provides a path for learning and provides the following benefits:

- Encourages a systematic approach to practice reflection
- Helps guide you in prioritizing your learning needs
- Creates learning objectives to address those needs
- Records whether or not you’re learning objectives were met
- Documents competence in PBLI, one of the required ACGME competencies
- Connects all the house staff in your program together virtually as the ultimate “group practice” in measuring outcomes

Time Management and Administrative Responsibilities

In recent years, ACGME requirements have significantly changed, moving towards resident documentation of competencies and programs’ verification of residents’ competencies. In addition, duty hours have become more restrictive to ease resident fatigue and optimize physical readiness of performing and learning.

Not only are residents and programs obligated to follow these rules, but often, credentialing agents request competency-based evaluation of former residents who are being presented before them. Because of this, it is very important that all of the administrative duties, logging of duty hours, patient/procedure logs, and participation in learning opportunities are met and documented by the resident.

The following list shows requirements that residents are obligated to complete, being excused only per the policy outlined in this manual in the corresponding section:

- Duty hours to be logged on a daily basis in New Innovations
- Patient and Procedure Logs to be logged as outlined
- Completion of ninety percent (90%) of study plan on a quarterly basis*
- Attendance at ninety percent (90%) of Grand Rounds and Didactics on a quarterly basis

*Update ILP annually

Excused absences (e.g., sick, vacation, ER shifts, etc.) will not be counted against the resident.

Be advised that clinical experience and education (formerly duty hours) do not include self-study activities.

It is strongly advised that you set aside a minimum of 2-3 hours per weekday (or 10-15 hours per week) to complete these administrative program requirements. The Apple iPad provided by the program can be used to facilitate all of these activities. Like all professionals, it is expected that residents manage their time appropriately. If you are feeling overwhelmed, we suggest setting up a designated time during the week to complete the activities, setting up your Microsoft Outlook calendar to send automated reminders, and meeting with your advisors and fellow residents for suggestions.
Also be advised that each of the listed responsibilities will be reconciled on a quarterly basis; the program director will collect and review the information to ensure that each resident is in compliance, with the exception of clinical and educational work hours, which are monitored weekly. If you are found to be out of compliance (e.g., logs are more than one (1) week out of date, less than 90% completion rate for reading assignments or Grand Rounds/didactic attendance) you will be placed on an Administrative Shift to complete or review missed materials. Administrative shifts are held on either Saturday or Sunday at SRMC or HS for 12-hour shifts. The resident will be given up to six (6) hours (+/-) to complete his or her administrative duties, review professionalism modules, and then admit new patient. If the resident completes the requirements earlier than the six (6) hours allotted, he or she will begin patient care duties at that time.

ACGME Pediatric Program Requirements

NOTE: These are ACGME policies to which all accredited programs must adhere. Program-specific policies and procedures are noted.

Clinical and Educational Work Hour Documentation

It is the responsibility of each resident to document every hour worked on a rotation and to record that information in accordance with the policy of the institution or specific rotation. This information should be entered into the New Innovations website daily. Failure to do so will result in disciplinary action against the resident in violation. Also, if there is a work hour violation, in any form, it is the responsibility of the resident with this knowledge to report it immediately to his or her Attending physician, the chief resident, or the program director. The program director reviews the duty hour logs weekly.

Resident Clinical Experience and Education and the Working Environment

Providing residents with a sound didactic and clinical education must be a carefully planned process; it must also be balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must reflect that faculty and residents collectively have responsibility for the safety and welfare of patients.

Clinical Experience and Education

It is ACGME policy that programs, in partnership with their sponsoring institution, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call clinical and educational activities, clinical work done from home, and all moonlighting.

The program must design an effective program structure that is configured to provide residents with educational opportunities as well as reasonable opportunities for rest and personal well-being.
Residents should have eight (8) hours off between scheduled clinical work and education periods.

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight (8) hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one (1) day in seven (7) free of clinical work and required education (when averaged over four (4) weeks). At-home call cannot be assigned on these free days.

**Maximum Duty Clinical Work and Education Period Length**

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education.

Additional patient care responsibilities must not be assigned to a resident during this time. Clinical work and education hours do not include reading and preparation time spent away from the duty site.

Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on site in order to accomplish these tasks; however, this period of time must be no longer than an additional four (4) hours. Adjust your schedules accordingly. This includes time used for pre-rounds as well.

In rare circumstances, after handing off all other responsibilities, a resident, on his or her own initiative, may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient
- To provide humanistic attention to the needs of a patient or family
- To attend unique educational events

**Logging Requirements for Clinical Experience and Education Work Hours**

Clinical experience and education work hour logs are recorded *daily* into New Innovations by residents. Failure to log work hours for seven (7) or more consecutive days *will* result in an administrative day for the resident.

There are seven (7) types of work hours that should be entered into New Innovations:

- Shift/Rotation—All scheduled activities (including lectures) associated with rotation
- Clinic—Longitudinal Ambulatory Experience
ACGME Pediatric Program Requirements

- Conference/Workshops/Lecture—Monday PM didactics, morning report, Board review, noon conference and Grand Rounds only
- Back-up call in—Any time a resident is called in for a shift as back-up
- Community service
- Resident community service
- Vacation
- Holiday/Day off

Do not log any other type of leave into New Innovations.

**Shifts**

All rotation assignments are worked in shifts which can range from 8-16 hours.

**Supervision of Residents**

The following guidelines must be followed to ensure appropriate supervision of residents:

- Qualified faculty members must supervise all patient care.
- The program director must ensure, direct, and document adequate supervision of residents at all times.
- Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- Faculty schedules must be structured to provide residents with continuous supervision and consultation.
- Faculty members and residents must be educated to recognize the signs of fatigue as well as adopt and apply policies to prevent and counteract its potential negative effects.

**On-call Activities**

The objective of on-call activities is to provide residents with a continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those clinical work and education work hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

In-house call must occur no more frequently than every third night, averaged over a four-week period.

- At-home call (or pager call) is defined as a call taken from outside the assigned institution.
- The frequency of at-home call is not subject to the every third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one (1) day in seven (7) completely free from all educational and clinical responsibilities averaged over a four (4) week period.
- When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.
• The program director and faculty members must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and fatigue.

• Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for one (1) day in seven (7) free of clinical work and education when averaged over four (4) weeks.

• At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

• Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of in-patient patient care must be included in the 80-hour maximum weekly limit.

In-House Night Float

Night float must occur within the context of the 80-hour and one (1) day off in seven (7) requirements. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

Fatigue

Faculty will be educated to recognize the signs of fatigue and sleep deprivation in Grand Rounds, retreats, faculty development sessions, or faculty meetings.

Residents will be educated to recognize the signs of fatigue and sleep deprivation in Grand Rounds, retreats, and didactics held on sleep and fatigue during residency.


Patient Logs

Patient logs are to be recorded one (1) day per week, usually Friday, into New Innovations for each patient seen on rotations and in all LAE sessions. If the resident has no shift that day, he or she may log on another day. Patient logs allow the program to ensure that residents have the correct patient mix and patient number.

Procedure Logs

All procedures, both real and simulated, performed and observed, will be tracked and monitored in New Innovations. Residents must have an Attending verify his or her role in a specific procedure using his or her Procedure Log that is issued by the program. These logs will then be scanned into New Innovations and become a part of the resident’s permanent file. In addition, each resident will enter procedure logs into New Innovations daily. The program director will
check procedure logs on a monthly basis and discuss issues with residents as needed. The program director will suggest how to correct any deficiencies.

The chart below lists the **minimum** number of required procedures for all residents. Residents must also be certified as competent in each procedure by the time indicated on the chart. Both the minimum number of procedures and certification of competency must be completed before the end of the resident’s residency training.

Be advised that most residents will do more or additional procedures in accordance with his or her individual educational curriculum. All procedures **must** be tracked and entered into New Innovations.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum Number of Times Performed during Residency</th>
<th>Competency Designation Required by the End of PGY Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bag-mask ventilation</td>
<td>5</td>
<td>PGY-2</td>
</tr>
<tr>
<td>Bladder catheterization</td>
<td>2</td>
<td>PGY-1</td>
</tr>
<tr>
<td>Giving immunizations/(IM injections)</td>
<td>5</td>
<td>PGY-1</td>
</tr>
<tr>
<td>Incision and drainage of abscess</td>
<td>5</td>
<td>PGY-1</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>10</td>
<td>PGY-3</td>
</tr>
<tr>
<td>Neonatal endotracheal intubation</td>
<td>5</td>
<td>PGY-3</td>
</tr>
<tr>
<td>Peripheral intravenous catheter placement</td>
<td>5</td>
<td>PGY-2</td>
</tr>
<tr>
<td>Reduction of simple dislocation</td>
<td>3</td>
<td>PGY-3</td>
</tr>
<tr>
<td>Simple laceration repair</td>
<td>3</td>
<td>PGY-1</td>
</tr>
<tr>
<td>Simple removal of foreign body</td>
<td>3</td>
<td>PGY-3</td>
</tr>
<tr>
<td>Temporary splinting of fracture</td>
<td>3</td>
<td>PGY-1</td>
</tr>
<tr>
<td>Umbilical catheter placement</td>
<td>3</td>
<td>PGY-3</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>3</td>
<td>PGY-1</td>
</tr>
</tbody>
</table>

**American Board of Pediatrics Evaluation Requirements**

**NOTE:** This is ABP policy, not that of the individual program.

The American Board of Pediatrics (ABP) certification ensures the public and the medical profession that a certified pediatrician has successfully completed an accredited educational program and an evaluation, including an examination, and possesses the knowledge, skills, and experience requisite to the provision of high quality care in pediatrics.

The program director provides ongoing evaluations of each resident in components of clinical competence that cannot easily be assessed by a written examination. These components of competence include clinical judgment, clinical skills, technical skills, professional attitudes and behavior, moral and ethical behavior, and humanistic qualities.
The program director evaluates cognitive knowledge. This is in keeping with the evaluation process described in the RRC special requirements for all pediatrics residency training programs. These annual evaluations by program directors are part of the certifying process of the ABP. The ABP recognizes that evaluation of non-cognitive skills such as medical judgment, communication, moral and ethical behavior, and behavioral skills are essential components in the verification of clinical competence in pediatrics.

The program director will indicate annually whether each resident’s performance is satisfactory, marginal, or unsatisfactory. A marginal evaluation is a temporary evaluation and eventually must be changed to a satisfactory or unsatisfactory rating. If a resident’s performance rating is satisfactory, credit will be given for the year in question (e.g., PGY-1 year).

If the rating is marginal, the program director will complete an individual evaluation form indicating the resident’s level of performance and status in the program. The resident is required to sign this form, which is then returned to the ABP. Six (6) months later, the program director will re-evaluate residents with marginal evaluations. Residents who receive an unsatisfactory rating at the end of the first year may be terminated by the program director or given the option to repeat the PGY-1 year. The same applies for the PGY-2 and PGY-3 years if the resident receives an unsatisfactory evaluation.

At 18 months, the resident with a marginal rating must be evaluated again. The program director must rate the resident as satisfactory or unsatisfactory. If the resident is rated satisfactory at the 18-month evaluation, he or she will receive credit for the year in question (e.g., PGY-1 year). If the resident receives an unsatisfactory rating, the program director may terminate the resident or give him or her the option to stay in the program and continue the remediation program.

If the resident receives a satisfactory evaluation at 24 months, he or she will receive credit for only the year in question (e.g., the PGY-1 year). It is necessary for residents to satisfactorily complete a PGY-2 and PGY-3 year and receive satisfactory ratings for each year. If a resident receives an unsatisfactory rating, he or she may be terminated or given the option to repeat the year in question (e.g., the PGY-1 year). He or she is required to satisfactorily complete both PGY-2 and PGY-3 years.

If the resident elects to transfer to a new program at the 18-month evaluation, the program director will inform the ABP of the transfer. The ABP will inform the new program director that the previous program director should be contacted to discuss previous evaluations and remediation. The new program director is responsible for continuing a remediation program and evaluating the resident at the 24-month evaluation.

The program director must state whether the resident’s performance is satisfactory or unsatisfactory at that time. If the resident’s performance is rated as satisfactory, credit is given for the year in question (e.g., PGY-1 year). If the performance is rated as unsatisfactory, the resident may be terminated or given the option to repeat the year in question (e.g., PGY-1 year) as described previously. If a resident elects to transfer to a new program at any time during his or her training, the program director must send a transfer notice to the ABP to ensure that the resident continues the evaluation system. The new program director is encouraged to talk with the previous program director to continue remediation, if necessary.
Throughout the evaluation process, the problem resident should receive appropriate remediation so the problems may be corrected. The resident with a problem has the responsibility to work with the program director to develop an appropriate remediation program.

Although program directors are primarily responsible to keep residents informed about their evaluations, residents are responsible to stay informed about their individual evaluations. They should request feedback when it is not given by the program director. As previously emphasized, a resident must have satisfactory evaluations for each year of training for permission to take the pediatric general certifying examination.

The ABP believes that this system of evaluation will directly benefit the resident by identifying problems early so that remedial measures are started when a problem arises. Both verbal and written feedback is vital to your education and continuing professional growth. Each year, preferably more often, your program director or designee should meet independently with you to review your progress in the program. It is also your responsibility to take every opportunity to ask your program director, Attending physician, and chief resident for their assessment of your performance.

It is the primary responsibility of the program director to complete and send the annual evaluation summary to the ABP. However, it is the resident’s responsibility to ensure that the evaluation is submitted to the training institution with a signed consent form.

In the case of adverse actions (marginal, unsatisfactory) by the program director, the institution must have a mechanism in place for appeal (or due process). The APB also has an appeal process; however, appeals should be initiated at the institution where the adverse action took place. The ABP will hear candidate appeals only after all local remedies to resolve disputes over adverse judgments are exhausted.

The ABP requires that residents complete 33 months of training to be eligible to take the certifying exam in general Pediatrics. All absences in excess of three (3) months must be made up. Any variation from this must be approved by the ABP.

**NOTE:** All leave taken away from the program (e.g., vacation, sick, bereavement, maternity or paternity leave, etc.) is subtracted from the total training time and is considered absence.

The Accreditation Council for Graduate Medical Education (ACGME) has developed formal guidelines for competencies, both general and specialty-specific, as well as acceptable methods for evaluating these in-training programs across the United States. Competencies are to be described in a developmental pattern based on a resident’s demonstrated and observed actions. A list of the critical information can be obtained from the ACGME website (http://www.ACGME.org). In addition, the pediatric Milestones can be found on New Innovations and on the ACGME website. These competencies and Milestones should serve as a guide for the skills that you should strive to develop as you progress in your subspecialty education.
Educational Milestones

Patient Care

The following educational Milestones refer to patient care:

- Gather essential and accurate information about the patient.
- Organize and prioritize responsibilities to provide patient care that is safe, effective, and efficient.
- Provide transfer of care that ensures seamless transitions.
- Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment.
- Develop and carry out management plans.

Medical Knowledge

The educational Milestone referring to medical knowledge is to locate, appraise, and assimilate evidence from scientific studies related to the resident’s patients’ health problems.

Practice-Based Learning and Improvement

The following educational Milestones refer to practice-based learning and improvement:

- Identify strengths, deficiencies, and limits in one’s knowledge and expertise.
- Identify and perform appropriate learning activities to guide personal and professional development.
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
- Incorporate formative evaluation feedback into daily practice.

Interpersonal and Communication Skills

The following educational Milestones refer to interpersonal and communication skills:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- Demonstrate the insight into and understanding of emotion and human response to emotion that allows one to appropriately develop and manage human interactions.

Professionalism

The following educational Milestones refer to professionalism:

- Integrate into the resident’s work a sense of humanism, compassion, integrity, and respect for others based on the characteristics of an empathetic practitioner (Humanism).
- Develop a sense of duty and accountability to patients, society, and the profession (Professionalization).
- Adopt high standards of ethical behavior which includes maintaining appropriate professional boundaries (Professional Conduct).
Competencies, Record-keeping, and Evaluations

- Foster self-awareness of one’s own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors.
- Develop trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.
- Develop the capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty.

**Systems-Based Practice**

The educational Milestone referring to systems-based practice is to coordinate patient care within the healthcare system relevant to the resident’s specialty.

**Medical Records Completion**

Residents are expected to complete all medical records throughout their residency program promptly and accurately. Residents who do not promptly and accurately complete medical records will not successfully complete rotations.

**NOTE**: To successfully complete any and all rotations, medical records must be fully and accurately completed prior to the end of the rotation.

Questions concerning the completion of medical records should be directed to the appropriate Attending physician or to a residency program director.

**Resident Evaluation**

Pediatric residents are evaluated throughout their three (3) years of training. The purpose of the evaluation process is to determine the value of the residency education process. The following sections outline the components of the evaluation system.

**The Clinical Competency Committee (CCC)**

The Clinical Competence Committee (CCC) for the Morehouse School of Medicine (MSM) Pediatrics Residency Program is charged with monitoring residents’ performance and making appropriate recommendations to the program director regarding residents’ progression, promotion, and disciplinary actions. At all times, the procedures and policies of the CCC will comply with those of the Graduate Medical Education Committee as outlined in the Graduate Medical Education Grievance Policy and Procedure.

The program director appoints all members and chairperson of the CCC. Members will include key clinical faculty members, who have experience in medical education and who work directly with the residents.

The committee meets a minimum of twice per year. In addition, the CCC may schedule ad hoc meetings to address urgent issues that cannot wait until the next regularly scheduled meeting.
Recommendations That Can Be Made by the CCC

The CCC will make recommendations of a resident’s progression or promotion in accordance with GME’s Resident Promotion Policy and Adverse Academic Decisions and Due Process Policy. For any recommendations other than progression or promotion as deemed by the committee, the committee shall review the resident again within three (3) months or earlier as requested by the program director.

**Resident Evaluation and Promotion**

Resident evaluations are performed monthly and reflect achievement of the six (6) core competencies of Patient Care, Medical Knowledge, Interpersonal Skills, Practice-based Learning, Professionalism, and Systems-based Practice. A number of evaluation tools are used, including:

- Faculty, nursing, patient/family and peer assessments, and direct resident observation
- Procedure and case logs
- Written examinations
- Presentation skills assessment
- Professionalism evaluation

Additionally, each resident will maintain and submit a portfolio of assessment tools to document the core competencies and all academic activity during residency that is held by the program assistant.

Evaluations are accessed on New Innovations by the residents and the preceptors. Evaluations from both the resident and preceptor will be compiled. An electronic copy will be sent to the resident and a hard copy will be placed in the resident’s file.

Semi-annual evaluations will take place between each resident and a program director. These are formal sessions in which feedback is provided to the resident regarding performance. It is also an opportunity to get feedback from the resident regarding his or her self-evaluation of performance, the performance of the program, and any other concerns or issues of which the program directors should be aware.

Residents are asked to sign the summary form to acknowledge the discussion of the evaluation. Information used in assessment of resident performance is derived from multiple sources, which may include:

- Performance evaluations by the preceptors
- Rotation evaluation by the resident
- Individualized Learning Plans (ILPs) accessed on PediaLink
- American Board of Pediatrics In-Service Training Exam results
- Other program quizzes and PREP exams every month
- Conference attendance records
- Feedback from clinical instructors, chief residents, and interaction with faculty members and advisors
- Letters of commendation, performance on special project (if any)
Support Services

If a problem is identified with any aspect of the resident’s performance or educational growth between formal evaluations, this information is shared promptly with the resident and pertinent faculty members and recorded in the resident’s file. If the deficiency requires further action, as per the decision of the program director, a meeting with the resident in question will be arranged with notice to appropriate faculty members, in order to develop a remedial and corrective plan.

Such plans will contain measurable goals within a reasonable and achievable time frame for re-evaluation. If the resident fails to show progress, correct the deficiencies, or fails to adhere to the corrective plan of action, the residency program will consider further prolongation of the probationary period or dismissal. Any time the formal discipline is invoked, the resident has the right to due process, including appeal, as outlined in the MSM Graduate Medical Education Policies and Procedures.

Resident Job Description

Basic expectations of effective job performance are listed in the Resident Job Description on page 61.

Support Services

Counseling Services

The stress associated with residency programs is well recognized. MSM offers an Employee Assistance Program (EAP) through the insurance carrier United Healthcare. The EAP provides confidential assistance to all MSM employees and their families. Through the EAP, residents and their families can receive confidential, professional help.

To make inquiries regarding assistance, contact MSM’s Human Resources Department.

Infection Control, Occupational Safety and Health Administration (OSHA) Policies

The offices of Infection Control at MSM (Ms. Sarita Cathcart, R.N., (404) 756-1353) and Grady Health System, (404) 616-3598, work in close collaboration to provide the necessary services for the house staff according to written institutional policies.

The primary focus of these policies is to establish procedures in accordance with OSHA Blood Borne Pathogen Standard (1910.1030) which will protect MSM staff and employees from the hazards related to occupational exposures to blood borne pathogens and other potentially infectious materials. An infection control handbook was developed to help provide a safe work and learning environment for MSM staff, students, faculty members, and house staff.

NOTE: All MSM departments and patient care facilities are responsible for standard operating procedures that will comply with this policy.

This policy is reviewed on an annual basis, or more frequently as new information becomes available.
The initial resident training during orientation includes the OSHA requirements for HCW, the IC Handbook, TB fit testing, hand washing, and the Exposure Control Plan. In addition, any specific policies and protocols related to all clinical rotation sites must be followed as needed. The Office of Infection Control started implementation of the needleless system following the National Institute for Occupational Safety and Health safety device directive in the summer of 2000; this is also included in the training. This device is a syringe in which the needle actually retracts back into the barrel after use to prevent needle sticks and blood borne pathogen exposures.

All residents are required to be up to date on their immunizations, must obtain current immunization certificates from the Office of Infection Control at MSM, and make the certificates available to the Office of Residency Program for their files. In addition, Occupational Safety and Health Administration training and TB testing must be up to date. Residents are given an immunization service during the annual orientation coordinated through the GME office and Grady Health System.

**Hepatitis B Vaccination and Post-exposure Evaluation**

As required by school policy on HIV and Hepatitis B Virus (HBV), all house staff, faculty members, and staff who have direct patient contact, who perform or take part in exposure-prone procedures (as defined in the School Policy on HIV and HBV), or who have contact with potentially infectious body fluids or laboratory materials must be immunized against hepatitis B or demonstrate immunity. In accordance with this standard, each unit is responsible for establishing procedures such that all employees who have occupational exposure can obtain hepatitis B vaccinations at no cost. The vaccination is available after the employee receives training in accordance with this policy and within 10 working days of assignment to duty, unless immunity is established or the vaccine is contraindicated for medical reasons.

Failure to comply with the recommendations from the Office of Infection Control may result in disciplinary action by the residency program.

For additional questions, refer to the *Infection Control Handbook* developed by the Office of Infection Control at MSM or consult with the Manager of the Office of Infection Control at (404) 756-1353 (Ms. Sarita Cathcart, R.N.).

**Library Multi-media Center**

The MSM Multi-media Center is located on campus in the Medical Education Building. The library’s collection includes textbooks, monographs, reference books, journals, videos, audiotapes, color slides, and Grateful Med. A qualified medical librarian staffs the library full time. The MSM Multi-media Center and the Atlanta University Center Woodruff Library are available for residents.

**Computers**

The computers located in the resident suite are available for residents to use for word processing and referencing materials. Residents are issued disks for work-related use only. Users must leave the computers as they found them without changing settings. Loading personal software is not permitted.
**Program Concern/Complaint Policy**

In the event of interpersonal conflict that is not mutually and adequately resolved, the dispute should be brought to the attention of the Attending faculty. All parties involved will be assembled to resolve any disagreement. In the event that the dispute cannot be resolved, the matter will be presented to the program director, who will then act as arbitrator.

Residents are also able to give anonymous feedback about the programs directly to GME via this link: [http://www.msm.edu/Education/GME/feedbackform.php](http://www.msm.edu/Education/GME/feedbackform.php).

Residents may raise concerns in multiple ways. Residents may bring concerns directly to program directors. Residents may share concerns via their chief resident who can share directly with program directors (anonymously or not). Residents may share concerns with their class representatives who will bring the concerns anonymously to the PEC or program directors.

**Program and Faculty Evaluation**

Residents will also complete anonymous rotation and faculty evaluations at least twice per year. In addition, residents will complete an anonymous evaluation of the program annually from the residency program, ACGME, and institutional GME.

**ACGME Professionalism Policy**

The learning objectives of the program must:

- Be accomplished without excessive reliance on residents to fulfill non-physician service obligations and,
- Ensure manageable patient care responsibilities.

Residents and faculty members must demonstrate an understanding of their personal role in the following instances:

- Provision of patient- and family-centered care
- Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events
- Assurance of their fitness for duty work, including:
  - Management of their time before, during, and after clinical assignments
  - Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the healthcare team
- Commitment to lifelong learning
- Accurate reporting of duty, clinical, and educational work hours, patient outcomes, and clinical experience data

Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. Programs, in partnership with their sponsoring institutions, should have in place a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.
ACGME Resident Wellbeing

Programs, in partnership with their sponsoring institutions, have the same responsibility to address wellbeing as they do to evaluate other aspects of resident competence. This responsibility must include:

- Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- Attention to scheduling, work intensity, and work compression that impacts resident wellbeing;
- Evaluating workplace safety data and addressing the safety of residents and faculty members;
- Policies and programs that encourage optimal resident and faculty member wellbeing; and, residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours;
- Attention to resident and faculty member burnout, depression, and substance abuse.

The program, in partnership with its sponsoring institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including the means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

The program, in partnership with its sponsoring institution, must:

- Encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
- Provide access to appropriate tools for self-screening and provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have corresponding policies, learning and working environment requirements, and coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.
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Appendix A: Policies
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Backup Policy

I. **PURPOSE:**

This policy applies to situations in which a resident calls out of a shift. The following chart shows the policies in place for such situations.

<table>
<thead>
<tr>
<th>Description of Shift</th>
<th>Intern or Resident Calls Out. Call in Backup?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS day intern</td>
<td>YES</td>
</tr>
<tr>
<td>HS night intern</td>
<td>YES</td>
</tr>
<tr>
<td>HS day senior</td>
<td>YES</td>
</tr>
<tr>
<td>HS night senior</td>
<td>YES</td>
</tr>
<tr>
<td>HS float</td>
<td>YES</td>
</tr>
<tr>
<td>ED intern</td>
<td>Contact ED rotation course director to determine if backup is needed</td>
</tr>
<tr>
<td>ED senior resident</td>
<td>Contact ED rotation course director to determine if backup is needed</td>
</tr>
<tr>
<td>SRMC intern (both days and nights, weekdays and weekends)</td>
<td>YES</td>
</tr>
<tr>
<td>SRMC senior resident (both days and nights, weekdays and weekends)</td>
<td>YES</td>
</tr>
<tr>
<td>PICU</td>
<td>Contact PICU rotation course director to determine if backup is needed</td>
</tr>
<tr>
<td>NICU day intern</td>
<td>NO</td>
</tr>
<tr>
<td>NICU day senior</td>
<td>NO</td>
</tr>
<tr>
<td>Term nursery</td>
<td>NO</td>
</tr>
</tbody>
</table>
II. PAYING BACK A BACKUP SHIFT:

2.1. If backup is called in, the resident who called out must pay back that shift. For example, resident A calls out of the PICU and resident B is called in to back up. In the future, resident A will work a PICU shift that resident B was originally scheduled to work.

2.2. Even if backup is not called in for any of the shifts in the chart above, the resident who called out will still be required to make up the shift at a later time. For example, if resident A calls out of an ED shift and backup is not called in, resident A still must take an additional ED shift in the future.

2.3. The only exceptions to this are the following instances:

2.3.1. For PICU, the course director would be contacted to determine if another shift could even be scheduled.

2.3.2. For term nursery, whether the resident must make up the missed shift or not is at the discretion of the program director.
Supervision of Pediatric Residents Policy

I. PURPOSE:

1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) meet the standards outlined in the Graduate Medical Education Directory, *Essentials of Accredited Residencies in Graduate Medical Education* (AMA current edition), and the specialty program goals and objectives.

1.2. The pediatric resident physician is expected to progressively increase his or her level of proficiency with the provision of predetermined levels of supervision.

II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

III. POLICY:

3.1. Supervision in the setting of graduate medical education has the following goals:

3.1.1. Ensuring the provision of safe and effective care to the individual patient;

3.1.2. Ensuring each pediatric resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine;

3.1.3. Establishing a foundation for continued professional growth.

3.2. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed, and privileged Attending physician (or licensed independent practitioner) who is ultimately responsible for that patient’s care.

3.2.1. This support should be available to pediatric residents, faculty members, and patients.

3.2.2. Pediatric residents and faculty members should inform patients of their respective roles in each patient’s care.

3.3. The program must demonstrate that the appropriate level of supervision is in place for all pediatric residents who care for patients.

3.3.1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each pediatric resident must be assigned by the program director and faculty members.
3.3.2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each pediatric resident. Faculty members functioning as supervising physicians should delegate portions of care to pediatric residents based on the needs of the patient and the skills of the pediatric residents.

3.3.3. Senior pediatric residents should serve in a supervisory role of junior pediatric residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual pediatric resident.

3.3.4. Programs must set guidelines for circumstances and events in which pediatric residents must communicate with appropriate supervising faculty members, such as in the transfer of a patient to an intensive care unit, or in situations requiring end-of-life decisions.

3.3.5. Each pediatric resident must know the limits of his or her scope of authority and the circumstances under which he or she is permitted to act with conditional independence. In particular, PGY-1 pediatric residents should be supervised either directly or indirectly with direct supervision immediately available.

3.3.6. Faculty and pediatric residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract the potential negative effects of fatigue and sleep deprivation on patient care and learning.

IV. LEVELS OF SUPERVISION:

4.1. To ensure appropriate pediatric resident supervision and oversight, graded authority, and responsibility, the program must use the following classifications of supervision:

4.1.1. Direct Supervision: the supervising physician is physically present with the resident and patient.

4.1.2. Indirect Supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

4.1.3. Indirect supervision with direct supervision available: the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

4.1.4. Oversight: the supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

V. SUPERVISION OF PROCEDURAL COMPETENCY:

5.1. Residents shall obtain competence in pediatrics to be able to treat and manage patients in a qualified manner.

5.2. This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying pediatric residents’ procedural competency.
5.2.1. Pediatric residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the Medical Staff Office to perform that procedure.

5.2.2. The Attending physician or program director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.

5.2.3. The program director for each training program will be responsible for maintaining an updated list of pediatric residents who have been certified as competent to perform procedures independent of direct supervision. This list must be available to Nursing in order to assist them in developing a physician resource listing.

5.2.4. The program director must also develop a method for surveillance of continued competency after it is initially granted.

5.2.5. The ability to obtain and document informed consent is an essential component of procedural competency. The supervising LIP must also supervise and attest to the trainee’s competence in obtaining and documenting informed consent.

5.2.6. Until a pediatric resident trainee is judged competent in obtaining informed consent, he or she may only obtain informed consent while supervised by an individual with credentials in that procedure.

VI. Graduated Responsibility and Supervision Policy in Ambulatory Settings

6.1. The supervising Attending will be available as a resource and consultant for pediatric residents of all training levels. The Attending will review and sign all charts.

6.2. If at any time a patient is experiencing moderate to severe cardiopulmonary distress, is having a life threatening event, or needs care above the skill level of the resident, the resident is to activate the emergency response (code) system and notify the Attending physician immediately, as soon as he or she can safely do so.

6.3. Privileges may be revoked at any time according to the judgment of the supervising Attending.
### Amount of Training vs. Supervision Required

<table>
<thead>
<tr>
<th>Amount of Training</th>
<th>Supervision Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>Each patient will be discussed with the Attending physician immediately after being seen by the resident physician. Each patient (parent) will be interviewed and examined by the Attending physician personally to verify key findings presented by the resident.</td>
</tr>
<tr>
<td>7-12 months</td>
<td>Each patient will be discussed with the Attending physician immediately after being seen by the resident physician. Key portions of the history and physical will be repeated by the Attending physician.</td>
</tr>
<tr>
<td>13-24 months</td>
<td>Each patient will be discussed with the Attending physician immediately after being seen by the resident physician. Key portions of the history and physical will be repeated by the Attending physician as the Attending physician deems necessary.</td>
</tr>
<tr>
<td>&gt;24 months</td>
<td>The resident may work independently during the clinical session with discussion of each patient with the Attending before the close of the clinical session. Attending physicians may repeat the key portion of the history and physical examination of severely ill and/or complex patients, at his or her discretion.</td>
</tr>
</tbody>
</table>

### VII. Graduated Responsibility and Supervision Policy in Inpatient Care Settings

7.1. If at any time a patient is experiencing moderate to severe cardiopulmonary distress, is having a life threatening event, or needs care above the skill level of the resident, the resident is to activate the emergency response (code) system and notify the Attending physician immediately, as soon as he or she can safely do so.

<table>
<thead>
<tr>
<th>Inpatient Care Setting</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Admission</td>
<td>1. Resident notifies Attending physician upon patient admission.</td>
<td>Resident documentation of Attending physician supervision, e.g., “I have seen and/or discussed the patient with my Attending physician, Dr. X, who agrees with my assessment and plan.”</td>
</tr>
<tr>
<td></td>
<td>2. The urgency of notification is based on the severity and acuity of patient.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. The Attending physician must see and evaluate the patient within one calendar day of admission.</td>
<td></td>
</tr>
</tbody>
</table>
### Inpatient Care Setting

<table>
<thead>
<tr>
<th>Inpatient Care Setting</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Care</td>
<td>Attending physician is personally involved in ongoing care.</td>
<td>Resident documentation of Attending physician supervision, e.g., “I have seen and/or discussed the patient with my departmental Attending physician, Dr. X, who agrees with my assessment and plan.”</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>Because of the unstable nature of patients in ICUs, involvement of Attending physician is expected on admission and on a daily basis.</td>
<td>Resident documentation of Attending physician supervision, e.g., “I have seen and/or discussed the patient with my departmental Attending physician, Dr. X, who agrees with my assessment and plan.”</td>
</tr>
<tr>
<td>Hospital Discharge/Transfer</td>
<td>The Attending physician must be involved in the decision to discharge or transfer the patient.</td>
<td>Resident documentation of Attending physician supervision, e.g., “I have seen and/or discussed the patient with my departmental Attending physician, Dr. X, who agrees with my assessment and plan.”</td>
</tr>
</tbody>
</table>

### 7.2. All pediatric residents involved in inpatient care of patients have faculty supervision. PGY-1 residents are directly supervised by senior pediatric residents (PGY-2 or PGY-3) and by an Attending faculty physician.

<table>
<thead>
<tr>
<th>Amount of Training</th>
<th>Supervision Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>Each new admission will be interviewed and examined alongside a senior resident (&gt;12 months experience) or an Attending physician, or immediately after being seen by the intern. Inpatients will be interviewed and examined alongside a senior resident (&gt;12 months experience) or an Attending physician, or within four (4) hours after being seen by the intern. The intern’s H&amp;P, progress notes, and orders must be personally verified by the senior resident (or Attending).</td>
</tr>
</tbody>
</table>
### Amount of Training | Supervision Required
---|---
7-12 months | Each new admission will be interviewed and examined by a senior resident (>12 months experience) or an Attending physician soon after being seen by the intern. Inpatients will be interviewed and examined by a senior resident or Attending physician within four (4) hours after being seen by the intern. The intern’s H&P, progress notes, and orders must be personally verified by the senior resident (or Attending).

13-24 months | Each new admission (those who have already been examined by an ER Attending physician immediately before admission) will be discussed with and examined by an inpatient Attending physician within 18 hours of being admitted. Inpatients will be interviewed and examined by an Attending physician within 24 hours after being seen by the resident. H&Ps, progress notes, and orders will be verified by the Attending.

>24 months | Each new admission (those who have already been examined by an ER Attending physician immediately before admission) will be discussed with and examined by an inpatient Attending physician within 18 hours of being admitted. Inpatients will be interviewed and examined by an Attending physician within 24 hours after being seen by the resident. H&Ps, progress notes, and orders will be verified by the Attending.
Patient Hand-Off Policy

I. PURPOSE:
The purpose of this policy is to define a safe process to convey important information about a patient’s care when transferring care responsibility from one physician to another.

II. BACKGROUND:
2.1. In the course of patient care, it is often necessary to transfer responsibility for a patient’s care from one physician to another. Hand-off refers to the orderly transmittal of information, face to face, that occurs when transitions in the care of the patient are occurring.

2.2. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift. In summary, the primary objective of a hand-off is to provide complete and accurate information about a patient’s clinical status, including current condition and recent and anticipated treatment. The information communicated during a hand-off must be complete and accurate to ensure safe and effective continuity of care.

III. SCOPE:
These procedures apply to all MSM physicians who are teachers or learners in a clinical environment and have responsibility for patient care in that environment.

IV. POLICY:
4.1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.

4.2. A hand-off is a verbal and/or written communication which provides information to facilitate continuity of care. A hand-off or “report” occurs each time any of the following situations exist for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:

4.2.1. Move to a new unit

4.2.2. Transport to or from a different area of the hospital for care (e.g., diagnostic/treatment area)

4.2.3. Assignment to a different physician temporarily (e.g., overnight/weekend coverage) or longer (e.g., rotation change)

4.2.4. Discharge to another institution or facility

4.3. Each of the situations above requires a structured hand-off with appropriate communication.
Appendix A: Policies

V. CHARACTERISTICS OF A HIGH QUALITY HAND-OFF:

5.1. Hand-offs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.

5.2. Hand-offs include up-to-date information regarding the patient’s care, treatment and services, condition, and any recent or anticipated changes.

5.3. Interruptions during hand-offs should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.

5.4. Hand-offs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

VI. HAND-OFF PROCEDURES:

6.1. Hand-off procedures will be conducted in conjunction with (but not be limited to) the following physician events:

6.1.1. Shift changes

6.1.2. Meal breaks

6.1.3. Rest breaks

6.1.4. Changes in on-call status

6.1.5. When contacting another physician when there is a change in the patient's condition

6.1.6. Transfer of patient from one care setting to another

6.2. Hand-off procedures and information transfer forms and guidelines for physicians are developed and implemented by each service according to the needs of that service. The hand-off forms or guidelines may be in either paper or electronic format, and must include clinical information agreed upon by physicians on that service, as being integral to the provision of safe and effective patient care for that patient population.

6.3. Each service will develop and implement a hand-off process that is in keeping with the shift or rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.

6.4. Each service hand-off process must include an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.

6.5. Each hand-off process must be conducted discreetly and free of interruptions to ensure a proper transfer.

6.6. Each hand-off process must include at minimum a senior resident or Attending physician.

6.7. A resident physician must not leave the hospital until a face-to-face hand-off has occurred with the Attending physician or senior resident who is coming onto the service. Telephonic hand-off is not acceptable.
VII. STRUCTURED HAND-OFF:

7.1. Within each service, hand-offs will be conducted in a consistent manner, using a standardized hand-off form or structured guideline.

7.2. Hand-offs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):

7.2.1. Patient name, location, age/date of birth
7.2.2. Patient diagnosis/problems, impression
7.2.3. Important prior medical history
7.2.4. DNR status and advance directives
7.2.5. Identified allergies
7.2.6. Medications, fluids, diet
7.2.7. Important current labs, vitals, cultures
7.2.8. Past and planned significant procedures
7.2.9. Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
7.2.10. Plan for the next 24+ hours
7.2.11. Pending tests and studies which require follow up
7.2.12. Important items planned between now and discharge

VIII. FORMATTED PROCEDURE:

8.1. A receiving physician shall:

8.1.1. Thoroughly review a written hand-off form or receive a verbal hand-off and take notes.

8.1.2. Resolve any unclear issues with the transferring physician prior to acceptance of a patient.

8.2. In addition, the SBAR can be used to deliver or receive the information:

8.2.1. Situation: What is the problem?
8.2.2. Background: Pertinent information to problem at hand
8.2.3. Assessment: Clinical staff’s assessment
8.2.4. Recommendation: What do you want done and/or think needs to be done?

8.3. The following page shows a suggested format for programs to document information with a sign-out process.
A Sample Hand-Off Format

Shift Date: __/__/____  Shift Time (24 hour): ________________

By my signature below, I acknowledge that the following events have occurred:

1. Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.

2. Up-to-date information regarding the patient’s care, treatment and services, condition, and any recent or anticipated changes was communicated.

3. A process for verification of the received information, including repeat-back or read-back as appropriate, was used.

4. An opportunity was given for the receiver of the hand-off information to review relevant patient historical information, which may include previous care and/or treatment and services.

5. Interruptions during hand-offs were limited in order to minimize the possibility that information would fail to be conveyed, not be heard, or forgotten.

______________________________  __________________________
Receiving Resident’s Name and Signature  Date/Time

______________________________  __________________________
Departing Resident’s Name and Signature  Date/Time
Hand-Off Policy Checklist for Residents

The following checklist of elements should be included in written and verbal hand offs.

<table>
<thead>
<tr>
<th>I</th>
<th>Illness Severity</th>
<th>• Stable, &quot;watcher,&quot; unstable</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient Summary</td>
<td>• Summary statement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Events leading up to admission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital course</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ongoing assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plan</td>
</tr>
<tr>
<td>A</td>
<td>Action List</td>
<td>• To-do list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Timeline and ownership</td>
</tr>
<tr>
<td>S</td>
<td>Situation Awareness and</td>
<td>• Know what’s going on</td>
</tr>
<tr>
<td></td>
<td>Contingency Planning</td>
<td>• Plan for what might happen</td>
</tr>
<tr>
<td>S</td>
<td>Synthesis by Receiver</td>
<td>• Receiver summarizes what was heard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Asks questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Restates key action/to-do items</td>
</tr>
</tbody>
</table>
Social Media Policy

I. PURPOSE:
Online social media allow faculty, staff, and residents to engage in professional and personal conversations. These guidelines apply to residents participating in the Morehouse School of Medicine (MSM) Community Pediatric Residency Program (MSMCPRP), who identify themselves with MSM and/or use their MSM e-mail address in social media platforms such as professional society blogs, LinkedIn, Facebook, etc. for deliberate professional engagement or casual conversation. These guidelines apply to private and password-protected social media platforms as well as to open social platforms.

II. SCOPE:
2.1. In general, Morehouse School of Medicine Community Pediatric Residency Program (MSMCPRP) views Internet social networking sites positively. This includes Facebook, MySpace, Twitter, YouTube, and LinkedIn, as well as personal websites, podcasts, wikis, and blogs (individually and collectively considered “social media”) among others. MSMCPRP respects the right of residents to use them as media of self-expression.

2.2. However, social media can also be abused by individuals who enter information on it or by those who access and read it with a result that MSMCPRP or its affiliates could be viewed negatively or be subject to other adverse consequences.

2.3. The term “affiliate” means any entity or person that works directly with the MSMCPRP or MSM to supervise residents or deliver services and goods to the program.

III. POLICY:
The following guidelines apply to any MSMCPRP resident who engages in the use of social media:

3.1. Residents must be respectful in all social media communications. Residents should not use obscenities, profanity, or vulgar language, nor may they engage in threatening behavior online or make defamatory statements.

3.2. Residents should only use their work e-mail for work-related forums (e.g., following a professional organization, like MSM, on Facebook). Otherwise, we strongly suggest using personal e-mail for personal communication.

3.3. “Friending” is a way to establish online communication with others on social media sites. It is highly recommended that you do not allow patients (former or current) to be added to your personal friend list. This may compromise patient privacy and confidentiality as well as overstep appropriate physician-patient boundaries. It is always acceptable to refuse inappropriate “friend” requests (University of Maryland).
3.4. Residents may not comment through social media in any manner that conveys an impression that he or she is acting as a representative or spokesperson for MSMCPRP, MSM, or any of its affiliates. The social media policy applies to personal activity and/or professional activity that is not part of official MSMCPRP communication, and where the affiliate identifies him- or herself as an MSMCPRP resident, either through a bio, comments, or by using an MSM e-mail address.

3.5. The following disclaimer should be added to any communication whenever you identify yourself as part of MSM while not officially acting on behalf of the medical center:

The views and opinions expressed here are not necessarily those of Morehouse School of Medicine nor its affiliates, and they may not be used for advertising or product endorsement purposes.

3.5.1. If you list Morehouse School of Medicine as your employer on your Facebook info tab, you must add the disclaimer on the tab as well.

3.5.2. If you do not identify yourself as being affiliated in any way with MSMCPRP, MSM, nor any of its affiliates, the policy does not apply (Vanderbilt).

3.6. Residents must not use social media to disparage the MSM faculty, program, other residents, or other affiliates of MSMCPRP, or its parent institution, Morehouse School of Medicine.

3.7. Residents must follow the same MSM guidelines in regard to:

3.7.1. Compliance (HIPAA and the protection of patient information)

3.7.2. Conflict of Interest Policy

3.8. Residents must follow general civil behavior guidelines with respect to:

3.8.1. Copyrights

3.8.2. Disclosures

3.8.3. Refraining from revealing proprietary financial or intellectual property

3.8.4. Refraining from revealing information about patient care or similar sensitive or private content (Vanderbilt)

3.9. Residents must not use social media to harass, threaten, or intimidate others. Behaviors that are prohibited include, but are not limited to:

3.9.1. Comments that are derogatory regarding race, sex, religion, color, age, disability, or any other protected status

3.9.2. Any sexually suggestive, humiliating, or demeaning comments

3.9.3. Threats or bullying comments (such as threats to stalk, haze, or physically injure others)

3.10. Residents must not use social media to discuss or engage in conduct that is prohibited by MSMCPRP and MSM policies, including but not limited to:

3.10.1. The improper or illegal use of drugs or alcohol

3.10.2. Any harassing, discriminatory, or retaliatory behavior that might violate MSMCPRP and MSM policies against harassment and discrimination
3.11. Residents must not post pictures or videos of faculty, program staff, other residents, patients, or any affiliates on a website or other social media venue without first obtaining written permission from the person or entity whose picture or video is being used.

3.12. Residents should be aware that pictures, videos, and comments posted on social media sites are often available for viewing by third parties and could be considered detrimental to MSMCPRP, MSM, or our affiliates. Therefore, in addition to the other requirements of this policy, residents must review their privacy settings on the various social media sites they use, and make any adjustment to those settings or edit the content of those sites in order to be in full compliance with this policy.

3.13. Residents must comply with any applicable federal or state trademark, copyright, trade secret, or other intellectual property laws.

3.14. The use of MSMCPRP and MSM name, logo, or any copyrighted material of our organization is not allowed without prior written permission of MSM.

3.15. Remember that all content contributed on any platform becomes immediately searchable and can be immediately shared. This content immediately leaves the contributing individual’s control forever. In addition, others can associate your identity to pictures.

3.15.1. If a social media posting causes you to hesitate, seriously reconsider posting the materials.

3.15.2. Likewise, if you consider posting photos or videos you would not want MSMCPRP, MSM, its affiliates, or colleagues to see, reconsider posting in order to protect the person in the photo or video or the person posting the photo or video.

3.16. If someone from the media or press contacts you about posts made in online forums that relate to MSMCPRP or MSM in any way, notify the program director and MSM Marketing and Communication before responding.

3.17. Violation of any MSMCPRP and MSM policy is inappropriate and may result in disciplinary action, up to and including termination of employment. Refer to:

3.17.1. Human Resources Performance Improvement Counseling Policy HR-014

3.17.2. Human Resources Discharge Policy HR-015

3.18. Any violation of this policy should be immediately reported to the program director.

IV. References:


General Principles of the Training Program for Residents in Pediatrics at Morehouse School of Medicine:

- The house staff physician (resident) meets the qualifications for resident eligibility outlined in the Essentials of Accreditation Council of Graduate Medical Education.
- The house staff physician (resident) meets the qualifications for resident eligibility as outlined by the Morehouse School of Medicine.
- The position of house staff physician entails provision of care commensurate with the house staff physician's level of training and competence, under the supervision of appropriately privileged Attending teaching staff. This includes:
  - Participation in safe, effective and compassionate patient care;
  - Assuming progressive responsibility of patient care with appropriate supervision (see Appendix A);
  - Developing an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care;
  - Participation in the educational activities of the training program and, as appropriate, assumption of responsibility for teaching and supervising other residents and students;
  - Participation in institutional orientation and education programs and other activities involving the clinical staff;
  - Participation in institutional committees and councils to which the house staff physician is appointed or invited;
  - Performance of these duties in accordance with the established practices, procedures, and policies of the institution, and those of its programs, clinical departments, and other institutions to which the house staff physician is assigned, including, state licensure requirements for physicians in training, where these exist;
  - Following the rules and guidelines as directed by the MSM Pediatrics Residency Handbook.
Appendix A: Policies

Graduated Levels of Responsibility

Graduate medical education is based on the principle of progressively increasing levels of responsibility in caring for patients under the supervision of the faculty. The faculty members are responsible for evaluating the progress of each resident in acquiring the skills necessary for the resident to progress to the next level of training. Factors considered include the evaluation of the six (6) ACGME competencies through the resident’s clinical experience, professionalism, cognitive knowledge, and technical skills. These levels are defined as postgraduate years (PGY) and refer to the clinical years of training that the resident is pursuing. The requirement for training in categorical pediatrics is three (3) years.

At each level of training there is a set of competencies that the resident is expected to master. As these are learned, greater independence is granted the resident in the routine care of the patient at the discretion of the faculty who, at all times, remain responsible for all aspects of the care of the patient. Examples of expected competencies and responsibilities for each level follow.

Position Descriptions for Resident Physicians Specific to Level

PGY-1

Individuals in the PGY-1 year are closely and directly supervised by senior level residents and/or faculty. The resident is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus for care. The first year resident must develop and implement a plan for self-directed learning, reading and researching of selected topics that promote personal and professional growth, and be able to demonstrate successful use of the literature in dealing with patients. The resident should be able to communicate with patients and families about the disease process and the plan of care as outlined by the Attending. The resident should also model behavior for medical students and other professionals. At all levels, the resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost effective care.

General Expectations

- Each resident will develop a comprehensive medical knowledge base and patient care skills that allow him or her to care for pediatric patients ages 0-21 independently, in an accurate, appropriate, and efficient manner after 36 months of training. [MK] [PC].
- Each resident will be in substantial compliance of the ACGME six (6) core competencies:
  - [PC] = Patient Care and Improvement
  - [MK] = Medical Knowledge
  - [SBP] = System-Based Practice
  - [PBLI] = Problem-Based Learning
  - [PROF] = Professionalism
  - [ICS] = Interpersonal and Communication Skills
- Each resident will be a self-directed learner, including pursuing continuing education outside the structured residency educational program. [PBLI].
- Each resident will study/read during down times on each rotation [PBLI] [MK].
- Each resident will participate in Board study requirements as determined by the program and self [PBLI].
- Each resident will assist fellow residents: it is not a matter of IF the resident will be asked to help a colleague but WHEN [PROF].
Appendix A: Policies

- At all times, each resident will adhere to high ethical and moral standards [PROF].
- Each resident will advocate for quality patient care [SBP].
- Each resident will understand and know his or her ACGME Milestone level through his or her own initiative, feedback from others, and guidance from the program.
- Each resident will perform those skills and procedures which the ACGME requires competency in during training (and other procedures as deemed important or necessary for individual career development) under the direct supervision of the faculty or senior residents at the discretion of the responsible faculty member.

Additional expectations for inpatient rotations include, but may not be limited to:

- Writing complete admitting medical histories and performing physical examinations, to include developmental assessments and growth charts [PC];
- Discussing with the supervising resident and/or Attending the history and/or physical findings and present a diagnostic and therapeutic plan [PC];
- Recording daily progress notes after assessment of patient and modifying notes based on further examination of the patient and discussion with the Attending and/or supervising resident [PC];
- Writing accurate and complete orders for patient care based on the plan [PC];
- Providing daily care of patients including common procedures and follow up on x-rays and lab results with appropriate and timely communication to senior residents and/or Attendings [PC];
- Obtaining informed consent for any procedure that the resident participates in and requires consent;
- Generating a targeted differential diagnosis and management plan based on the individual patient [PC] [MK];
- Developing discharge plans including prescriptions, home healthcare, and follow up along with the Attending and/or senior resident [SBP];
- Completing the discharge summary as a PGY-1 resident [PC];
- Working closely with the students, participating in their bedside teaching, and following patients with them;
- Working closely with interdisciplinary teams (nurses, social workers, pharmacists, etc.) to provide optimal care for patients [SBP] [ICS];
- Enhancing one’s one knowledge on appropriate, self-directed learning to adequately care for patients [PBLI];
- Communicating with the patient, the family, Attending, other healthcare professionals on the treatment team, and the referring physician as delegated [ICS] [SBP];
- Being responsible for inpatient junior call as per schedule [PROF].
Appendix A: Policies

Additional expectations for outpatient rotations include, but may not be limited to:

- Caring for patients as assigned by the resident’s senior or faculty member [PC];
- Obtaining a written history and performing physical examinations, either problem-focused or full as directed by supervisor [PC];
- Generating a targeted differential diagnosis and management plan based on the individual patient [PC] [MK];
- Working closely with medical students as directed by supervisor.

[PC] = Patient Care    [PBLI] = Problem Based Learning and Improvement
[MK] = Medical Knowledge [PROF] = Professionalism
[SBP] = System Based Practice   [ICS] = Interpersonal and Communication Skills

[ ] indicates a specific ACGME competency that is reflected in the requirement.

PGY-2

Individuals in the second post graduate year are expected to perform independently the duties learned in the first year with direct supervision immediately available or indirect supervision. They may also supervise routine activities of the first year residents. The PGY-2 should be able to demonstrate continued sophistication in the acquisition of knowledge and skills in pediatrics and to further his or her ability to function independently in evaluating patient problems and developing a plan for patient care. In addition to the skills and knowledge expected of a PGY-1, a PGY-2 may also:

- Respond to consults and learn the elements of an appropriate response to consultation in conjunction with the faculty member.
- Order restraints or seclusion.
- Perform the same procedures as the PGY-1 independently with indirect supervision, in which he or she has achieved competency.
- Perform more advanced procedures with direct (on-site) supervision of senior resident/fellow or faculty such as insertion of central lines, arterial lines, diagnostic peritoneal lavage, chest tube insertion, or placement of PA catheters.
- Manage critically ill patients including initial trauma care, ventilator management, resuscitation from shock, and anti-arrhythmic therapy.
- Perform procedures and endoscopy under the direct supervision of faculty or senior-level residents.

The resident should take a leadership role in teaching the PGY-1 and medical students the practical aspects of patient care, and be able to explain complex diagnostic and therapeutic procedures to the patient and family. The resident should be adept at the interpersonal skills needed to handle difficult situations. The PGY-2 should be able to incorporate ethical concepts into patient care and discuss these with the patient, family, and other members of the healthcare team.
PGY-3

In the third year, the resident should be capable of managing patients with virtually any routine or complicated condition and of supervising the PGY-1 and PGY-2 residents in their daily activities. The resident is responsible for coordinating the care of multiple patients on the team assigned. The PGY-3 can perform progressively more complex procedures under the direct (on-site) supervision of the faculty. It is expected that the third year resident be adept in the use of the literature and routinely demonstrate the ability to research selected topics and present these to the team. At the completion of the third year, the resident should be ready to practice pediatrics independently.

All Years

Residents at every level are expected to treat all other members of the healthcare team with respect and with recognition of the value of the contribution made by others involved in the care of patients and their families.

- The highest level of professionalism is expected at all times.
- Residents shall follow hospital policies and procedures and support the mission, vision, and values of the facility.
- Residents shall maintain a professional appearance.
- Residents shall maintain the safety of the patient.
- The resident is expected to develop an individualized learning plan. Along with general reading in pediatrics, residents should do directed reading daily with regard to problems that they encounter in patient care.
- Residents are expected to attend all relevant conferences that are part of the educational program. The didactic portion of the educational program is designed to augment clinical experience and individual reading.
- Residents are required to complete all required administrative tasks, such as evaluations, patient logs, duty hours logging, etc., in a timely manner.
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Appendix B: MSM Graduate Medical Education Policies
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Preface—Our Vision and Mission

MSM Vision

Leading the creation and advancement of health equity by:
1. Translating discovery into health equity
2. Building bridges between healthcare and health
3. Preparing future health learners and leaders

MSM Mission

We exist to:
- Improve the health and well-being of individuals and communities;
- Increase the diversity of the health professional and scientific workforce;
- Address primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

“We are on a mission”

Morehouse School of Medicine (MSM) is like no other medical school in the country. We attract students who want to be great doctors, scientists, and healthcare professionals, and who want to make a lasting difference in their communities.

MSM ranks number one in the first-ever study of all United States medical schools in the area of social mission. The ranking came as a result of MSM’s focus on primary care and addressing the needs of underserved communities, a role which the study emphasizes is critical to improving overall healthcare in the United States. Such recognition underscores the vital role that MSM and other historically black academic health centers play in the nation’s healthcare system by addressing head on the issues of diversity, access, and misdistribution.

Put simply, we attract and train the doctors and health professionals America needs most: those who will care for underserved communities; those who will add racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague the community.

Likewise, our researchers seek to understand not only the biological determinants of illness and health, but also the social determinants: the circumstances in which someone is born, lives, works, and ages. These circumstances can be shaped by diverse forces, but can be just as powerful as physiology, if not more so, when it comes to health and wellness.
Graduate Medical Education (GME)

GME is an integral part of the Morehouse School of Medicine (MSM) medical education continuum. Residency is an essential dimension of the transformation of the medical student into the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

Residency education at MSM has the following five goals and objectives for residents:

- To obtain the clinical knowledge, competencies, and skills required for the effective treatment and management of patients;
- To prepare for licensure and specialty certification;
- To obtain the skills to become fully active participants within the United States healthcare system;
- To provide teaching and mentoring of MSM medical students and residents;
- To directly support the school’s mission of providing service and support to disadvantaged communities.
The Scope of This Manual

The Graduate Medical Education (GME) Policy Manual is an outline of the basic GME policies, practices, and procedures at Morehouse School of Medicine (“MSM” or “School”). The Policy Manual is intended only as an advisory guide. The term “resident” in this document refers to both specialty residents and subspecialty fellows.

This Policy Manual should not be construed as, and does not constitute an offer of employment for any specific duration. This Policy Manual does not constitute an expressed or implied contract of employment for any period of time. Either MSM or an employee may terminate the employment relationship at any time with or without cause and with or without notice.

MSM will attempt to keep the GME Policy Manual and its online version current, but there may be times when a policy will change before this material can be revised online. Therefore, you are strongly urged to contact the GME Office to ensure that you have the latest version of MSM's policies.

Policy updates will be communicated to the MSM community via e-mail and will be posted on the MSM internet site. MSM may add, revoke, suspend, or modify the policies as necessary at its sole discretion and without prior notice to employees. This right extends to both published and unpublished policies. A copy of the GME Policy Manual may be downloaded from the MSM website.

The MSM Policy Manual supersedes all prior GME Policy Manuals, policies, and employee handbooks of MSM. The effective date of each policy indicates the current policy and practice in effect for the school.
Dear new and continuing residents:

Welcome to the 2017-18 academic year of training! The Graduate Medical Office supports and provides oversight to all its ACGME-accredited residency programs. As the Designated Institutional Office (DIO), I am committed to ensuring that our residents receive quality educational experiences and the necessary resources to successfully complete residency training.

MSM GME provides a very competitive fringe benefit package to residents. Our resident stipend amounts rank in the 50th percentile nationally and include excellent health coverage. Our programs provide vacation and sick leave benefits that are generous compared to other national training programs. Resources provided and paid by all Morehouse School of Medicine Residency Programs include:

- Board review preparation for seniors
- Book allowance each year
- iPads or laptops for all new residents
- Life support certification and recertification
- Marketing collateral—t-shirts, lunchboxes, coffee cups, speakers, etc.
- New paging system
- Resident travel to conferences
- State temporary medical licenses
- White lab coats

I enjoy teaching and interacting with residents and strive to obtain resident input and feedback on improving our institution and programs. My expectations for MSM GME residents are that you:

- Dedicate yourself and work hard to learn and provide top quality care to our patients;
- Contribute to and be part of solutions to improve and innovate our institution; and
- Advocate for the community.

I look forward to working with you all in the upcoming year. Please feel free to contact the GME Office with questions or concerns.

Yolanda Wimberly, MD, MSc
Associate Dean of Graduate Medical Education and Clinical Affairs
ACGME Designated Institutional Official

The GME Office is located on the Grady campus at:
22 Piedmont Ave, SW
Piedmont Hall, Suite 125
Atlanta, GA 30303
404-752-1857
Welcome from the Resident Association

The Morehouse School of Medicine (MSM) Resident Association (RA) is the representative body and voice for MSM residents. The RA works in collaboration with the leadership and administration of MSM Graduate Medical Education (GME) and its educational affiliates to ensure that residents are involved in providing input and feedback regarding decisions pertaining to residency education. The officers of the RA are available to residents as a resource in the informal concern and complaint process.

Membership in the RA is extended to all residents. The structure and purpose of the association are contained in these bylaws. Residents are encouraged to become involved in the Morehouse School of Medicine Resident Association and to use it as a vehicle for communication regarding direct involvement in policy-making, institutional administration, and interdepartmental coordination.

Resident Association Mission

The Morehouse Resident Association's mission is to be the voice of all residents. The RA advocates for MSM residents and strives to contribute to their well-being, the improvement of their learning environment, and to foster a well-balanced residency experience through communal activities.

Bylaws of the Morehouse School of Medicine Resident Association

Recognizing that the rendering of professional service to patients in accordance with the precepts of modern scientific medicine and the maintenance of the efficiency of the individual physician may best be served by coordinated action, the residents who are training at Morehouse School of Medicine do hereby organize themselves into a Resident Association to provide such coordination in conformity with the following bylaws.

ARTICLE I

The name of this organization shall be the "Morehouse School of Medicine Resident Association" (RA).

ARTICLE II

The Morehouse School of Medicine Resident Association shall be composed of physicians who are interns and residents appointed by and currently under contract to Morehouse School of Medicine.

ARTICLE III

OFFICERS, COMMITTEES, AND RESPONSIBILITIES OF MEMBERS-AT-LARGE

Section 1: Officers

A. The officers of the Morehouse School of Medicine Resident Association shall be the President, the President-Elect, and the Secretary-Treasurer. The President shall call and preside at all meetings and shall be a member ex-officio of all committees. He or she shall represent the Association on the Graduate Medical Education Committee as a voting member. He or she shall have the authority to correspond and communicate resident concerns and to address confidential matters as necessary.
B. The President-Elect, in the absence of the President, shall assume all his or her duties and shall have all his or her authority. He or she shall represent the Resident Association on the Graduate Medical Education Committee as a voting member. He or she shall have the authority to correspond and communicate resident concerns, and to address confidential matters as necessary.

C. The Secretary-Treasurer shall keep accurate records of all meetings, call meetings on behalf of the President, and perform such duties as ordinarily pertain to his or her office. The Secretary-Treasurer shall take direction from the President, President-Elect, and the Executive Committee. He or she shall act as Treasurer of the Morehouse School of Medicine Resident Association when necessary.

**Voting of Officers:**
The President-Elect and Secretary-Treasurer shall be elected annually during the orientation of returning residents by all current residents in good standing from all Morehouse School of Medicine Residency Programs. The previous year’s President-Elect shall serve as the President of the Executive Committee thus serving a second year of his or her term.

**Section 2: Committees**

A. **Resident Association Executive Committee**—The Morehouse School of Medicine Resident Association shall have an Executive Committee. The membership of the Executive Committee shall consist of the President, President-Elect, and Secretary-Treasurer.

B. **Resident Association Council**—The Morehouse School of Medicine Resident Association shall have a Council. The membership of the RA Council shall consist of at least two (2) members-at-large representing each residency program: Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventative Medicine, Psychiatry, and Surgery.

C. **Members-at-Large**—These members must be peer-selected on an annual basis with one resident designated as the RA voting representative of the Executive Committee, therefore ensuring one vote per program.

D. **Ex-Officio Members**—The President, President-Elect, and Secretary-Treasurer of the Resident Association shall be ex-officio members of the RA Council.

E. **Standing and Special Committees of the Resident Association**—All committee representatives shall be appointed by the President. Standing committees shall be appointed for one year. Special committees shall retain their appointments until discharged by the President. Committees shall be reconstituted annually. Appointed representatives to committees are responsible for providing a brief written summary to the RA Officers within seven (7) days of attending a committee meeting.
Standing Committees:
Representatives from the Resident Association membership shall be appointed by the President to sit as members on the following committees as requested by MSM and hospital affiliates and as deemed necessary by the Resident Association:

- Grady Memorial Hospital (GMH) Patient Safety and Quality Improvement Committees as requested by GMH and GME leadership
- GMEC Patient Safety and Quality Improvement Subcommittee
- GME special annual committees requesting a resident representative that include but are not limited to:
  - Graduation
  - Recruitment
  - New Resident Onboarding
  - Resident Orientation
  - Special Reviews of Programs

The RA President-Elect and Secretary shall keep an annual committee list of resident appointments.

Section 3: Responsibilities of Members-at-Large (MaL)

Members-at-large are responsible for representing the residents of their program and communicating information from the RA council meetings. Additional responsibilities of an MaL are to attend quarterly RA Council meetings and participate as a member on at least one institution/hospital committee as requested/appointed by the RA President.

ARTICLE IV
MEETINGS

Section 1: Regular Meetings—RA Council

Regular meetings of the RA Council shall be held at least quarterly, with the exception of July, or at the discretion of the President of the RA. All members-at-large will be notified at least one month in advance. All meetings shall be open to any member of the Resident Association unless otherwise specified.

Section 2: Special Meetings—Executive Committee

A. Special meetings of the Executive Committee or of the Resident Association Council may be called at any time by the President of the Resident Association.

B. The Director of Graduate Medical Education shall be invited to regular Executive Committee and RA Council meetings in an advisory capacity and shall be excused from such meetings, if necessary, when residents choose to discuss confidential RA matters.

Section 3: Quorum

Any five members of the RA Council present at any given meeting shall constitute a quorum. All officers must be present at Executive Committee meetings for a quorum.
Section 4: Meeting Agendas

A. The agenda at any regular RA Council meeting shall be:
   1. Call to order
   2. Reading of the minutes of the last regular and all special meetings
   3. Unfinished business
   4. Communications
   5. Reports, as indicated, from representatives of standing and special committees
   6. New business
   7. Adjournment

B. The agenda at special (Executive Committee) meetings shall be:
   1. Reading of the notice calling the meeting
   2. Discussion of the business for which the meeting was called

ARTICLE V
AMENDMENTS

Amendments to these bylaws shall be proposed by resolution at a regular meeting of the Executive Committee. Proposed amendments shall be voted on at a scheduled meeting of the Resident Association Council and shall require two-thirds majority of those present and voting for adoption. A copy of the resolution shall be transmitted in writing to all members of the Resident Association 30 days prior to such a meeting.

ARTICLE VI
ADOPTION

These bylaws will be voted on and must be approved by majority vote of all active residents who are in good standing with their programs.
ACGME Core Competencies

Note: The term “resident” in this document refers to both specialty residents and subspecialty fellows. Once the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms “resident” and “fellow” will be used respectively.

Per ACGME Common Program Requirements IV.A.5: “The program(s) must integrate the following ACGME competencies into the curriculum: (Core)"

1. Patient Care and Procedural Skills (IV.A.5.a)
   - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   - Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

2. Medical Knowledge (IV.A.5.b)
   Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. Practice-based Learning and Improvement (IV.A.5.c)
   residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

   residents are expected to develop skills and habits to be able to meet the following goals:
   - identify strengths, deficiencies, and limits in one’s knowledge and expertise;
   - set learning and improvement goals;
   - identify and perform appropriate learning activities;
   - analyze practice systematically, using quality improvement methods and implement changes with the goal of practice improvement;
   - incorporate formative evaluation feedback into daily practice;
   - locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
   - use information technology to optimize learning; and
   - participate in the education of patients, families, students, residents, and other health professionals.
4. Interpersonal and Communication Skills (IV.A.5.d)
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Residents are expected to:
- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- Communicate effectively with physicians, other health professionals, and health-related agencies;
- Work effectively as a member or leader of a healthcare team or other professional group;
- Act in a consultative role to other physicians and health professionals; and
- Maintain comprehensive, timely, and legible medical records, if applicable.

5. Professionalism (IV.A.5.e)
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Residents are expected to demonstrate:
- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society, and the profession; and
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. Systems-based Practice (IV.A.5.f)
Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.

Residents are expected to:
- Work effectively in various healthcare delivery settings and systems relevant to their clinical specialty;
- Coordinate patient care within the healthcare system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- Advocate for quality patient care and optimal patient care systems;
- Work in inter-professional teams to enhance patient safety and improve patient care quality; and
- Participate in identifying system errors and implementing potential systems solutions.
General Information for Residents

Access to Information
- Each resident shall be provided with the right to access MSM and affiliate policies, procedures, medical staff bylaws, quality assurance requirements, and personal educational information.
- Each resident shall have access to the internet and information retrieval sites through residency program computers, limited access from home computers (upon request), or the MSM library system.
- Residents are briefed and tested regarding their responsibility to maintain patient confidentially as guided by HIPAA regulations established in April 2003 and MSM-Compliance requirements.

Compensation
- Morehouse School of Medicine (MSM) compensates residents directly. The Graduate Medical Education Committee (GMEC) annually develops and recommends annual stipend (salary) amounts for each PGY level.
- The stipend scale allows residents to receive an increase in compensation for each graduated education level.
- An individual assigned as a chief resident will receive a higher stipend amount for his or her administrative duties.

Eligibility for Specialty Board Examination
Each resident should become familiar with the requirements of her or his specialty board as listed on the American Board of Medical Specialties (ABMS) website or on the individual specialty website. The resident’s program administration representative can assist in finding this information.

E-mail Requirement
All residents are required to utilize Morehouse School of Medicine e-mail addresses for all business/educational e-mail communication. MSM e-mail addresses are provided/assigned at the beginning of residency training.

Exposures to Blood, Body Fluids, and Biohazardous Materials
- Workers’ Compensation Insurance provides compensation and/or medical care for workers who are injured or become ill as a direct result of their job. Coverage begins on the resident’s first day of employment.
- In addition to contacting required person(s) at the hospital/site, residents must also contact Ms. Irma Stewart, MSM HR Manager, Employee Relations, Clinical Services at (404) 752-1606 for all work-related injuries and/or exposures including: blood, body fluids, needle sticks, and biohazardous exposures.
- Prior to evaluation and/or treatment, residents MUST be assigned a Workers’ Compensation number and choose from an MSM Panel of Healthcare Providers. For additional information, refer to MSM’s Workers’ Compensation Policy (HR 6.03).
Fringe Benefits and Resident Resources

- **Benefits**: In addition to salary, Morehouse School of Medicine offers residents and their eligible dependents health insurance benefits. Residents are also provided disability insurance benefits, confidential counseling and psychological services, vacation, parental, sick or other leave with coverage starting the first recognized day of the training program. These offerings are uniform for all residents and administered by MSM Human Resources in accordance with the vendor programs and/or policies in force at the time of this agreement. Detailed information on fringe benefits for residents can be provided by the MSM Human Resources Department.

- **Counseling**: Short term counseling is available from MSM Counseling Services, Shawn Garrison, Ph.D. at (404) 752-1789, or sgarrison@msm.edu.

- **Employee Assistance Program (EAP), CARE 24**: This benefit is available for residents as a self-referral or for family assistance. Residents are briefed on these programs by HR during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling. More information regarding these programs is available in the Human Resources Department at (404) 752-1600, (404) 752-1846, or directly at 1-(888) 887-4114.

- **Equipment**: iPads and/or laptops must be returned by residents who do not complete their program.

- **Laboratory (White) Coats**: Clinical laboratory coats are provided to residents free of charge, but are subject to the requirements of MSM and the rules of the affiliates.

- **Leave**: As addressed in the resident leave policy, residents are cautioned that to fulfill the program requirements and that of the specialty certification board, it may be necessary for the resident to spend additional time in the program to make up for time lost when utilizing the various leave options.
  
  - **Resident Vacation Leave**: Residents are allotted 15 days compensated leave per academic year (from July through June). Vacation leave is not accrued from year to year. Each residency program is responsible for the administration of residents' leave to include scheduling, tracking, approving, and reporting leave to the department, GME, and the MSM-Human Resources Department. Vacation blocks shall be designed within the structure of the residency program schedules.
  
  - **Resident Sick Leave**: Compensated sick leave is 15 days per year. This time can be taken for illness, injury, and medical appointments for the resident or for the care of an immediate family member. Sick leave is not accrued from year to year. A **combination** of sick leave and vacation leave may be used to care for oneself or an immediate family member. When these two leave categories are exhausted, any additional leave will be uncompensated (residents should also refer to the program-specific Resident Leave Policy).
  
  - **Family and Medical Leave Act (FMLA)**: All residents should contact Marla Thompson in the Human Resources Department (HRD) and the Office of Disability Services and Leave Management ods@msm.edu at (404) 752-1871 for guidance and questions about FMLA. The program requirements and the specifications of the program specialty board apply to the time required to make up absences.
o **Leave of Absence Without Pay (LWOP):** When possible, requests for leaves of absence without pay shall be submitted by residents in writing to the residency program director for disposition far in advance of any planned leave. All requests shall identify the reason for the leave and its duration. Residents should discuss with the program director the impact of the leave on a possible delay in program completion. The MSM-Human Resources Department shall determine the feasibility and all applicable criteria prior to a resident being granted LWOP and shall advise both the resident and the residency program regarding details and procedures.

o **Other Leave Types:** All leave types are explained in detail in the Morehouse School of Medicine Human Resource Policy Manual and made available by contacting Marla Thompson at (404) 752-1871.

- **Library Services and Multimedia Services:** These services are available at Morehouse School of Medicine to include electronic media search access. Inpatient facilities have libraries available and vary in the content and services available. Ambulatory care facilities have limited libraries. All residents have on-line search access capability through the MSM network.

- **Office of Disability Services:** For information regarding disabilities, contact Marla Thompson at (404) 756-1871, ods@msm.edu.

- **Parking Facilities:** Parking is available at each clinical affiliate and may require payment of a reasonable fee.
Graduate Medical Education Committee (GMEC)
Policies, Procedures, Processes, and Program Templates
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Adverse Academic Decisions and Due Process Policy

I. PURPOSE:

1.1. Morehouse School of Medicine (MSM) shall provide residents with an educational environment that MSM believes is fair and balanced.

1.2. This policy outlines the procedures which govern adverse academic decisions and due process procedures relating to residents and fellows during their appointment periods at Morehouse School of Medicine regardless of when the resident or fellow matriculated.

1.3. Actions addressed within this policy shall be based on an evaluation and review system tailored to the specialty in which the resident is matriculating.

II. SCOPE:

2.1. All MSM administrators, faculty, staff, residents, and administrators at participating affiliates shall comply with this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

2.2. Residents shall be given a copy of this Adverse Academic Decisions and Due Process policy at the beginning of their training.

III. DEFINITIONS:

3.1. Academic Deficiency

3.1.1. A resident’s academic performance is deemed deficient if performance does not meet/does not satisfy the program and/or specialty standards.

3.1.2. Evidence of academic deficiency for a resident can include, but is not limited to:

3.1.2.1. Having an insufficient fund of medical knowledge
3.1.2.2. Inability to use medical knowledge effectively
3.1.2.3. Lack of technical skills based on the resident’s level of training
3.1.2.4. Lack of professionalism, including timely completion of administrative functions such as medical records, duty hours, and case logging
3.1.2.5. Unsatisfactory written evaluation(s)
3.1.2.6. Failure to perform assigned duties
3.1.2.7. Unsatisfactory performance based on program faculty’s observation
3.1.2.8. Any other deficiency that affects the resident’s academic performance
3.2. **Opportunity to Cure** occurs when a resident is provided the opportunity to correct an academic deficiency and corrects the academic deficiency to the satisfaction of the faculty, program director, department chairperson, and Clinical Competency Committee of the program in which the resident is enrolled.

3.3. **Day**—a calendar business day 8:30 am–5:00 pm, Monday-Friday; weekends and MSM-recognized holidays excluded

3.4. **Corrective Action**

3.4.1. Written formal action taken to address a resident’s academic, professional, and/or behavioral deficiencies and any misconduct.

3.4.2. Typically, “corrective action” includes/may include probation which can result in disciplinary action such as suspension, non-promotion, non-renewal of residency appointment agreement, dismissal, or termination pursuant to the due process guidelines outlined in this policy or in other appropriate MSM policies.

3.4.3. Corrective action does not include a written or verbal notice of academic deficiency.

3.5. **Disciplinary Action**—suspension, non-promotion, non-renewal of residency appointment agreement.

3.6. **Dismissal**—the immediate and permanent removal of the resident from the educational program for failing to maintain academic and/or other professional standards required to progress in or complete the program. This includes conduct described in section 4.2 of this policy.

3.7. **Due Process**

3.7.1. For matters involving academic deficiency(ies) in resident performance, due process involves:

3.7.1.1. Providing notice to the resident of the deficient performance issue(s);

3.7.1.2. Offering the resident a reasonable opportunity to cure the academic deficiency; and

3.7.1.3. Engaging in a reasonable decision-making process to determine the appropriate course of action to take regarding whether to impose corrective action.

3.8. **GME**—Graduate Medical Education

3.9. **GME Office**—Graduate Medical Education Office of Morehouse School of Medicine

3.10. **Mail**—to place a notice or other document in the United States mail or other courier or delivery service

3.10.1. Notices mailed via first class mail, postage prepaid, unless returned to sender by the United States Postal Service or other courier or delivery service, are presumed to have been received three (3) days after mailing.

3.10.2. Unless otherwise indicated, it is not necessary in order to comply with the notice requirements in this policy to hand-deliver the notice or use certified or registered mail. However, such methods of delivery, when documented, will verify actual notice. It is the resident’s responsibility to ensure that his or her program and the GME office possess the resident’s most current mailing address.
3.10.3. E-mail Notification—Morehouse School of Medicine e-mail addresses (@msm.edu) are the official e-mail communication for all employees including residents. E-mailing information to the resident’s official MSM e-mail address is sufficient to meet MSM’s notification and mail obligations except where otherwise indicated. Residents are responsible for ensuring that they check and are receiving e-mail communication.

3.11. Meeting

3.11.1. The appeals process outlined in this policy provides a resident an opportunity to present evidence and arguments related to why he or she believes the decision by the program director, department chairperson, or Clinical Competency Committee to take action for non-renewal or dismissal is unwarranted.

3.11.2. It is also the opportunity for the program director, department chairperson, or Clinical Competency Committee to provide information supporting its decision(s) regarding the resident.

3.12. Misconduct

3.12.1. Misconduct involves violations of standards, policies, laws, and regulations that affect professional and ethical standards of a physician in training.

3.12.2. These violations constitute a breach of the MSM Resident Training Agreement.

3.13. Non-Renewal of Appointment—if the residency program determines that a resident’s performance is not meeting the academic or professional standards of MSM, the program, the ACGME program requirements, the GME requirements, or the specialty board requirements, the resident will not be reappointed for the next academic year.

3.13.1. Reappointment in a residency programs is not automatic.

3.13.2. The program may decide to not reappoint a resident, at its sole discretion.

3.14. Non-Promotion

3.14.1. Resident annual appointments are for a maximum of 12 months, year to year.

3.14.2. A delay in being promoted to the next level is an academic action used in limited situations. These limited situations include, but are not limited to, instances where a resident has an overall unsatisfactory performance during the academic year or fails to meet any promotion criteria as outlined by the program.

3.15. Notice of Deficiency—the residency program director may issue a written warning to the resident to give notice that academic deficiencies exist that are not yet severe enough to require a formal corrective action plan or disciplinary action, but that do require the resident to take immediate action to cure the academic deficiency. It is at the program director’s discretion as to whether a written remediation will be required.

3.16. CCC—Clinical Competency Committee reviews all resident evaluations at least semi-annually; prepares and ensures the reporting of Milestones evaluations of each resident semi-annually to ACGME; and advises the program director regarding resident progress, including promotion, remediation, or dismissal.

3.17. Probation—a residency program may use corrective action when a resident’s violations include but are not limited to:

3.17.1. Providing inappropriate patient care;

3.17.2. Lacking professionalism in the education and work environment;
3.17.3. Failure to cure notice of academic deficiency or other corrective action;
3.17.4. Negatively impacting healthcare team functioning; or
3.17.5. Causing residency program dysfunction.

3.18. Remediation

3.18.1. Remediation cannot be used as a stand-alone action and must be used as a tool to correct a Notice of Academic Deficiency or probation and assists in strengthening resident performance when the normal course of faculty feedback and advisement is not resulting in a resident’s improved performance.

3.18.2. Remediation allows the resident to correct an academic deficiency(ies) that would adversely affect the resident’s progress in the program.

3.19. Suspension

3.19.1. Suspension is the act of temporarily removing a resident from all program activities for a period of time because the resident’s performance or conduct does not appear to provide delivery of quality patient care, or is not consistent with the best interest of the patients or other medical staff.

3.19.2. While a faculty member, program director, chairperson, clinical coordinator, or administrative director, or other professional staff of an affiliate may remove a resident from clinical responsibility or program activities, only the program director makes the determination to suspend the resident and the length (e.g.: days) of the resident’s suspension.

3.19.3. Depending on circumstances, a resident may not be paid while on suspension. The program director determines whether a resident will be paid or not paid.

3.20. Reportable Adverse Actions—probation, suspension, non-renewal, and dismissal may be reportable actions by the program/MSM for state licensing, training verifications, and hospital/insurance credentialing depending upon the state and entity.

IV. POLICY:

4.1. When a resident fails to achieve the standards set forth by the program, decisions must be made with regard to notice of academic deficiency, probation, suspension, non-promotion, non-renewal of residency appointment agreement, and in some cases, dismissal. MSM is not required to impose progressive corrective action, but may determine the appropriate course of action to take regarding its residents depending on the unique circumstances of a given issue.

4.2. Residents engaging in conduct violating the policies, rules, bylaws, or regulations of MSM or its educational affiliates, or local, state, and federal laws regarding the practice of medicine and the standards for a physician in training may, depending on the nature of the offense, be dismissed.

4.2.1. Such misconduct will be considered a breach of the Resident Appointment Agreement or Reappointment Agreement.

4.2.2. In such instances, the Graduate Medical Education Office and Human Resources Department may be involved in the process of evaluating the violation.

4.3. A resident who exhibits unethical or other serious behaviors that do not conform to achieving the skills required for the practice of medicine may be summarily dismissed.
V. **PROCEDURES:**

5.1. If any clinical supervisor deems a resident’s academic or professional performance to be less than satisfactory, the residency program director will require the resident to take actions to cure the deficiencies.

5.2. **Notice of Academic Deficiency**

5.2.1. The residency program director may issue a Notice of Academic Deficiency to a resident to give notice that academic deficiencies exist that are not yet severe enough to require corrective action, disciplinary action, or other adverse actions but that do require the resident to take immediate action to cure the academic deficiency.

5.2.2. This notice may be concerning both progress in the program and the quality of performance.

5.2.3. Residents will be provided reasonable opportunity to cure the deficiency(ies) with the expectation that the resident’s academic performance will be improved and consistently maintained.

5.2.4. It is the responsibility of the resident, using necessary resources, including advisor, faculty, PDs, chairperson, etc., to cure the deficiency(ies).

5.2.5. The residency program director will notify the GME director in writing of all notices of deficiency(ies) within five (5) calendar days of the program director’s decision.

5.3. **Probation**

5.3.1. A residency program may use this corrective action when a resident’s actions are associated with:

5.3.1.1. Providing inappropriate patient care;

5.3.1.2. Lacking professionalism in the education and work environments;

5.3.1.3. Negatively impacting healthcare team functioning; or

5.3.1.4. Failure to comply with MSM, GME, and/or program standards, policies, and guidelines.

5.3.1.5. Causing residency program dysfunction.

5.3.2. Probation can be used as an option when a resident fails to cure a notice of academic deficiency or other corrective action.

5.3.3. The program director must notify and consult with the GME DIO and/or director before issuing a probation letter to a resident.

5.3.3.1. A probation letter must be organized by ACGME core competencies and detail the violations and academic deficiencies.

5.3.3.2. A probationary period must have a definite beginning and ending date and be designed to specifically require a resident to correct identified deficiencies through remediation.
5.3.3. The length of the probationary period will depend on the nature of the particular infraction and be determined by the program director. However, the program director should set a timed expectation of when improvement should be attained. The duration will allow the resident reasonable time to correct the violations and deficiencies.

5.3.4. A probation period cannot exceed six (6) months in duration and residents cannot be placed on probation for the same infraction/violation for longer than 12 consecutive months (i.e.: maximum of two (2) probationary periods).

5.3.4. Probation decisions shall not be subject to the formal appeals process.

5.3.5. While on probation, a resident is not in good standing.

5.3.6. Remediation must be used as a tool for probation. Developing a viable remediation plan consists of the following actions:

5.3.6.1. The resident must be informed that the remediation is not a punishment, but a positive step and an opportunity to improve performance by resolving the deficiency.

5.3.6.2. The resident may be required to make up time in the residency if the remediation cannot be incorporated into normal activities and completed during the current residency year.

5.3.6.3. The resident must prepare a written remediation plan, with the express approval of the program director as to form and implementation. The program director may require the participation of the resident’s advisor in this process.

5.3.6.3.1. The plan shall clearly identify deficiencies and expectations for reversing the deficiencies, organized by ACGME core competencies.

5.3.6.3.2. It is the responsibility of the resident to take actions to meet all standards, and to take the initiative to make improvements as necessary.

5.3.7. All residents placed on probation are required to meet with the Director for Graduate Medical Education.

5.3.8. If the deficiency(ies) persist during the probationary period and are not cured, the residency program director may initiate further corrective or disciplinary action including but not limited to: continuation of probation with or without non-promotion, non-renewal of residency appointment agreement, or dismissal.

5.3.9. The program director must notify and consult with the GME DIO and/or director before initiating further corrective or disciplinary action.

5.3.9.1. If the reasons for non-promotion, non-renewal of appointment, or dismissal occur within the last four (4) months of the resident’s appointment year, the program will provide the resident reasonable notice of the reasons for the decision as circumstances reasonably allow.

5.3.9.2. The decision of the program director will be communicated to the resident and to the Office of Graduate Medical Education.

5.3.9.3. The residency program director will notify the resident in writing of non-promotion, non-renewal of appointment, or dismissal decisions.
5.4. Suspension

5.4.1. Suspension shall be used as an immediate disciplinary action because of a resident’s misconduct. Suspension is typically mandated when it is in the best interest of the patients [patient care] or professional medical staff that the resident be removed from the workplace.

5.4.2. A resident may be placed on paid or unpaid suspension at any time for certain violations in the workplace.

5.4.3. A resident may be removed from clinical responsibility or program activities by a faculty member, program director, department chairperson, clinical coordinator, or administrative director of an affiliate. At his or her sole discretion, that individual can remove the resident if he or she determines that one of the following types of circumstances exist:

5.4.3.1. The resident poses a direct detriment to patient welfare.

5.4.3.2. Concerns arise that the immediate presence of the resident is causing dysfunction to the residency program, its affiliates, or other staff members.

5.4.3.3. Other extraordinary circumstances arise that would warrant immediate removal from the educational environment.

5.4.4. All acts of removal from clinical responsibility or program activities shall be documented by the initiating supervisor or administrator and submitted to the program director in writing within 48 hours of the incident/occurrence, explaining the reason for the resident’s removal and the potential for harm.

5.4.5. After receiving written documentation of the incident/occurrence, the program director has up to five (5) days to determine if a resident will be suspended.

5.4.6. Only the program director has authority to suspend a resident from the program and decide the length of time of the suspension, regardless of individual hospital or affiliate policies and definitions of suspension.

5.4.7. The program director must notify and consult with the GME DIO and/or director before suspending a resident.

5.4.8. After a period of suspension is served, further corrective or disciplinary action is required.

5.4.8.1. The program director shall review the situation and determine what further disciplinary action is required.

5.4.8.2. Possible actions to be taken by the program director regarding a suspended resident may be to:

5.4.8.2.1. Return the resident to normal duty with a Notice of Academic Deficiency;

5.4.8.2.2. Place the resident on probation; or

5.4.8.2.3. Initiate the resident’s dismissal from the program.
5.5. **Failure to Cure Academic Deficiency**—if a resident fails to cure academic deficiencies through an approved corrective action, formal corrective action plan (remediation), probation, or other forms of academic support, the program director may take an action, including but not limited to, one or more of the following actions:

5.5.1. Probation/continued probation
5.5.2. Non-promotion to the next PGY level
5.5.3. Repeat of a rotation or other education block module
5.5.4. Non-renewal of residency appointment agreement
5.5.5. Dismissal from the residency program

5.6. The resident shall have the right to appeal only the following disciplinary actions:

5.6.1. Dismissal or termination from the residency program
5.6.2. Non-renewal of the resident’s appointment

5.7. **Appeal Procedures**—Program and Department

5.7.1. All notices of dismissal from the residency program or a non-renewal of the resident’s appointment shall be delivered to the resident’s home address by priority mail and e-mail. A copy may also be given to the resident on site, at the program’s sole discretion.

5.7.2. If the resident intends to appeal the decision, he or she should communicate intent to do so in writing to the program director within seven (7) days upon receipt of the letter that identifies the decision.

5.7.3. The program director will notify the department chairperson who then convenes the departmental appeal committee.

5.7.3.1. The Departmental Appeal Committee shall consist of a minimum of three (3) faculty members and one (1) administrative person (usually the residency program manager) who functions as a facilitator and manages scheduling, communication, and administrative functions of the committee. The Committee will select one of the three faculty members as lead to complete the written recommendation on behalf of the committee.

5.7.3.2. A Departmental Appeal Committee will meet to review the resident’s training documents and hear directly from the resident and program director regarding the matter.

5.7.3.3. The Appeal Committee will notify the resident and program director of the meeting date, time, place, and committee members’ names and titles.

5.7.3.4. The program director must submit a written summary letter and timeline of events for the committee to review at least 24 hours before the scheduled meeting.

5.7.3.5. The resident may submit written documentation to the committee to review and must do so at least 24 hours before the scheduled meeting.

5.7.3.6. The resident may bring an advocate, such as a faculty member, staff member, or other resident.

5.7.3.7. Legal counsel is not permitted to attend the appeal because the process is an academic appeal.
5.7.3.8. Appeal meetings may not be recorded.

5.7.3.9. The Department Appeal Committee reserves the right to determine the manner in which the meetings with the resident and program director will be conducted.

5.7.4. The Departmental Appeal Committee will present its written recommendation to the program director within seven (7) days of the end of the appeal meeting. The program director will then forward the resident’s training documents, all information concerning the dismissal/termination/nonrenewal, written appeal recommendation, and any other pertinent information to the chairperson.

5.7.5. The department chairperson will review all materials and make the final departmental decision within seven (7) days of receipt of materials.

5.7.6. The department chairperson will communicate the final written departmental decision to the program director.

5.7.7. The program director will then communicate the decision by written letter to the resident via mail and e-mail. This should occur within ten (10) days of the final decision.

5.8. Appeal to the Dean

5.8.1. The resident may appeal the decision of the department chair.

5.8.2. If the resident is unsuccessful in his or her appeal to the chairperson, he or she may submit a written request to the dean for a review of due process involved in the program’s decision of dismissal/termination/non-renewal of appointment.

5.8.3. A request for appeal to the dean must be submitted in writing within seven (7) days of the notification of the final departmental decision.

5.8.4. The appeal must be submitted to both the dean and the program director.

5.8.5. The dean shall instruct the GME office to convene an Institutional Appeal Committee to review the case and provide an advisory opinion as to whether the residency program afforded the resident due process in its decision to dismiss or to not renew the resident’s appointment. This review is that of program protocol and documentation in the case. MSM’s Designated Institutional Officer, or his or her designee, shall chair the institutional appeal committee.

5.8.5.1. The Institutional Appeal Committee shall consist of the DIO, two (2) faculty members, and one (1) administrative person, usually the GME Director, who functions as a facilitator and manages scheduling, communication, and administrative functions of the committee.

5.8.5.2. The Institutional Appeal Committee will meet to review the resident’s training documents and hear directly from the resident and program director regarding the matter.

5.8.5.3. The Institutional Appeal Committee will notify the resident and program director of the meeting date, time, place, and committee members’ names and titles.
5.8.5.4. The program director shall provide the training documents and record of the departmental appeal proceedings.

The program director must also provide a written summary letter and timeline of events for the committee to review at least 24 hours before the scheduled meeting.

5.8.5.5. The Institutional Appeal Committee shall give the resident an opportunity to present written and/or verbal evidence to dispute the allegations that led to the disciplinary action.

The resident may submit written documentation to the committee to review and must do so at least 24 hours before the scheduled meeting.

5.8.5.6. The resident may bring an advocate, such as a faculty member, staff member, or other resident.

5.8.5.7. Legal counsel is not permitted to attend the appeal because the process is an academic appeal.

5.8.5.8. Recording of meeting(s) and/or proceedings is prohibited.

5.8.6. The institutional appeals committee chair will submit a written report of the findings to the dean who will make the final determination regarding the status of the resident.

5.8.7. The final written determination by the dean may be:

5.8.7.1. That the resident is returned to the residency program without penalty.

5.8.7.2. Recommendation for dismissal, termination, or non-renewal of appointment stands.

5.8.7.3. Other as deemed appropriate by the dean.

5.8.8. If a recommendation for dismissal/termination/non-renewal is confirmed, the resident is removed from the payroll effective the day of the dean’s decision.
Annual Institution and Program Review Policy

I. PURPOSE:
The purpose of this policy is to provide guidelines for Accreditation Council of Graduate Medical Education (ACGME) Next Accreditation System (NAS) required Graduate Medical Education Committee (GMEC) oversight of Institutional- and Program-level annual review procedures and processes effective July 1, 2014.

II. SCOPE:
2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

2.2. All ACGME programs must conduct and implement program-level procedures and processes for annual program evaluation and review.

III. GLOSSARY OF ANNUAL REVIEW TERMS:
3.1. Graduate Medical Education Committee (GMEC)—ACGME-required advisory committee with oversight of institution and program accreditation. Membership includes program directors, assistant program directors, program managers, residents, MSM and affiliate representatives from human resources, legal, patient safety and quality improvement, the DIO, and GME office staff.

3.2. Annual Institutional Review (AIR)

3.3. Annual Program Review (APR)

3.4. Special Review (SR)—ACGME process to identify and assist underperforming programs to improve.

3.5. Self-Study Visit (SSV)—Replaces ACGME site visits and will eventually occur every 10 years as long as programs and institutions demonstrate substantial compliance with ACGME requirements and performance indicators.

3.6. Annual Program Evaluation (APE)
IV. **ANNUAL INSTITUTION AND PROGRAM REVIEW POLICIES AND PROCEDURES:**

Responsibilities of the GMEC include effective oversight of the ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs.

4.1. Oversight of the sponsoring institution’s accreditation through an Annual Institutional Review (AIR)

4.1.1. The GMEC must identify institutional performance indicators for the AIR which include:
   - Results of the most recent institutional self-study visit
   - Results of ACGME surveys of residents/fellows and core faculty
   - Notification of ACGME-accredited programs’ accreditation statuses and SSVs

4.1.2. The AIR must include monitoring procedures for action plans resulting from the review.

4.1.3. The DIO must submit a written annual executive summary of the AIR to the governing body.

4.2. Oversight of the residency programs’ accreditation through an Annual Program Review Process (APR) that includes review of:
   - The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs, and its participating sites
   - The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements
   - Programs’ annual evaluation and improvement activities

4.3. Programs must have a program-level APE policy and process and must complete the GME APE report template for submission of GMEC review and approval.

4.4. Programs must track and monitor required data and information to accurately complete the ACGME Annual Accreditation Data System (ADS) update including:
   - Changes in program and participating sites
   - Progress of addressing any citations
   - Educational environment—curriculum, duty hours, supervision, etc.
   - Faculty and resident scholarly activity
   - Faculty development activities
   - Resident and faculty participation in Patient Safety and Quality Improvement activities

4.5. Programs must annually review and monitor their compliance with the following program performance indicators:
   - ACGME resident and faculty survey results
   - Program Board pass rates
   - Semi-annual resident evaluation—Milestone-based evaluation reporting
   - Clinical experience—case/patient/procedure logs

4.6. The GME DIO and director will complete annual scorecards for each program based on assessment of the data above, metrics, and information.

4.7. The annual program scorecards create the Institutional Dashboard for monitoring programs’ compliance with APR requirements.
4.8. Oversight of underperforming programs through a Special Review process.

4.8.1. Special Review Criteria: A program will be placed on a special review for non-compliance in three (3) of the five (5) areas as follows:

- ACGME letters of warning, concern, complaint, and/or focused or full site visit announcements
- Underperformance in five (5) or more of 18 of the Annual GME Program Scorecard Metrics, including the ACGME program performance indicators as follows:
  - Annual ADS updates
  - APE Report
  - GMEC/GME program compliance
  - Accreditation status
  - Citations/progress reports
  - Match fill rate
  - Program policies
  - ITE results
  - Resident PSQI involvement
  - Faculty PSQI involvement
  - Resident scholarly activities
  - Faculty scholarly activities
  - Case/procedure/patient logs
  - Semi-annual resident evaluation
  - Faculty evaluation of residents
  - Duty Hour monitoring and oversight
  - Milestone data/reporting
  - Faculty development
- Failure to comply with ACGME Common and Specialty Specific program requirements not stated/listed in this policy
- Noncompliance with Specialty Board Pass Rates
- Noncompliance with ACGME Resident Survey in two (2) or more of the seven (7) content areas below the national compliance rate:
  - Duty Hours
  - Faculty
  - Evaluation
  - Educational content
  - Resources
  - Patient safety/teamwork
  - Overall evaluation of program

4.8.2. Special Review Protocol

4.8.2.1. The GME Office will schedule a special review of a program. Separate meetings with program stakeholders will include:

- Residents
- Core faculty
- Program leadership—the department chairperson, program director, associate program director(s), and program manager

The number of faculty and residents that need to attend will be determined by the GME Office based on the size of the program.
4.8.2.2. Members of the special review committee will include the MSM Dean (as necessary), Designated Institutional Official, Director of GME, a program director and program manager from another program, and a member of the Resident Association that is not in the program being reviewed.

4.8.2.3. Program Performance Indicator and metrics data utilized during a special review include:

- Most current annual program scorecard
- ACGME resident and faculty survey results
- ADS summary report
- Board exam pass rates
- Annual program evaluation reports
- Special review faculty and resident questionnaires
- Program policies, resident training files, program compliance reports from New Innovations
- Any additional information deemed pertinent by the Review Committee

4.8.3. Special Review Report, Institutional Decisions, and GMEC Monitoring

4.8.3.1. A special review report that describes the quality improvement goals, the corrective actions, institutional decisions, and the process for GMEC monitoring of outcomes will be completed by the GME Office and presented to the GMEC for review and approval.

4.8.3.2. Institutional decisions and action regarding Special Review status of a program: The program director of a special review program must provide semiannual written and verbal progress reports to the GMEC demonstrating improvement per recommendations and deadlines detailed in the special review report.

4.8.3.3. Period of time for Special Review status

4.8.3.3.1. Programs on Special Review status will have a maximum of two (2) years to improve in the criteria stated and be removed from special review status.

4.8.3.3.2. The period of time starts when the special report is presented to the GMEC.

4.8.3.3.3. If a program is on Special Review status for more than two (2) years, the GMEC will appoint a subcommittee that consists of a program director, Director of GME, and a program manager to conduct a thorough review of the program, provide recommendations, and present those recommendations to the dean and chair of the department on Special Review.

4.8.3.3.4. The dean, DIO, and chair will meet to discuss the GMEC recommendations.
Resident Concern and Complaint Policy

I. PURPOSE:

The purpose of this policy is to provide guidelines for communication of resident concerns and complaints as related to residency training and learning environment and to ensure that residents have a mechanism through which to express concerns and complaints.

Note: For purposes of this policy, a concern or complaint should involve issues relating to personnel, patient care, and program or hospital training environment matters.

II. SCOPE:

2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

2.2. Template: Programs should utilize the Program Concern and Complaint Process template that follows this policy and include it in their program policy manual to meet ACGME requirements.

III. CONCERN AND COMPLAINT POLICY:

3.1. Morehouse School of Medicine and affiliated hospitals encourage the participation of residents in decisions involving educational processes and the learning environment. Such participation should occur in formal and informal interactions with peers, faculty, and attending staff.

3.2. Efforts should be undertaken to resolve questions, problems, and misunderstandings as soon as they may arise. Residents are encouraged to initiate discussions with appropriate parties for the purpose of resolving issues in an informal and expeditious manner.

3.3. With respect to formal processes designated to address issues deemed as complaints under the provisions of this policy, each program must have an internal process, known to residents, through which residents may address concerns. The program director should be designated as the first point of contact for this process.

IV. CONCERN AND COMPLAINT PROCEDURE:

4.1. If the resident is not satisfied with the program-level resolution, the individual should discuss the matter with the department chair or service chief of a specific hospital. If no solution is achieved, the resident may seek assistance from the Graduate Medical Education (GME) Designated Institutional Official (DIO). If the complaint is to formally notify the institution of an incident involving harassment or discrimination, see the Morehouse School of Medicine Non-Discrimination, Anti-Harassment, and Retaliation Policy for procedures to be followed.
4.2. If for any reason the resident does not want to discuss concerns or complaints with the program director, associate program director, department chair, or service chief, the following resources are available:

4.2.1. For issues involving program concerns, training matters, or work environment, residents can contact the Graduate Medical Education Director at (404) 752-1011 or tsamuels@msm.edu).

4.2.2. For problems involving interpersonal issues, the Resident Association President or President Elect may be a comfortable option to discuss confidential informal issues apart and separate from the resident’s parent department.

4.2.3. Residents can provide anonymous feedback/concerns/complaints to any department at Morehouse School of Medicine by completing the GME Feedback form (http://fs10.formsite.com/bbanks/form33/index.html).

4.2.3.1. Comments are anonymous and cannot be traced back to individuals.

4.2.3.2. Personal follow-up regarding how feedback/concerns/complaints have been addressed by departments and/or GME will be provided only if the resident elects to include his or her name and contact information in the comments field.

4.2.4. MSM Compliance Hotline 1 (888) 756-1364 is an anonymous and confidential mechanism for reporting unethical, noncompliant, and/or illegal activity. Call the Compliance Hotline to report any concern that could threaten or create a loss to the MSM community including:

- Harassment—sexual, racial, disability, religious, retaliation
- Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical, and waste management safety issues
- Other reporting purposes:
  - Misuse of resources, time, or property assets
  - Accounting, audit, and internal control matters
  - Falsification of records
  - Theft, bribes, and kickbacks
Resident Concern and Complaint Policy

Concern/Complaint Program Policy Template

MSM GME—Program Policy Manual Template

PROGRAM CONCERN AND COMPLAINT PROCESS

Program Name_____________________________

Resident Concern and Complaint Process
To ensure that residents are able to raise concerns and complaints and to provide feedback without intimidation or retaliation, and in a confidential manner as appropriate, the following options and resources are available and communicated to residents and faculty annually.

Step One
Discuss the concern or complaint with your chief resident, service director, program manager, associate program director, and/or program director as appropriate.

Step Two
If the concern or complaint involves the program director and/or cannot be addressed in step one, residents have the option of discussing issues with the department chair or service chief of a specific hospital as appropriate.

Step Three
If you are not able to resolve your concern or complaint within your program, the following resources are available:

- For issues involving program concerns, training matters, or work environment, residents can contact the Graduate Medical Education Director (404) 752-1011 or tsamuels@msm.edu.
- For problems involving interpersonal issues, the Resident Association President or President Elect may be a comfortable option to discuss confidential informal issues apart and separate from the resident’s parent department.
- Residents can provide anonymous feedback/concerns/complaints to any department at Morehouse School of Medicine by completing the form, GME Feedback http://fs10.formsite.com/bbanks/form33/index.html. Comments are anonymous and cannot be traced back to individuals.
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  - Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical and waste management safety issues.
  - Other reporting purposes:
    ▪ Misuse of resources, time, or property assets
    ▪ Accounting, audit, and internal control matters
    ▪ Falsification of records
    ▪ Theft, bribes, and kickbacks

Personal follow-up regarding how feedback/concerns/complaints have been addressed by departments and/or GME will be provided only if the resident elects to include his or her name and contact information in the comments field.

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  - Harassment—sexual, racial, disability, religious, retaliation
  - Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical and waste management safety issues.
  - Other reporting purposes:
    ▪ Misuse of resources, time, or property assets
    ▪ Accounting, audit, and internal control matters
    ▪ Falsification of records
    ▪ Theft, bribes, and kickbacks

Refer to the version of the MSM GME Policy Manual for detailed information regarding the Adverse Academic Decisions and Due Process Policy.
Disaster Preparedness and Residency Policy

I. PURPOSE:

The purpose of this policy is to provide guidelines for communication with and assignment/allocation of resident physician manpower in the event of disaster, and the policy and procedures for addressing administrative support for Morehouse School of Medicine (MSM) Graduate Medical Education (GME) programs and residents in the event of a disaster or interruption in normal patient care. It also provides guidelines for communication with residents and program leadership whereby to assist in reconstituting and restructuring educational experiences as quickly as possible after a disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

II. SCOPE:

2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

2.2. This policy is in addition to any emergency preparedness plans established by MSM and its affiliate institutions. Residents are also subject to the inclement weather policies of the medical school and affiliate institutions.

III. GLOSSARY OF DISASTER TERMS:

3.1. A disaster is defined within this policy as an event or set of events causing significant alteration of the residency experience at one or more residency programs.

3.2. This policy and procedures document acknowledges that there are multiple strata or types of disaster:
   - Acute disaster with little or no warning (e.g.: tornado or bombing)
   - Intermediate disaster with some lead time or warning (e.g.: flooding or ice)
   - Insidious disruption or disaster (e.g.: avian flu)

3.3. This document addresses disaster or disruption in the broadest terms.
IV. DISASTER POLICIES AND PROCEDURES:

4.1. A Resident’s Duties in Disasters

4.1.1. In the case of anticipated disasters, residents are expected to follow the rules in effect for the training site to which they are assigned at the time. In the immediate aftermath, the resident is expected to attend to personal and family safety and then render humanitarian assistance where possible. In the case of anticipated disasters, residents who are not “essential employees” and are not included in one of the clinical site’s emergency staffing plans should secure their property and evacuate, should the order come.

4.1.2. If there is any question about a resident status, he or she should contact the program director before the pending disaster.

4.1.2.1. Residents who are displaced out of town will contact their program directors as soon as communications are available.

4.1.2.2. During and/or immediately after a disaster (natural or man-made), residents will be allowed and encouraged to continue their roles where possible and to participate in disaster recovery efforts.

4.2. Manpower/Resource Allocation during Disaster Response and Recovery

4.2.1. All residency programs at MSM are required to develop and maintain a disaster recovery plan.

4.2.1.1. These plans should include, but are not limited to, designated response teams of appropriate faculty, staff, and residents, pursuant to departmental, MSM, and affiliated hospital policies.

4.2.1.2. These response team listings should be reviewed on a regular basis, and the expectations of those members should be relayed to all involved.

4.2.2. As determined to be necessary by the program director and/or chief medical officer at the affiliated institutions (and/or MSM leadership), physician staff reassignment or redistribution to other areas of need will be made. This shall supersede departmental team plans for manpower management.

4.2.2.1. Information on the location, status, and accessibility and availability of residents during disaster response and recovery is derived from the Designated Institutional Official (DIO) and/or Associate Dean for Clinical Affairs or their designees in communication with program directors and/or program chief residents.

4.2.2.2. The DIO or Associate Dean for Clinical Affairs will then communicate with the chief medical officers of affiliated institutions as necessary to provide updated information throughout the disaster recovery and response period.
4.2.3. Due to the unique nature of the Grady Health System, it is intended that its supporting academic institutions strive to provide support, such as resident placement, in concert with Grady Health System and Emory University School of Medicine in times of disaster or in the case of other events resulting in the interruption of patient care. The MSM DIO will maintain contact with Grady Medical Affairs and Emory GME officials, the DIO, and other administrative personnel from other area academic institutions to determine the scope and impact of the disaster on each institution’s residency programs.

4.3. Communication

4.3.1. The Graduate Medical Education office and/or all residency programs shall maintain current contact information for all resident physicians. The collected information must include at minimum:

- Address
- Pager number
- All available phone numbers (home, cell, etc.)
- Primary and alternate e-mail addresses
- Emergency contact information

4.3.2. This information will be updated at least annually before July 1 and within five (5) business days of a change in order to maintain optimal accuracy and completeness. Along with any internal database documents, this information shall be maintained in the New Innovations Residency Management Suite.

4.3.3. The GME office shall share information with MSM-Human Resources, MSM Public Safety, and affiliate administration as appropriate.

4.3.4. All residents must participate in the MSM Mass Alert System (MSM ALERT). Their contact information must be updated at least annually before July 1, and as appropriate, the resident must maintain optimal accuracy and completeness (requirements attached).

4.3.5. All GME programs must submit departmental phone trees and updates to disaster plans to the GME office by July 31 of each year.

4.4. Legal and Medical-Legal Aspects of Disaster Response Activity

It is preferred that, whenever and wherever possible, notwithstanding other capacities in which they may serve, residents also act within their MSM function when they participate in disaster recovery efforts. While acting within their MSM function, residents will maintain their personal immunity to civil actions under the federal and state tort claims acts, as well as their coverage for medical liability under their MSM policy.
4.5. Payroll

4.5.1. Residents are encouraged to be paid through electronic deposit, which process is performed off-site. Using this method, no compensation interruption is anticipated.

4.5.2. Residents are encouraged to execute personal banking with an institution that has (at least) regional offices available.

4.6. Administrative Information Redundancy and Recovery

4.6.1. All hardcopy records maintained in the GME office will also be maintained electronically. All hardcopy residency files will be scanned as processing is completed and maintained electronically as backup to the hardcopy files.

4.6.2. In addition, all GME programs are responsible for maintaining sufficient protection and redundancy for their program information and resident educational records. At minimum, all programs will maintain the following documentation on NI Residency Management Suite:

- Electronic files of resident evaluations
- Certification letters
- Procedure log summaries
- Immunization records
- Promotion/graduation certificates

4.7. ACGME Disaster Policy and Procedures

4.7.1. Upon declaration of a disaster by the ACGME Chief Executive Officer, the ACGME will provide information on its website and periodically update information relating to the event, including phone numbers and e-mail addresses for emergency and other communication with the ACGME from disaster-affected institutions and residency programs.

4.7.2. The Designated Institutional Official (DIO) of MSM will contact the ACGME Institutional Review Committee Executive Director with information and/or requests for information.

4.7.2.1. Program directors should call or e-mail the appropriate Review Committee Executive Director with information and/or requests for information.

4.7.2.2. They should also communicate with site directors/supervisors at affiliate institutions regarding resident status and then communicate pertinent information to the DIO.

4.7.3. Residents who are out of communication with MSM-GME and their programs should call or e-mail the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident e-mail information on WebAds.

4.7.4. In addition to the resources listed in this document, residents are directed to the Accreditation Council for Graduate Medical Education (ACGME) website (www.acgme.org) for important announcements and guidance.
4.8. Communication with the ACGME

4.8.1. The MSM-DIO or named designee will be responsible for all communication between MSM and the ACGME during a disaster situation and subsequent recovery phase.

4.8.2. Within ten (10) days after the declaration of a disaster, the DIO will contact the ACGME Institutional Review Committee to discuss particular concerns and possible leaves of absence or return-to-work dates to establish for all affected programs should there be a need for:

- Program reconfigurations to the ACGME
- Residency transfer decisions

4.8.3. The due dates for submission will be no later than 30 days post disaster, unless other due dates are approved by the ACGME. If within ten (10) days following a disaster the ACGME has not received communication from the DIO, the ACGME will initiate communication to determine the severity of the disaster, its impact on residency training, and plans for continuation of educational activities.

4.8.4. The DIO, in conjunction with the Associate Dean for Clinical Affairs (or their designees) and program directors, will monitor:

- The progress of patient care activities returning to normal status
- The functional status of all training programs to fulfill their educational mission both during a disaster and the recovery phase

4.8.5. These individuals will work with the ACGME and the respective RRCs to determine if the impacted sponsoring institution and/or its programs:

- Are able to maintain functionality and integrity
- Require a temporary transfer of residents to alternate training sites until the home program is reinstated
- Require a permanent transfer of residents

4.8.6. If more than one location is available for the temporary or permanent transfer of a particular physician, the preferences of the resident must be taken into consideration by the home sponsoring institution. Residency program directors must make the keep/transfer decision timely so that all affected residents maximize the likelihood of completing their training in a timely fashion.

4.9. Resident Transfer

4.9.1. Institutions offering to accept temporary or permanent transfer from MSM residency programs affected by a disaster must complete the transfer form on the ACGME website.

4.9.1.1. Upon request, the ACGME will supply information from the form to affected residency programs and residents.

4.9.1.2. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.
4.9.1.3. The ACGME will expedite the processing of requests for increases in resident complement from non-disaster-affected programs to accommodate resident transfers from disaster-affected programs. The Residency Review Committee will expeditiously review applications, and make and communicate decisions as quickly as possible.

4.9.2. The ACGME will establish a fast track process for reviewing (and approving or denying) submissions by programs related to program changes to address disaster effects, including, without limitation:

- Addition or deletion of a participating site
- Change in the format of the educational program
- Change in the approved resident complement

4.9.3. At the outset of a temporary resident transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his or her temporary transfer, and continue to keep each resident informed of such durations. If and when a residency program decides that a temporary transfer will continue to or through the end of a training year, the residency program must so inform each such transferred resident.
Evaluation of Residents, Faculty, and Programs Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and that MSM (the sponsor), residency programs, residents, and faculty are evaluated as prescribed in the Accreditation Council for Graduate Medical Education (ACGME) “Institution Requirements” and “Program Requirements.”

II. SCOPE:

2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

2.2. All MSM residency programs must:

2.2.1. Have a program-level evaluation policy and procedures for assessment and evaluation of residents, faculty, and program that are compliant with ACGME Common and Specialty Specific Requirements.

2.2.2. Utilize the New Innovations System for all required evaluation components.

2.3. The GME Office will monitor all evaluation components set up and completion rates and provide programs with a minimum of quarterly delinquent/compliance reports.

III. EVALUATION OF RESIDENTS:

3.1. Clinical Competency Committee

3.1.1. The program director must appoint the Clinical Competency Committee.

3.1.2. At a minimum the Clinical Competency Committee must be composed of three (3) members of the program faculty.

3.1.3. Others eligible for appointment to the committee include faculty from other programs and non-physician members of the healthcare team.
3.1.4. There must be a written description of the responsibilities of the Clinical Competency Committee that includes measuring/assessing the progress of each resident in collaboration with the program director by:

3.1.4.1. Reviewing all resident evaluations semi-annually
3.1.4.2. Preparing Milestones evaluations of each resident semi-annually and ensuring that the evaluations are reported to ACGME
3.1.4.3. Advising the program director regarding resident progress, including promotion, remediation, and dismissal

IV. RESIDENT ASSESSMENT AND EVALUATION:

4.1. Evaluation concerning performance and progression in the residency program shall be provided to the resident throughout the duration of the program. Assessments and evaluations will measure performance against curricular standards.

4.2. One activity within a residency program is to identify deficiencies in a resident’s academic performance. This requires ongoing monitoring for early detection, before serious problems arise. The requirement is to provide the resident with notice of deficiencies and the opportunity to cure.

4.3. The resident will be provided with a variety of supervisors, including clinical supervisors, resident trainers, and faculty advisors, with whom to discuss professional and personal concerns.

4.4. Besides personal discussions, the resident will receive routine verbal feedback and periodic written evaluations on his or her performance and progress in the program. These measurements should highlight both positive performance and deficiencies.

4.5. There must be an opportunity to review evaluations with supervisors and to attach a written response, preferably in the form of reflection and planning for improvement.

4.6. At the end of each rotation, the resident will have an ACGME, competency-based, global assessment of performance for the period of assignment.

4.6.1. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation within 14 days of completion of the rotation/assignment.

4.6.2. Evaluations must be immediately available for review by the resident. Resident notification of completed evaluations should be set up in New Innovations by requiring that residents sign off electronically on the evaluation.

4.7. In addition to the global assessment evaluation by faculty, multisource methods and evaluators will be used to provide an overall assessment of the resident’s competence and professionalism. Methods and evaluators include:

- Narrative evaluations by faculty and non-faculty evaluators
- Clinical competency examinations
- In-service examinations
- Oral examinations
- Medical record reviews
• Peer evaluations
• Resident self-assessments
• Patient satisfaction surveys
• Direct observation evaluation

4.8. The program must provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones; progressive resident performance improvement appropriate to educational level must be documented.

4.9. Non-cognitive skills and behaviors are observed and measured as an integral part of the evaluation process. Professionalism must be demonstrated, including the possession of a positive attitude and behavior along with moral and ethical qualities that can be objectively measured in an academic/clinical environment.

4.10. A resident will be assigned supervisory and teaching responsibilities for medical students and junior residents as they progress through the program.

4.11. Residents will be evaluated on both clinical and didactic performance by faculty, other residents, and medical students.

4.12. Semi-Annual Evaluation—At least twice in each Post-Graduate Year, the residency director, or his or her designee, must provide each resident with a document performance evaluation summary incorporating input from the Clinical Competency Committee.

Documentation of these meetings, supervisory conferences, results of all resident evaluations, and examinations will remain in the resident’s permanent educational file and be accessible for review by the resident.

4.13. Summative (end of residency) Evaluation—The specialty-specific Milestones must be used as one of the tools to ensure that residents are able to practice core professional activities without supervision upon completion of the program.

4.14. The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must:

4.14.1. Become part of the resident’s permanent record maintained by the program, and must be accessible for review by the resident in accordance with institutional policy;

4.14.2. Document the resident’s performance during the final period of education; and,

4.14.3. Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

V. EVALUATION OF FACULTY:

5.1. Faculty evaluations are performed annually by department chairs, in accordance with the faculty bylaws.

5.2. The program director must evaluate faculty performance as it relates to the educational program at least annually and include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
5.3. **Resident Evaluation of Faculty**—Residents must be given the opportunity to submit, at a minimum, annual written confidential evaluations of faculty.

5.3.1. Programs must not allow faculty to view these individual evaluations by residents. Resident evaluations of faculty must be aggregated and made anonymous and provided to faculty annually in a summary report. This summary may be released as necessary, with program director review and approval in instances where evaluations are required for faculty promotions.

5.3.2. In order to maintain confidentiality of faculty performance evaluations, small programs with four or fewer residents may use one of the following:

5.3.2.1. Generalize and group residents’ comments to avoid identifying specific resident feedback.

5.3.2.2. Aggregate faculty performance evaluations across multiple academic years.

5.3.3. Program directors must maintain continuous and ongoing monitoring of faculty performance. This may include automated alerts regarding low evaluation scores on end-of-rotation evaluations by residents, regular surveillance of end-of-rotation evaluations, and regular verbal communication with residents regarding their experiences.

5.3.4. Department chairs should be notified by the program director when faculty receive unsatisfactory evaluation scores. Faculty performance must be reviewed and discussed during the annual faculty evaluation review process conducted by the chair or division.

VI. **EVALUATION OF PROGRAM AND IMPROVEMENT:**

6.1. Program directors must appoint the Program Evaluation Committee (PEC) to be composed of at least two core faculty members and should include at least one resident. There must be a written description of the PEC responsibilities to include:

6.1.1. Planning, developing, implementing, and evaluating educational activities of the program;

6.1.2. Reviewing and making recommendation for revision of competency-based curriculum goals and objectives;

6.1.3. Addressing areas of non-compliance with ACGME standards; and

6.1.4. Reviewing the program at least annually using evaluation of faculty, residents, and others as specified below.

6.2. The program, through the PEC, must annually document formal, systematic evaluation of the curriculum and render a written Annual Program Evaluation (APE) report. The program must monitor and track:

- Resident performance;
- Faculty development;
- Graduate performance, including board certification examination results;
- Program quality; and
- Progress on the previous year's action plan(s).
The program must also:

6.2.1. Offer faculty and residents annual opportunities to provide confidential written evaluative input;

6.2.2. Use the results of residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program.

6.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored.

The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes.

6.4. Program Evaluation Procedure

6.4.1. In order to maintain confidentiality of resident and faculty evaluation of program, the GME office provides facilitation and support by generating a standard program evaluation survey delivered to faculty and residents by the GME office.

6.4.2. Results are aggregated and available to the program to review during the annual program evaluation meeting.
Graduate Medical Education Committee Purpose and Structure Policy

I. PURPOSE:

This purpose of this policy is to establish the purpose and structure of the Morehouse School of Medicine (MSM) Graduate Medical Education Committee (GMEC) per the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements effective July 1, 2015.

II. GMEC Membership:

1.1. The GMEC is comprised of members representing all key areas of the institution:
   - Associate dean and Designated Institutional Official (DIO) who is the chair of the GMEC
   - Program directors and program managers representing each residency and fellowship program
   - Three (3) total resident representatives of the Resident Association (RA);
   - A Grady/MSM patient Safety/Quality Improvement champion
   - GME director and office staff
   - Representatives from the MSM office of the president, office of medical education, office of student affairs, human resources, compliance, library, finance, marketing and communications, and information services and technology.

1.2. Representatives from major affiliates (Grady, VAMC and CHOA) are invited to attend at least one (1) GMEC meeting and the annual GMEC Retreat to share institutional/hospital information and updates.

1.3. The following voting members of the GMEC are designated one vote for a total of 15 voting members:
   - DIO/chair
   - All eight (8) program directors
   - One (1) representative from the Resident Association
   - One (1) PSQI champion
   - One (1) representative from Human Resources
   - One (1) representative from the Office of the President
   - One (1) representative from Student Affairs
   - One (1) program manager chair
1.4. MSM GMEC adheres to the ACGME institutional requirements for GMEC subcommittees (SC):

1.4.1. Each sub-committee that addresses required GMEC responsibilities must include a peer-selected resident/fellow.
   The Resident Association fulfils this requirement for subcommittees with either RA leadership serving on subcommittees and/or resident leadership selecting other residents.

1.4.2. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

1.4.3. All GMEC members are required to participate on at least one subcommittee as needed.

1.4.4. Each subcommittee has a chair who provides verbal and/or written information to the GMEC on behalf of the subcommittee

1.5. GMEC Subcommittee List:
   - Patient Safety/Quality Improvement
   - Faculty development
   - Wellness committee
   - GME Office/GMEC Event and Activities
     - Chief Resident Leadership Academy
     - Graduation
     - Compact
     - Orientation
     - Research Day
     - Other

III. GMEC Meetings and Attendance:

3.1. The GMEC meets eleven (11) months of each year.
   3.1.1. There is no meeting during the month of July.
   3.1.2. GMEC meetings occur on the first Tuesday of the month from August 2016-June 2017, from 3:30 pm-5:00 pm.
   3.1.3. Attendees at each meeting of the GMEC includes at least one resident/fellow member from the MSM Resident Association.

3.2. These meetings are designed to allow for the exchange of ideas, problem-solving, engagement among members, and updates on future planning initiatives. They are vital, and the expectation is that all will be in attendance unless an emergency requires otherwise.

3.3. The GME Office on behalf of the GMEC maintains meeting agendas and minutes that document execution of all required GMEC functions and responsibilities.

3.4. The GME Office is also responsible for planning and hosting the annual GMEC retreat.
IV. GMEC Responsibilities and Oversight:

4.1. The GMEC is charged with the following responsibilities and oversights:

4.1.1. The ACGME accreditation status of the sponsoring institution and each of its ACGME-accredited programs;

4.1.2. The quality of the GME learning and working environment within the sponsoring institution, each of its ACGME accredited programs, and its participating sites;

4.1.3. The quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements Common and Specialty/Subspecialty-specific Program Requirements;

4.1.4. The ACGME-accredited program(s)’ annual evaluation and improvement activities; and

4.1.5. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the sponsoring institution.

4.2. GMEC must review and approve the following items:

- Institutional GME policies and procedures
- Annual recommendations to the sponsoring institution’s administration regarding resident/fellow stipends and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in resident/fellow complement
- Major changes in each of its ACGME-accredited programs’ structure or duration of education
- Additions and deletions of each of its ACGME-accredited programs’ participating sites
- Appointment of new program directors
- Progress reports requested by a review committee
- Responses to Clinical Learning Environment Review (CLER) reports
- Requests for exceptions to duty hour requirements
- Voluntary withdrawal of ACGME program accreditation
- Requests for appeal of an adverse action by a review committee; and
- Appeal presentations to an ACGME Appeals Panel.

4.3. The GMEC must demonstrate effective oversight of the sponsoring institution’s accreditation through an Annual Institutional Review (AIR). See the GME/GMEC Annual Institution and Program Review Policy.

4.4. The GMEC must identify institutional performance indicators for the AIR, which include:

- Results of the most recent institutional self-study visit
- Results of ACGME surveys of residents/fellows and core faculty members
- Notification of each of its ACGME-accredited programs’ accreditation statuses and self-study visits
Graduate Medical Education Committee Purpose and Structure Policy

4.5. The AIR must include monitoring procedures for action plans resulting from the review. The DIO must submit a written annual executive summary of the AIR to the governing body.

4.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.
Night Float Policy

I. PURPOSE:

Management of hospitalized patients remains essential for the practice of medicine. The night float allows residents to refine history and physical examination skills, develop experience in the selection of diagnostic tests, and learn the management of a wide variety of diseases.

II. BACKGROUND:

2.1. Night float provides exposure to common medical problems of hospitalized patients and allows residents the opportunities to develop discharge care plans. Additionally, residents encounter uncommon medical conditions and have the opportunity to interact with subspecialists while managing patients with complex conditions.

2.2. Night float is designed to give PGY-1 residents more experience in initial evaluation and management of patients as well as experience in managing patients overnight in the hospital. There is a strong focus on effective hand-offs, teamwork, and shared responsibility for patient care.

2.3. In addition, there is increased autonomy for PGY-2 and PGY-3 learners, and therefore a need for the refinement of skills in practice-based learning and improvement.

III. SCOPE:

This policy applies to all MSM physicians who are teachers or learners in a clinical environment and who have responsibility for patient care in that environment.

IV. POLICY:

4.1. Night float must occur within the context of the 80-hour and 1-day-off-in-7 requirements. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the Specialty Review Committee.

4.2. Night float must be an educational experience for all residents. It must have its own competency-based curriculum and evaluation system.

4.3. A Sample Curriculum for Night Float is attached to this policy as Appendix A.
V. HOW LEARNING OBJECTIVES ARE MET:

Learning objectives are met by including the following elements:

- Direct patient care on the inpatient wards, both admitting to and covering medicine teams at night
- Interaction with consultants and support staff
- Participation in morning report
- Participation in daily night float rounds, typically at the bedside with the accepting Attending physician and team
- Literature searches to answer clinical questions that arise on rounds or during patient care; review of these literature searches
- Interaction with the interdisciplinary healthcare team
- Chart stimulated recall exercise (at least one per night float rotation)

VI. REQUIRED READING/RESOURCES:

6.1. Specific readings will be assigned by supervising clinical faculty members and fellows.

6.2. In addition, it is expected that residents read articles that are relevant to the patients they see, including articles generated through literature searches and distributed at morning report or at rounds.

6.3. Residents should become familiar with national and hospital guidelines for care of common medical disease states.

VII. EVALUATION:

7.1. Supervising Attendings will evaluate residents.

7.1.1. These evaluations must be discussed in person with the residents.

7.1.2. There should be regular informative feedback from supervising Attendings regarding performance.

7.2. Residents will log their performed procedures. The Attendings or other supervising physicians shall document satisfactory performance through the electronic procedure logger.

7.3. Resident peers (interns and residents) shall evaluate each other using the resident peer evaluation.
APPENDIX A

SAMPLE NIGHT FLOAT CURRICULUM

Learning Objectives:

At the end of the rotation, residents will be expected to become more proficient in:

1. **Patient Care**:
   - **History taking**: Residents at all levels of training will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion.
     - History taking will be hypothesis-driven.
     - Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient.
     - The resident will inquire about the emotional aspects of the patient’s experience while demonstrating flexibility based on patient need.
   - **Physical Examination**: Residents at all levels of training will perform a comprehensive physical exam, describing the physiological and anatomical basis for normal and abnormal findings.
   - **Charting**: Residents at all levels of training will record data in a legible, thorough, systematic manner. Upper level residents will communicate clinical information in succinct resident admit notes, focusing on the communication of assessment and plan, and the thought process behind both.

2. **Procedures**:
   - PGY-1 residents will demonstrate knowledge of:
     - Procedural indications
     - Contraindications
     - Necessary equipment
     - Specimen handling
     - Patient after-care
     - Risk and discomfort minimization
   - PGY-1 residents will participate in informed consent and assist patients with decision making. They will correctly identify the meaning of test results.
   - PGY-2 and PGY-3 residents will demonstrate extensive knowledge and facility in the performance of procedures while minimizing risk and discomfort to patients. They will assist their junior peers in skill acquisition.
3. **Medical Decision Making, Clinical Judgment, and Management Plans:**

All residents will demonstrate improving their skill in assimilating information that they have gathered from the history and physical exam.

- **PGY-2 residents will:**
  - Regularly integrate medical facts and clinical data while weighing alternatives and keeping patient preference in mind.
  - Regularly incorporate consideration of risks and benefits when considering testing and therapies.
  - Present up-to-date scientific evidence to support their hypotheses.
  - Consistently monitor and follow up with patients appropriately.
  - Develop plans to avoid or delay known treatment complications and be able to identify when illness has reached a point where treatment no longer contributes to improved quality of life.

- **PGY-3 residents will demonstrate all the skills listed above for PGY-2 residents and in addition, will:**
  - Demonstrate appropriate reasoning in ambiguous situations while continuing to seek clarity
  - Not overly rely on tests and procedures
  - Continuously revise assessments in the face of new data

4. **Medical Knowledge:**

- **PGY-1 residents will demonstrate knowledge of common disease states encountered while admitting to the inpatient services. They will also demonstrate an ability to acquire new knowledge based on the patient problems encountered nightly.**

- **PGY-1 residents will demonstrate knowledge of the differential diagnosis, appropriate evaluation and management of common night-time issues encountered on inpatient medicine services, including shortness of breath, chest pain, disorientation, fever, and acute renal failure.**

- **PGY-2 residents will demonstrate a progression in knowledge and analytical thinking in order to develop well-formulated differential diagnoses for multi-problem patients.**

- **PGY-3 residents will demonstrate the skills listed above for PGY-1 and PGY-2 residents, and will also demonstrate appropriate habits to stay current with new medical knowledge, and will exhibit knowledge of effective teaching methods.**

5. **Practice-Based Learning and Improvement:**

- **PGY-2 and PGY-3 residents will be able to investigate and evaluate their own inpatient care practices and identify areas for improvement. They will demonstrate critical evaluation of their individual medical decisions through documentation of chart reviews on selected patients followed for diagnostic and therapeutic learning points after initial admission by the night float resident.**
• PGY-2 and PGY-3 residents will also demonstrate the ability to formulate well-designed clinical questions, initiate electronic literature searches, and critically appraise search results for validity and usefulness in accessing best evidence for clinical decisions. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual patients.

• PGY-2 and PGY-3 residents will also demonstrate the ability to teach resident colleagues during morning report with appropriate preparation and research for assigned topics.

6. Interpersonal and Communication Skills:

• PGY-1 residents will demonstrate an ability to communicate pertinent clinical information regarding a patient’s history, physical examination, evaluation and management plan both in writing and orally to accepting medicine teams. They will also demonstrate effective communication styles with families, patients, and hospital staff.

• PGY-2 residents will exhibit team leadership skills through effective communication as manager of a team. PGY-2 residents are expected to assist junior peers, medical students, and other hospital personnel to form professional relationships with support staff. Residents will respond to feedback in an appropriate manner and make necessary behavioral changes. PGY-2 residents will be able to communicate with patients concerning end-of-life decisions.

• PGY-3 residents should additionally be able to successfully negotiate nearly all “difficult” patient encounters with minimal direction. Third year residents should function as team leaders with decreasing reliance upon attending physicians.

7. Professionalism:

All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. Residents will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentially of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients’ culture, age, gender, and disabilities. Residents will be punctual and prepared for teaching sessions.

8. Systems-Based Practice:

• PGY-2 residents will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators, and social workers to coordinate and improve patient care and outcomes.

• PGY-3 residents, in addition, will enlist social and other out-of-hospital resources to assist patients with therapeutic plans and know how these activities can affect the hospital system performance. PGY-3 residents are expected to model cost-effective therapy.
Patient Hand-off—Transitions of Care Policy

I. PURPOSE:

The purpose of this policy is to define a safe process to convey important information about a patient’s care when transferring care responsibility from one physician to another.

II. BACKGROUND:

2.1. In the course of patient care, it is often necessary to transfer responsibility for a patient’s care from one physician to another. Hand-off refers to the orderly transmittal of information, face to face, that occurs when transitions in the care of the patient are occurring.

2.2. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift. In summary, the primary objective of a hand-off is to provide complete and accurate information about a patient’s clinical status, including current condition and recent and anticipated treatment. The information communicated during a hand-off must be complete and accurate to ensure safe and effective continuity of care.

III. SCOPE:

These procedures apply to all MSM physicians who are teachers/supervisors or learners in a clinical environment and have responsibility for patient care in that environment.

IV. POLICY:

4.1. Transitions of Care—Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

4.2. Programs and clinical sites must maintain and communicate schedules of Attending physicians and residents currently responsible for care.

4.3. Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in ACGME Common Program Requirement VI.C.2 (Resident Well-Being), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

4.4. Programs must ensure that residents are competent in communicating with team members in the hand-off process.

4.5. Programs in partnership with their sponsoring institutions must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.
4.5.1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.

4.5.2. A hand-off is a verbal and/or written communication which provides information to facilitate continuity of care. A hand-off or “report” occurs each time any of the following situations exists for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:

- Move to a new unit
- Transport to or from a different area of the hospital for care (e.g.: diagnostic/treatment area)
- Assignment to a different physician temporarily (e.g.: overnight/weekend coverage) or longer (e.g.: rotation change)
- Discharge to another institution or facility

4.5.3. Each of the situations above requires a structured hand-off with appropriate communication.

V. CHARACTERISTICS OF A HIGH QUALITY HAND-OFF:

5.1. Hand-offs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.

5.2. Hand-offs include up-to-date information regarding the patient’s care, treatment and services, condition, and any recent or anticipated changes.

5.3. Interruptions during hand-offs should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.

5.4. Hand-offs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

VI. HAND-OFF PROCEDURES:

6.1. Hand-off procedures will be conducted in conjunction with (not be limited to) the following physician events:

- Shift changes
- Meal breaks
- Rest breaks
- Changes in on-call status
- When contacting another physician when there is a change in the patient’s condition
- Transfer of patient from one care setting to another

6.2. Hand-off procedures and information transfer forms and guidelines for physicians are developed and implemented by each service according to the needs of that service. The hand-off forms or guidelines may be in either paper or electronic format, and must include clinical information agreed upon by physicians on that service, as being integral to the provision of safe and effective patient care for that patient population.

6.3. Each service will develop and implement a hand-off process that is in keeping with the shift or rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
6.4. Each service hand-off process must include an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.

6.5. Each hand-off process must be conducted discreetly and free of interruptions to ensure a proper transfer.

6.6. Each hand-off process must include at minimum a senior resident or Attending physician.

6.7. A resident physician must not leave the hospital until a face-to-face hand-off has occurred with the Attending physician or senior resident that is coming onto the service. Telephonic hand-off is not acceptable.

VII. STRUCTURED HAND-OFF:

7.1. Within each service, hand-offs will be conducted in a consistent manner, using a standardized hand-off form or structured guideline.

7.2. Hand-offs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):

- Patient name, location, age/date of birth
- Patient diagnosis/problems, impression
- Important prior medical history
- DNR status and advance directives
- Identified allergies
- Medications, fluids, diet
- Important current labs, vitals, cultures
- Past and planned significant procedures
- Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
- Plan for the next 24+ hours
- Pending tests and studies which require follow up
- Important items planned between now and discharge

VIII. FORMATTED PROCEDURE:

8.1. A receiving physician shall:

8.1.1. Thoroughly review a written hand-off form or receive a verbal hand-off and take notes.

8.1.2. Resolve any unclear issues with the transferring physician prior to acceptance of a patient.

8.2. In addition, the SBAR can be used to deliver or receive the information:

- **Situation**: What is the problem?
- **Background**: Pertinent information to problem at hand
- **Assessment**: Clinical staff’s assessment
- **Recommendation**: What do you want done and/or think needs to be done?

8.3. The following document is a suggested format for programs to document information with a sign-out process.
A SAMPLE FORMAT

Shift Date: ______/_____/______  Shift Time (24 hour): ______________________

By my signature below, I acknowledge that the following events have occurred:

1. Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.

2. Up-to-date information regarding the patient’s care, treatment and services, condition, and any recent or anticipated changes was communicated.

3. A process for verification of the received information, including repeat-back or read-back, as appropriate, was used.

4. An opportunity was given for the receiver of the hand-off information to review relevant patient historical information, which may include previous care, and/or treatment and services.

5. Interruptions during hand-offs were limited in order to minimize the possibility that information would fail to be conveyed, not be heard, or forgotten.

Receiving Resident’s Name and Signature  Date/Time

Departing Resident’s Name and Signature  Date/Time
Professionalism Policy
(Resident Code of Conduct, Dress Code, and Social Media Guidelines)

I. PURPOSE:
1.1. Residents are responsible for fulfilling all obligations that the GME Office, hospitals, and residency programs deem necessary for them to begin and continue duties as a resident, including but not limited to:

   1.1.1. Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training and badging procedures (all of which may be prior to appointment start date)

   1.1.2. Completing required GME, hospital and program administrative functions in a timely fashion and before deadlines such as medical records, mandatory online training modules, and surveys or other communications

1.2. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.

1.3. All GME program directors and faculty are responsible for educating, monitoring, and providing exemplary examples of professionalism to residents.

1.4. Refer to the GME CONCERN AND COMPLAINT PROCEDURE: regarding confidential professionalism reporting systems and resources.

II. SCOPE:
2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

2.2. Each program must have a program-level professionalism policy which describes how the program provides professionalism education to residents. The program director will ensure that all program policies relating to professionalism are distributed to residents and faculty. A copy of the program policy on professionalism must be included in the official program manual and provided to each resident upon matriculation into the program.
III. POLICY:

3.1. Professionalism—Residents and faculty members must demonstrate an understanding of their personal role in the:

3.1.1. Provision of patient- and family-centered care

3.1.2. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events

3.1.3. Assurance of their fitness for work, including:

3.1.3.1. Management of their time before, during, and after clinical assignments; and

3.1.3.2. Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team

3.1.4. Commitment to lifelong learning

3.1.5. Monitoring of their patient care performance improvement indicators; and

3.1.6. Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data

3.2. Professionalism—Code of Conduct

Residents are responsible for demonstrating and abiding by the following professionalism principles and guidelines.

3.2.1. Physicians must develop habits of conduct that are perceived by patients and peers as signs of trust. Every physician must demonstrate sensitivity, compassion, integrity, respect, and professionalism, and must maintain patient confidentiality and privacy.

3.2.2. A patient’s dignity and respect must always be maintained.

3.2.3. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

3.2.4. Residents are responsible for completing hospital, program, and GME educational and administrative assignments by given deadlines that include:

- Timely completion of evaluations and program documentation;
- Logging of duty hours, cases, procedures, and experiences; and
- Promptly arriving for educational, administrative, and service activities.

3.2.5. A medical professional consistently demonstrates respect for patients by his or her performance, behavior, attitude, and appearance.
3.2.6. Commitment to carrying out professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors:

- Respect patient privacy and confidentiality.
- Knock on the door before entering a patient’s room.
- Appropriately drape a patient during an examination.
- Do not discuss patient information in public areas, including elevators and cafeterias.
- Keep noise levels low, especially when patients are sleeping.

3.2.7. Respect patients’ autonomy and the right of a patient and a family to be involved in care decisions.

3.2.7.1. Introduce oneself to the patient and his or her family members and explain their role in the patient’s care.

3.2.7.2. Wear name tags that clearly identify names and roles.

3.2.7.3. Take time to ensure patient and family understanding and informed consent of medical decisions and progress.

3.2.8. Respect the sanctity of the healing relationship.

3.2.8.1. Exhibit compassion, integrity, and respect for others.

3.2.8.2. Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.

3.2.8.3. Respond promptly to phone messages, pages, e-mail, and other correspondence.

3.2.8.4. Provide reliable coverage through colleagues when not available.

3.2.8.5. Maintain and promote physician/patient boundaries.

3.2.9. Respect individual patient concerns and perceptions.

3.2.9.1. Comply with accepted standards of dress as defined by each hospital.

3.2.9.2. Arrive promptly for patient appointments.

3.2.9.3. Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

3.2.10. Respect the systems in place to improve quality and safety of patient care.

3.2.10.1. Complete all mandated on-line tutorials and public health measures (e.g.: TB skin testing) within designated timeframe.

3.2.10.2. Report all adverse events within a timely fashion.

3.2.10.3. Improve systems and quality of care through critical self-examination of care patterns.
3.2.11. A professional consistently demonstrates respect for peers and co-workers.

3.2.11.1. Respect for colleagues is demonstrated by maintaining effective communication.

3.2.11.2. Inform primary care providers of patient’s admission, the hospital content and discharge plans.

3.2.11.3. Provide consulting physicians all data needed to provide a consultation.

3.2.11.4. Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.

3.2.11.5. Inform all members of the care team, including non-physician professionals, of patient plans and progress.

3.2.11.6. Provide continued verbal and written communication to referring physicians.

3.2.11.7. Understand a referring physician’s needs and concerns about his or her patients.

3.2.11.8. Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.

3.2.11.9. Acknowledge, promote, and maintain the dignity and respect of all healthcare providers.

3.2.12. Respect for diversity of opinion, gender, and ethnicity in the workplace.

3.2.12.1. Maintain a work environment that is free of harassment of any sort.

3.2.12.2. Incorporate the opinions of all health professionals involved in the care of a patient.

3.2.12.3. Encourage team-based care.

3.2.12.4. In addition, professionals are held accountable to specialty-specific board and/or society codes of medical professionalism.

3.3. Professionalism—Dress Code

Residents must adhere to the following code elements to reflect a professional appearance in the clinical work environment; residents are also held accountable to relevant individual hospital/site and MSM institution policies.

3.3.1. Identification: Unaltered ID badges must be worn and remain visible at all times. If the badge is displayed on lanyard, it should be a break-away variety.

3.3.2. White Coats: A long white coat that specifies the physician’s name and department should be worn.
3.3.3. Personal Hygiene:

3.3.3.1. Hair must be kept clean and well groomed. Hair color or style may not be extreme. Long hair must be contained as so to not drape or fall into work area.

3.3.3.2. Facial hair must be neat, clean, and well-trimmed.

3.3.3.3. Fingernails must be kept clean and of appropriate length.

3.3.3.4. Scent of fragrance or tobacco should be limited/minimized.

3.3.4. Shoes/footwear: Must be clean, in good repair, and of a professional style appropriate to work performed. No open-toed shoes may be worn. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.

3.3.5. Jewelry: Must not interfere with job performance or safety.

3.3.6. Inappropriate/not permitted: Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message may not be worn.

3.3.7. Tattoos: Every effort must be made to cover visible tattoos.

3.3.8. Clothing: Must reflect a professional image, including: dress-type pants and collared shirts; skirt and dress length must be appropriate; clothing should cover back, shoulders, and midriff; modest neckline (no cleavage).

3.3.9. Scrubs: Residents may wear scrubs in any clinical situation where appropriate. When not in a work area, a white coat should be worn over scrubs.

3.4. Professionalism: Social Media Guidelines

3.4.1. Because social media blurs the line between personal voice and institutional voice, these guidelines were created to clarify how best to protect personal and professional reputations when participating.

3.4.2. In both professional and institutional roles, employees need to adopt a common sense approach and follow the same behavioral standards as they would in real life, and are responsible for anything they post to social media sites either professionally or personally.

3.4.3. For these purposes, “social media” includes but is not limited to social networking sites, collaborative projects such as wikis, blogs, and microblogs, content communities, and virtual communities.

3.4.4. Best practices for all social media sites, including personal sites follow:

3.4.4.1. Think before posting—There is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your department/unit, and on the institution.

Search engine databases store posts years after they were published, so posts could be found even if they were deleted; and comments may be forwarded or copied.
3.4.4.2. **Be accurate**—Verify your information for accuracy, spelling, and grammatical errors before posting. If an error or omission ends up being posted, post a correction as quickly as possible.

3.4.4.3. **Be respectful**—The goal of social media is to engage your audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way that will not alienate, harm, or provoke.

3.4.4.4. **Remember your audience**—Though you may have a target audience, be aware that anything posted on your social media account is also available to the public at large, including prospective students, current students, staff, faculty, and peers.

3.4.4.5. **Be a valuable member**—Contribute valuable insights in your posts and comments. Self-promoting behavior is viewed negatively and can lead to you being banned from a website or group you are trying to participate in.

3.4.4.6. **Ensure your accounts’ security**—A compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were from you. If you administer a hospital/school/college/department/unit social media account, be sure to use a different password than for your personal accounts. Follow best practices in selecting and protecting your university account passwords.

3.4.5. **Guidelines for all social media sites, including personal sites**

3.4.5.1. **Protect confidential and proprietary information**—Do not post confidential information about MSM, students, faculty, staff, patients, or alumni; nor should you post information that is proprietary to an entity other than yourself.

3.4.5.2. Employees must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA. Failure to do so comes at the risk of disciplinary action and/or termination.

3.4.5.3. **Respect copyright and fair use**—When posting, be aware of the copyright and intellectual property rights of others and of the university. Refer to MSM system policies on copyright and intellectual property for more information/guidance.

3.4.5.4. **Do not imply MSM endorsement**—The logo, word mark, iconography, or other imagery shall not be used on personal social media channels. Similarly, the MSM name shall not be used to promote a product, cause, or political party/candidate.
Professional Liability Coverage Letter of Understanding

This letter shall be completed upon appointment to a MSM Residency program and at the time a resident enters into moonlighting activities.

This is to certify that I, ____________________________, am a resident physician at Morehouse School of Medicine. As a resident in training, I understand that all professional activities that are sanctioned by Morehouse School of Medicine and related to, or are a part of, the Residency Education Program are covered by the following professional liability coverage:

- $1 million per/occurrence and; $3 million annual aggregate; and
- Tail coverage for all incidents that occur during my tenure as a resident in accordance with the above.

In addition, I understand that the above professional liability insurance coverage does not apply to professional activities in which I become involved outside of the residency program, and that upon written approval by the residency program director to moonlight, I am personally responsible for securing adequate coverage for these outside activities from the respective institutions or through my own resources.

Check appropriate box: Resident Agreement [ ] Moonlighting Request [ ]

Signed: ____________________________ Date: ________________

Social Security Number: ____________________________

Home Address: __________________________________________

City: ____________________________ State: ________

Zip Code: ________

Return Signed Original to Office of Graduate Medical Education
Resident Eligibility, Selection, and Appointment Policy

I. PURPOSE:
The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meet the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition). The process for the selection of residents at MSM shall adhere to the standards outlined in the “Essentials” and this policy.

II. SCOPE:
All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

III. POLICY:
(Note: the resident appointment policy was combined with resident eligibility and selection policy effective 06/01/2014.)

3.1. This policy is bound by the parameters of residency education and is also affected by MSM Human Resources policy. Applicants to Morehouse School of Medicine (MSM) residency programs must be academically qualified to enter into a program.

3.2. The institution shall participate in the National Resident Matching Program (NRMP). All MSM Post-Graduate Year One (PGY-1) resident positions shall be made available for application by all students graduating from United States and Canadian accredited medical schools as determined by the NRMP. Other applicants eligible to enter the “match,” including International Medical School Graduates (IMGs), may also apply.

3.3. MSM residency programs will select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they have applied. Aptitude, academic credentials, the ability to communicate effectively, personal characteristics such as motivation and integrity, and the ability to function within parameters expected of a practitioner in the specialty shall be considered in the selection process.
3.4. Programs must include the following GME Programs’ Technical Standards and Essential Functions for Appointment and Promotion information:

3.4.1. Introduction

3.4.1.1. Medicine is an intellectually, physically, and psychologically demanding profession. All phases of medical education require knowledge, attitudes, skills and behaviors necessary for the practice of medicine and throughout a professional career. Those abilities that residents must possess to practice safely are reflected in the technical standards that follow. These technical standards/essential functions are to be understood as requirements for training in all Morehouse School of Medicine residencies and are not to be construed as competencies for practice in any given specialty.

3.4.1.2. Individual programs may require more stringent standards or more extensive abilities as appropriate to the requirements for training in that specialty.

3.4.1.3. Residents in Graduate Medical Education programs must be able to meet these minimum standards with or without reasonable accommodation (see Section III).

3.4.2. Standards—Observation

3.4.2.1. Observation requires the functional use of vision, hearing, and somatic sensations. Residents must be able to observe demonstrations and participate in procedures as required.

3.4.2.2. Residents must be able to observe a patient accurately and completely, at a distance as well as closely.

3.4.2.3. They must be able to obtain a medical history directly from a patient, while observing the patient’s medical condition.

3.4.3. Standards—Communication

3.4.3.1. Communication includes speech, language, reading, writing, and computer literacy.

3.4.3.2. Residents must be able to communicate effectively and sensitively in oral and written form with patients to elicit information as well as perceive non-verbal communications.

3.4.4. Standards—Motor

3.4.4.1. Residents must possess sufficient motor function to elicit information from the patient examination by palpation, auscultation, tapping, and other diagnostic maneuvers.

3.4.4.2. Residents must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients.

3.4.5. Standards—Intellectual: Conceptual, Integrative, and Quantitative Abilities

3.4.5.1. Residents must be able to measure, calculate, reason, analyze, integrate, and synthesize technically detailed and complex information in a timely fashion to effectively solve problems and make decisions, which are critical skills demanded of physicians.

3.4.5.2. In addition, residents must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures.
3.4.6. Standards—Behavioral and Social Attributes

3.4.6.1. Residents must possess the psychological ability required for the full utilization of their intellectual abilities for: the exercise of good judgment; for the prompt completion of all responsibilities inherent to diagnosis and care of patients; and for the development of mature, sensitive, and effective relationships with patients, colleagues, and other health care providers.

3.4.6.2. Residents must be able to tolerate taxing workloads physically and mentally and be able to function effectively under stress.

3.4.6.3. They must be able to adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients.

3.4.6.4. Residents must also be able to work effectively and collaboratively as team members.

3.4.6.5. As a component of their education and training, residents must demonstrate ethical behavior consistent with professional values and standards.

3.4.7. Standards—Reasonable Accommodation

3.4.7.1. MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation. A reasonable accommodation is designed to assist an employee or applicant in the performance of the essential functions of his or her job or MSM's application requirements.

3.4.7.2. Accommodations are made on a case-by-case basis. MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation. Complete information is found on the MSM Human Resources Office of Disability Services web page at http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php.

3.4.7.3. In most cases, it is the responsibility of the employee or applicant to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. See the full MSM Accommodation of Disabilities Policy for information on how to request a reasonable accommodation.

Note: The MSM enrollment of non-eligible residents may be cause for withdrawal of residency program accreditation.

3.4.8. Title IX Compliance

3.4.8.1. The residency education environment shall be free of undue harassment, confrontation, and coercion because of one's gender, cultural and religious beliefs, other individual traits, and status or standing.

3.4.8.2. Therefore, in compliance with the Title IX of the Education Amendments of 1972, Morehouse School of Medicine (MSM) does not discriminate on the basis of sex in its education programs and activities, and is required under Title IX and the implementing regulations not to discriminate in such a manner. The prohibited sex discrimination covers sexual misconduct including, but not limited to, sexual harassment and sexual violence, and extends to employment in and admission to such programs and activities.
3.4.8.3. Also in compliance with federal law, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (and ADAAA amendments), it is the policy of MSM that discrimination against any person or group of persons on the basis of race, color, national origin, religion, gender, sexual orientation, marital status, ancestry, genetic information, age, disability, veteran or military status, or any other legally protected characteristic is specifically prohibited.

3.4.8.4. MSM also prohibits retaliation against members of the MSM community who raise concerns about or report incidents of discrimination based on legally protected characteristics. The following persons have been designated to handle inquiries about and reports made under MSM’s Sex/Gender Nondiscrimination and Sexual Harassment policy.

Marla Thompson, Title IX Coordinator, Direct Dial (404) 752-1871, Fax (404) 752-1639; e-mail: mthompson@msm.edu

Irma Stewart, Deputy Title IX Coordinator, Direct Dial: (404) 752-1606; e-mail: istewart@msm.edu

Morehouse School of Medicine, 720 Westview Drive, SW Harris Building, Atlanta, GA 30310

IV. RESIDENT ELIGIBILITY:

The following information is extracted from the Accreditation Council of Graduate Medical Education (ACGME) “Institutional Requirements” of the “Essentials of Accredited Residencies in Graduate Medical Education.”

Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:

4.1. Graduates of medical schools in the United States accredited by either the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA); graduates of Canadian medical schools approved by the Licentiate of the Medical Council of Canada (LMCC)

4.2. Graduates of medical schools outside the United States and Canada who have a current and valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in their current ACGME specialty/subspecialty program

4.3. United States citizen graduates from medical schools outside the United States and Canada who have successfully completed the licensure examination (USMLE Step 3) in a United States jurisdiction in which the law or regulations provide that a full and unrestricted license to practice will be granted without further examination after successful completion of a specified period of Graduate Medical Education

4.4. Graduates of medical schools in the United States and its territories not accredited by the LCME but recognized by the educational and licensure authorities in a medical licensing jurisdiction who have completed the procedures described in the paragraph above
4.5. Those who have completed the fifth pathway, a period of supervised clinical training for students who obtained their premedical education in the United States, received medical undergraduate abroad, and passed Step 1 of the United States Medical Licensing Examination

4.5.1. After these students successfully complete a year of clinical training sponsored by an LCME-accredited United States medical school and pass USMLE Step 2 components, they become eligible for an ACGME-accredited residency as an international medical graduate.

4.5.2. The Fifth Pathway program is not supported by the American Medical Association after December 2009.

4.6. Applicants who have passed United States Medical Licensing Examination (USMLE) Steps 1 and 2—Clinical Knowledge (CK) and Clinical Skills (CS), or have a full, unrestricted license to practice medicine issued by a United States State licensing jurisdiction.

4.6.1. Selectees cannot begin MSM residency programs prior to passage of the Step 2 Clinical Skills (CS) examination.

4.6.2. This expectation must be met by the time of the MSM-GME Incoming resident orientation.

4.7. Each resident in our programs must be a United States citizen, a lawful permanent resident, a refugee, an asylee, or must possess the appropriate documentation to allow the resident to legally train at Morehouse School of Medicine.

V. SCREENING AND SELECTION CRITERIA:

5.1. Available MSM resident positions are dependent upon the following criteria:

- The current number of residency program positions authorized by the Accreditation Council for Graduate Medical Education (ACGME)
- The space available in the Post-Graduate Year
- Funding and faculty resources available to support the education of residents according to the “educational requirements” of the specialty program

5.2. In order for any applicant to be eligible for appointment to a MSM residency program, the following requirements shall be met along with the eligibility criteria stated in paragraph IV above:

5.2.1. All MSM residency programs shall participate in the National Resident Matching Program (NRMP) for PGY-1 level resident positions. All parties participating in the match shall contractually be subject to the rules of the NRMP. This includes MSM, its residency programs, and applicants. Match violations will not be tolerated.

5.2.2. All applicants to MSM residency programs shall do so through the Electronic Residency Application Service (ERAS). This service shall be used to screen needed information on all applicants. All applicants shall request that three (3) letters of professional or academic references, current as of at least 18 months, be sent to the residency program administration.

5.2.3. Any program requests for an official adjustment to the program’s “authorized” resident complement shall be evaluated and approved by the GMEC through the Designated Institutional Official (DIO) prior to submission to the ACGME Residency Review Committee (RRC).
5.2.4. Programs may establish additional selection criteria (e.g.: determine specific minimum scores for the USMLE). Specific criteria must be published for applicants to review as part of the required program-level policy on eligibility and selection.

5.2.5. Residency program directors and their Residency Advisory Committees shall have program standards to review MSM residency program applications in order to ensure equal access to the program. Eligible resident applicants shall be selected and appointed only according to ACGME, NRMP, and MSM’s requirements and policies.

5.2.6. Applicants from United States or Canadian accredited medical schools shall request that an original copy of a letter of recommendation or verification from the dean of the medical school be sent to the program administration.

5.2.7. Selectees from a United States LCME- or AOA-accredited medical school shall provide proof of graduation or pending “on-time” graduation. They shall request that official transcripts, diplomas, or “on-time” letters be sent to the program.

5.2.8. Selectees shall provide official proof of passing both USMLE Step 1 and USMLE Step 2 (CK and CS) before they are eligible to begin their appointment in MSM residency programs.

5.2.9. Residents are considered transfer residents under several conditions including moving from one program to another within the same or different sponsoring institution and when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g.: accepted to both programs right out of medical school). Before accepting a transfer resident, the program director of the “receiving program” must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director.

5.2.10. The term “transfer resident” and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program. However, MSM residency programs shall identify all residents who would begin the residency program and would have to continue beyond the “Initial Residency Period.”

Note: The Initial Residency Period is the length of time required to complete a general residency program (e.g.: Internal Medicine—3 years; Psychiatry—4 years).

5.2.11. The State of Georgia and MSM consider any time spent in a residency program as time that must be declared by the applicant when applying for a Temporary Resident Postgraduate Training Permit. This time is applicable whether the applicant completed the period of residency or not. A letter of explanation/verification is required by the applicant and the past residency program director.

5.2.12. Applicants who have not graduated from a United States or Canadian accredited medical school shall request certification of completion (by seal) by an official of the medical school. If the medical school is not in the United States, such official letters shall be in English and/or have a certified or notarized English translation of the content.
5.2.13. A current (stamped indefinite) certificate from the Educational Commission on Foreign Medical School Graduates (ECFMG) must also be submitted with ERAS documents. Initial ECFMG Certificates should not be pending when applicants are reporting to a residency program. Failure to obtain an ECFMG Certificate by the start date of the resident appointment will void both NRMP and MSM resident agreements.

5.2.14. Program directors must ensure that IMG candidates are eligible for J-1 Visa sponsorship before ranking these candidates in NRMP.

5.2.15. All selectees shall complete an MSM Non-Faculty Employment Application. The Human Resources Department is available for assistance.

5.2.16. Upon selection, all academic and employment documents referenced within this section and other documents requested by the residency program must be presented to the program administrator in their original form.
   
5.2.16.1. As a part of credentials authentication, documents shall be screened for authenticity and must be void of alterations.

5.2.16.2. Program administrators shall screen for signatures, seals, notarization, and other official stamps as being original.

5.3. An applicant invited to interview for a resident position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents.

5.3.1. Personal interviews of applicants shall be conducted by at least two (2) faculty members assigned to the program. These interviews should be documented for the residency program files and be retained for the period determined by MSM management policies. These interviews also become a permanent part of a selected applicant’s file.

5.3.1.1. If telephone interviews are performed, the same standards and documentation criteria must be used to record the interview.

5.3.1.2. In MSM programs, the applicant’s credentials and the faculty interview summary are formally presented to the Residency Program Advisory Committee (RAC) or equivalent.

5.3.2. A faculty consensus is formed on the selections for entry into the NRMP Rank Order Listing or for departmental selection for those positions not placed in the match (i.e.: PGY-2). Final disposition for applicant selection and ranking is done by the residency program director and/or department chairperson.

VI. NON-IMMIGRANT APPLICANTS TO RESIDENCY PROGRAMS:

6.1. MSM supports the AAMC recommendation that the J-1 Visa is the more appropriate visa for non-immigrant International Medical School Graduates (IMGs) seeking resident positions in MSM-sponsored programs (Reference: AAMC Legislative and Regulatory Update, October 15, 1993).

6.2. All IMGs shall provide a current (stamped indefinite) certificate of proof of meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements for clinical proficiency.
6.3. The Exchange Visitor Program is administered by the United States Department of State. The ECFMG is the sponsoring institution for alien physicians in GME programs under the Exchange Visitor Program.

6.3.1. Applicants may be considered for selection by the residency program based on their academic qualifications and eligibility for sponsorship by the ECFMG.

6.3.2. The MSM-GME office is the school liaison for processing applications for ECFMG sponsorship of non-immigrants for J-1 status.

6.4. Applicants seeking residency positions that have other non-immigrant status such as Transitional Employment Authorization Documents, Asylum status, etc., may need to seek legal counsel to effect entry into a residency program. This review will be coordinated through the MSM-GME office along with the MSM-International Programs office for final determination.

6.5. Visa categories for international-born or -educated physicians applying to United States Graduate Medical Education programs

6.5.1. Residency programs that employ individuals on visas will be responsible for an annual fee for each visa, effective each July 1.

6.5.2. Consular processing of physician visas

6.5.2.1. United States embassies/consulates require face-to-face interviews for all initial visa stamps and in some instances for the renewal of the same visa stamp.

6.5.2.2. It can take several months for a person to receive an appointment at the embassy/consulate to apply for the visa stamp.

6.5.2.3. Embassy/consulate security checks take about one (1) month.

6.5.2.4. If an applicant is selected for a security check in Washington, DC, then the process could take up to five (5) months.

6.5.2.5. After this process is started, no one can interfere.

6.5.3. The J-1 Exchange Visitor Visa

6.5.3.1. Sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), this is the most common type of visa category used by institutions offering graduate medical education training (residency or fellowships) to international medical graduates (IMGs).

6.5.3.2. IMGs who seek to obtain this type of visa must first apply to the ECFMG for certification.

6.5.3.3. ECFMG offers the USMLE exams and is the sponsoring organization providing assurance to residency programs that the candidates meet defined qualifications equivalent of a United States medical degree. See [www.ecfmg.org](http://www.ecfmg.org).

6.5.3.4. IMGs applying to residency programs requiring the J-1 Visa must contact the specific residency program and the Office of Graduate Medical Education where they have been accepted in a program to coordinate the J-1 Visa sponsorship with the ECFMG. ECFMG will issue the visa document (DS-2019) after the institution submits the individual’s application to ECFMG.
6.5.3.5. An ECFMG Certificate is not required if the physician is a graduate of a Canadian or United States medical school. Canadian medical school graduates must have passed the equivalent Canadian medical licensing exam.

6.5.3.6. An ECFMG Certificate is not required for physicians who are graduates of LCME-accredited schools in Puerto Rico.

6.5.3.7. A visa is required if the physician is not a United States citizen or permanent resident of the United States.

6.5.4. Summary of J-1 Visa for IMGs

6.5.4.1. SEVIS fee must be paid by the accepted applicant prior to the United States embassy interview in the applicant’s home country.

6.5.4.2. Applicant is responsible for the annual application process and the corresponding fee.

6.5.4.3. J-2 dependents must enter with their own DS-2019.

6.5.4.4. The visa is easy to coordinate or obtain for both the individual and institution.

6.5.4.5. The visa provides possible tax advantages (for a limited period of time).

6.5.4.6. The visa is recognized and accepted by most institutions for IMG residency training.

6.5.4.7. The applicant's spouse may seek work permission while in the United States (must process USCIS Form I-765 after entry into the United States).

6.5.4.8. The applicant must receive J-1 Visa status while in his or her home country; it is strongly recommended that status change does not occur in the United States.

6.5.4.9. The visa has a mandatory two-year foreign residency requirement (Section 212[e]) for all IMGs attending graduate medical education programs in the United States at the completion of training.

6.5.4.10. Obtaining a waiver of the foreign residency requirement is both troublesome and costly.

6.5.4.11. The visa may be extended only for Board Certification; during this time, the J-1 visitor cannot work.

6.5.4.12. The DS-2019 (J-1 application) is renewed yearly with a seven (7)-year limit or length of residency program, whichever comes first.

6.5.4.13. The J-1 Exchange Visitor may enter the United States 30 days prior to the start of the J-1 Visa and cannot be paid prior to the start date. The J-1 visitor must NOT enter the United States 30 days AFTER the start date listed on form DS-2019.

6.5.4.14. After the J-1 period ends, the exchange visitor has 30 days to exit the United States and cannot work during this "grace period."

6.5.4.15. Under this visa status, moonlighting is not permitted.
6.5.4.16. It is very difficult to process J-1 Visa applications to non-accredited residency/fellowship programs. The ECFMG uses the ACGME’s Green Book for reference of accredited programs and their program duration.

6.5.4.17. The J-2 visa status is acceptable for Graduate Medical Education training at Morehouse School of Medicine (MSM) but can create problems since the J-2 depends on the J-1 Visa primary holder. The J-2 must have a valid EAD card and must also maintain the EAD card.

6.5.5. The H-1B professional in a specialty occupation—for IMGs seeking graduate medical training in residency or fellowships

6.5.5.1. The H-1B Visa must be sponsored by the institution where the individual will attend his or her residency training program. It is a non-immigrant visa requiring the institution to make attestations to the Department of Labor about the position and salary. There are different regulations and restrictions on the institution filing an H-1B as compared to the J-1 Visa. Note that the H-1B applicant must have sufficient time remaining on the H-1B Visa to complete his or her training program. H-1B Visa terms max out after a period of six (6) years. The H-1B visa is typically issued in three- (3) year increments.

6.5.5.2. Morehouse School of Medicine supports the H-1B Visa in very limited circumstances.

6.5.5.3. The applicant file must be reviewed by the Graduate Medical Education Office, the respective residency program, and the Office of International Program Services.

6.5.5.4. An applicant holding an H-1B Visa for research or other non-clinical employment is NOT eligible for an H-1B visa at Morehouse School of Medicine.

6.5.5.5. Filing fees as well as all regulatory fees will be at the expense of the hiring department.

6.5.5.6. Morehouse School of Medicine’s Office of International Program Services requires the use of its dedicated resource for outside counsel on matters of immigration, and all filings will be through that resource.

6.5.5.7. An H-1B submitted by the institution to the United States Department of Homeland Security requires additional documentation to be approved for clinical work, including but not limited to, the following:

- ECFMG Certification (not required for Canadians or those educated in the United States)
- PASS on the USMLE Exams, including USMLE Step 3 (If the applicant has NOT received Step 3 results by the Rank Order Deadline, they will not be considered for an H-1B visa).
- Must have a Georgia medical license or training permit in process and obtain a letter from GCMB before the application is reviewed by the United States Department of Homeland Security
- Copy of home country medical registration and/or licensure (optional)
- Copy of medical degree, translated into English
- Filing fees to the United States Department of Homeland Security
Resident Eligibility, Selection, and Appointment Policy

- Curriculum vitae
- Other related immigration documents (passport copy, I-94, J-1 Waiver document, etc.)
- Institutional documents required by the institution
- Attestation that the department will pay the cost of reasonable transportation back to the physician's home country or last country of residence if the department, for any reason, dismisses the physician on the H Visa during the duration of the dates listed on the H Approval Notice and the beneficiary requests to be returned home
- In order to be considered for an H-1B Visa, the applicant must provide documentation of clinical experience in the United States or recent (within the past 12 months) clinical experience in another country.

6.6. MSM H-1B Visa Requirements

6.6.1. H-1B Visa Procedure

At the discretion of the individual training programs, the H-1B visa may be considered for candidates who have passed the USMLE Step 3 exam and who provide documentation that meets one or more of the following criteria:

- Applicant currently holds a valid H-1B visa at this university or another institution (provide copy of Form I-797, Notice of Action).
- Applicant is the spouse/registered domestic partner of a United States citizen, permanent resident ("green card" holder), or individual holding an H-1 or O-1 Visa (provide copy of marriage certificate or H-4 document).
- Applicant/applicant's spouse has a permanent resident petition pending with a likely chance of success (provide copy of proof of petition).
- Applicant is not eligible for or would face a hardship on a J-1 Visa due to unique immigration circumstances (e.g.: applicant already obtained a J-1 waiver; applicant who has to return home periodically to care for ill parent faces higher risk of being denied re-entry on J-1 Visa) (provide letter explaining reason for hardship).
- Applicant's spouse/registered domestic partner is employed by the university in a faculty or other continuing position (provide letter identifying spouse's position).
- Applicant is a graduate of a medical school in the United States, Canada, or Puerto Rico accredited by the Liaison Committee on Medical Education (LCME) (provide copy of medical school diploma).
- The department has offered or is strongly considering the applicant for a faculty or research position after applicant completes the training program (provide letter identifying intentions of department after applicant finishes training program).

6.6.2. Advantages of the H-1B

- The H-1B does not carry the two-year home residency requirement at the completion of the residency program.
- The institution may be able to retain highly skilled/qualified international-training physician for faculty and/or staff.
• The H-1B dates can be processed with a maximum of three (3) years; it is renewable for an additional three (3) years.
• It is a valuable recruiting tool to attract higher levels of talent.

6.6.3. Disadvantages of the H-1B

• Institutional policy restricts the use of H-1B for IMGs (AAMC influence).
• Department must pay $500 anti-fraud fee for new H-1B resident or fellow.
• If the applicant is in the United States in another status while the H-1B application is pending at USCIS, the applicant must not travel outside of the United States.
• The H Visa is limited to six (6) years; the applicant may not have enough time to complete the GME program.
• There is a possibility the H-1B will not be received by July 1. If the applicant is in the match, there might not be enough time to process the H Visa. USCIS is currently taking up to three (3) months to review an application, which may take up to one (1) month to prepare.
• Premium Processing is available for a cost which is currently $1,225. USCIS will process the Premium Process application within 15 days. The applicant can pay immigration fees, with the exception of the $500 anti-fraud fee.
• A spouse on the H-4 Dependent Visa cannot work while in the United States.
• See section on Security Requirements.
• The H physician may enter the United States 10 days prior to the start date on the H Notice and cannot begin employment until the H-1B start date. After the H period ends or the person is terminated, the non-immigrant has up to 10 days to leave the United States. No employment is allowed during this 10-day “grace period.”
• The department incurs financial responsibility if the H physician is dismissed for any reason during the period of time listed on the H approval form and must pay costs of transportation for the physician to return to his or her country of last permanent residence or home country.

6.6.4. If a residency/fellowship is considering an applicant who is requesting H-1B Visa status from MSM, the program must complete the following H-1B Visa Information Form BEFORE forwarding the applicant’s package to the International Office for review.
MSM Office of International Program Services and Graduate Medical Education
Applicant H-1B Visa Information Form

INFORMATION MUST BE COMPLETED FOR H-1B VISA CANDIDATE

Today’s Date: ____________________________________________
Name (First/Last): _____________________________
E-Mail: _____________________________
Residency Program (applying for) ______________________________________
PGY level: ______________________________________________
Current Visa: ____________________________________________________ Expires: ___________________
Current Visa Sponsor: ____________________________________________
Current Visa Category: Clinical___ Research____
Current H # (if applicable): _____________________________ Date of initial H: ____________________

Important: Forward copy of current visa approval form, EAD, or Alien Reg. Card to Residency Program Office.

Dates of Anticipated New H Visa (from XX/XX/XX to XX/XX/XX): __________________________

Have you been on any other type of visa in the U.S. within the past 5 years? If so, describe fully:
____________________________________________________________________________________
____________________________________________________________________________________

Country of Birth: ____________________________________________
Country of Citizenship: ______________________________________
Date of Birth: ________________________________________________
Social Security Number: _________________________________________
Date of Last Entry to U.S.: ______________________________________
I-94 #: _______________________________________________________

Medical School Name and Location __________________________________________________________
Date of Medical School Graduation: _____________________________

Has applicant passed USMLE Step 3? _____________________________
   If pending, give date of USMLE Step 3: _______________________

ECFMG #: __________________________________________________

Is applicant eligible for Mass. Limited License? ______________________

Residency Coordinator Name: ______________________________________
Date of Match: ________________________________________________

Residency Program Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date Reviewed by International Office: _____________________________
International Office Comments: __________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date Reviewed by GME Applicant Committee: ______________________
Comments and Final Decision: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________
VII. RESIDENT APPOINTMENTS:

7.1. Prior to appointment to the program, residents must be provided with information that describes the program’s current accreditation status, educational objectives, and structure.

7.2. Morehouse School of Medicine resident appointments shall be for a maximum of 12 months from July to June, year to year.

7.2.1. At MSM, a “resident appointment” is defined as a non-faculty position granted to an individual based on his or her academic credentials and the meeting of other eligibility criteria as stated in MSM and residency program policies and standards.

7.2.2. This position is also that of a “physician in training.”

7.3. Resident appointments are managed by the Graduate Medical Education Office on behalf of the Senior Vice President for Academic Affairs and are processed by the Human Resources Department (HRD).

7.4. Residents may enter the residency program at other times during a given Post-Graduate Year (PGY) but must complete all requirements according to the structure of the program. This usually means completing the PGY-1 year from the date the resident started. There are no provisions for “shared” or “part-time” positions in MSM residency programs.

7.5. A selected applicant must be formally offered a position in the residency program. A written agreement shall be entered into between the applicant and Morehouse School of Medicine (MSM).

7.5.1. This agreement signed by the residency program director and department chairperson shall constitute a recommendation for an academic non-faculty appointment to the dean.

7.5.2. Approval of the selection shall be by the Director of Graduate Medical Education as the dean’s designated approval authority.

7.6. Residents shall not perform any clinical duties until they:

7.6.1. Are processed through the MSM Human Resources Department and officially become a part of the MSM personnel system; and

7.6.2. Have obtained a Georgia Temporary Resident Postgraduate Training Permit or possess a permanent physician’s license.

7.7. References to support this policy including the Resident Appointment Agreement are available in the GME Office and website at http://www.msm.edu/Education/GME/index.php
Resident Impairment Policy

I. PURPOSE:

Morehouse School of Medicine ("MSM") understands that an impaired resident can impact patient care. Residents encounter many stressors that are personal or from their clinical/educational environment, which may cause mental and physical impairments or require intervention from substance abuse to reverse issues and illnesses.

To that end, our primary goals are to:

1.1. Provide guidance in this policy to prevent or minimize the occurrence of impairment by a resident;

1.2. Ensure that the environment is safe for patients, employees, faculty, and residents of MSM; and

1.3. Compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

II. SCOPE:

All MSM faculty, residents, and administrators at participating affiliates shall understand and comply with this and all other policies and procedures that govern both Graduate Medical Education ("GME") programs and resident appointments at MSM.

III. DEFINITIONS:

3.1. Impaired Physician: The American Medical Association (AMA) defines the impaired physician as one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or use of drugs including alcohol. This definition includes the impairment of a physician due to a mentally or emotionally disabling state.

3.1.1. An impaired resident physician is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety.

3.1.2. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- Observed negative changes in performance of assigned duties
- Frequent or unexplained absences and/or tardiness from school responsibilities
- Frequent or unexplained illnesses or accidents both on and off duty
Resident Impairment Policy

- Decreased quality of care or unexplained lack of progression during the training year
- Significant inability to contend with routine difficulties and take action to overcome them
- Unusual or inappropriate behavior
- Violations of law, including citations for driving while impaired
- Other psychiatric disturbances or medical illness

3.2. **Fatigue Management:** Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety, and enactment of a solution to mitigate the fatigue.

3.3. **Fitness for Duty:** Mentally and physically able to effectively perform required duties and promote patient safety.

3.4. **Under the Influence:** The condition wherein any of the body’s sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. “Under the influence” also means any detectable presence of alcohol or drugs within the body.

IV. **POLICY:**

It is the policy of MSM to assist an impaired resident physician (as defined above), while maintaining a balance between individual rights and the school's duty to safeguard the public health and effectively discharge its mission. MSM and its residency programs must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

4.1. MSM is committed to providing continuing education and professional assistance to resident physicians when they experience personal stressors that inhibit their progression in a residency program. The residency program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

4.2. Evaluation and due process will be afforded each affected resident according to MSM’s GME Adverse Academic Decisions and Due Process Policy and MSM Human Resources employment policies.

V. **CONTINUING EDUCATION:**

5.1. MSM’s GME conducts an annual policy briefing on the Resident Learning and Work Environment at Incoming and Returning Resident Orientation. This institutional training module is also reinforced annually by the specialty residency program. Discussion and training includes:

- Management of the resident's time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Each MSM residency program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his or her patient care duties;
• Education of all program faculty members and residents to recognize the
  signs of fatigue and sleep deprivation; and
• Education of all faculty members and residents in alertness management and
  fatigue mitigation processes.

5.2. MSM’s GME Department provides an annual workshop on Sleep Deprivation and
Fatigue during Incoming and Returning Resident Orientation. Training in this area
is reinforced by each residency program annually according to its curriculum
design.

5.3. MSM’s GME Department provides an annual Drug Awareness and Drug Free
Environment workshop for resident physicians at Incoming and Returning Resident
Orientations. This workshop includes discussion of impairment due to substance
abuse.

VI. IDENTIFICATION AND REPORTING:

At MSM, changes in ordinary behavior and erratic actions by a resident physician may
indicate that he or she is not fit for duty. This may be cause for concern by the
resident, by colleagues, supervisors, and administrators. In addition, there can be
concern for the safety of patients.

6.1. The patient safety concern should be brought to the supervisor’s attention
immediately.

6.2. If a problem is identified, the residency director should be notified for administrative
action. According to MSM’s Resident Affiliation Agreements, a resident can be
immediately removed from duty at the discretion of the supervisor or administrator
at a clinical affiliate.

6.3. Resident impairment that is associated with the commission of a crime is
immediately referred to the Department of Human Resources and General
Counsel for disposition.

VII. COUNSELING:

All recommendations for the resident to seek counseling must be with the resident’s
well-being in mind but must be initiated with the provider or agency by the resident.

7.1. Residents cannot be unduly influenced or coerced to seek treatment or other
counseling services.

7.2. When residents are having severe personal difficulty or exhibit unprofessional
behavior that may be caused by a mental or physical impairment, they should
immediately be referred to MSM’s Office of Disability Services. Some of the
problems causing impairment can include sleep deprivation and fatigue, emotional
and behavioral problems, substance and drug abuse (including alcohol abuse),
marital conflicts, interpersonal discord, family problems, legal problems, and
financial problems.

Short term counseling is available from MSM Counseling Services (404) 752-1789.

7.3. MSM has an Employee Assistance Program (EAP), CARE 24, available for
residents as a self-referral or for family assistance. Residents are briefed on these
programs by HR during in-coming orientation. Residents are briefed annually on
the Drug Awareness Program, resident impairment issues and family counseling.
7.3.1. More information regarding these programs is available in the Human Resources Department at (404) 752-1600 or directly at (888) 887-4114.

7.3.2. Resident educational programs for impaired physicians will be offered on a case-by-case basis.

7.4. A written determination must be made by the provider of care to the resident that a resident is fit to return to duty. This recommendation for a return to duty must be presented to the Office of Disability Services. Any restrictions or accommodations in conjunction with the return to duty must be identified and approved by the Office of Disability Services prior to the resident’s return.

7.5. Complete information is found on the MSM Human Resources Office of Disability Services web page at [http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php](http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php)

VIII. REMEDIATION PROBATION:

When a resident fails to achieve the standards set forth by the program, decisions must be made with regard to notice of deficiency, suspension, remediation, non-promotion, non-renewal of appointment, and in some cases, dismissal.

8.1. MSM is not required to progressively discipline residents, but may determine the appropriate course of action to take regarding its residents, depending on the unique circumstances of a given issue.

8.2. Such misconduct will be considered a breach of the Resident Appointment Agreement or Reappointment Agreement. In such instances, the Office of Graduate Medical Education and the Department of Human Resources may be involved in the process of evaluating the violation.

8.3. Residents engaging in conduct violating the policies, rules, bylaws, or regulations of MSM or its educational affiliates, or local, state, and federal laws regarding the practice of medicine and the standards for a physician in training may, depending on the nature of the offense, be dismissed.

8.4. In the event of an impaired resident’s continuation in the residency program, state requirements may apply to his or her status as a resident physician, including mandatory examination and treatment.

IX. STATE OF GEORGIA REQUIREMENTS:

All MSM Residency Program Directors in the State of Georgia have a mandatory obligation to report troubled or dysfunctional resident physicians according to State of Georgia Medical Board Rule 360-2-.12, Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders in accordance with Georgia Law.

X. CONFIDENTIALITY:

The identification, counseling, and treatment of an impaired resident are deemed confidential, except as needed to carry out the policies of the Office of Graduate Medical Education or MSM as required by law.
Resident Learning and Working Environment Policy

I. PURPOSE:

1.1. Graduate Medical Education (GME) is an integral part of the Morehouse School of Medicine (MSM) medical education program. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients.

1.2. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions.

1.3. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

II. SCOPE:

2.1. All MSM administrators, faculty, staff, residents, and administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both GME programs and resident appointments at MSM.

2.2. Each resident will receive a copy of this Resident Learning and Working Environment Policy.

III. POLICY:

3.1. Per ACGME Learning and Working Environment requirements, residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by residents today
- Excellence in the safety and quality of care rendered to patients by today’s residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - The effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - The joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, faculty members, and all members of the healthcare team
3.2. Patient Safety

3.2.1. **Culture of safety** is defined as a culture of safety requires continuous identification of vulnerabilities and a willingness to deal with them transparently.

3.2.2. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety to identify areas for improvement.

3.2.2.1. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

3.2.2.2. The program must have a structure that promotes safe, interprofessional, team-based care.

3.2.3. Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

3.2.4. Patient Safety Events

3.2.4.1. Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program.

3.2.4.2. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

3.2.4.3. Residents, fellows, faculty members, and other clinical staff members must:

3.2.4.3.1. Know their responsibilities in reporting patient safety events at the clinical site;

3.2.4.3.2. Know how to report patient safety events, including near misses, at the clinical site;

3.2.4.3.3. Be provided with summary information of their institution’s patient safety reports

3.2.4.4. Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.
3.2.5. Resident education and experience in disclosure of adverse events

3.2.5.1. Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events.

3.2.5.2. This is an important skill for faculty physicians to model, and for residents to develop and apply.

3.2.5.2.1. All residents must receive training in how to disclose adverse events to patients and families.

3.2.5.2.2. Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

3.3. Quality Improvement

3.3.1. Education in Quality Improvement is a cohesive model of healthcare which includes quality-related goals, tools, and techniques that are necessary for healthcare professionals to achieve quality improvement goals.

Residents must receive training and experience in quality improvement processes, including an understanding of healthcare disparities.

3.3.2. Quality Metrics refers to access to data which is essential to prioritizing activities for care improvement and for evaluating success of improvement efforts.

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

3.3.3. Engagement in Quality Improvement Activities—Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

3.3.3.1. Residents must have the opportunity to participate in inter-professional quality improvement activities.

3.3.3.2. This should include activities aimed at reducing healthcare disparities.

3.4. Clinical Experience and Education (formerly duty hours)

3.4.1. Programs, in partnership with their sponsoring institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

3.4.2. Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
3.4.3. Mandatory time free of clinical work and education

3.4.3.1. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

3.4.3.2. Residents should have eight hours off between scheduled clinical work and education periods.

3.4.3.3. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

3.4.3.4. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

3.4.3.5. Residents must be scheduled for a minimum of one (1) day in seven (7) free of clinical work and required education (when averaged over four (4) weeks). At-home call cannot be assigned on these free days.

3.4.4. Maximum clinical work and education period length

3.4.4.1. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

3.4.4.2. Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education.

3.4.4.3. Additional patient care responsibilities must not be assigned to a resident during this time.

3.4.5. Clinical and Educational Work Hour Exceptions

3.4.5.1. In rare circumstances, after handing off all other responsibilities, a resident, on her or his own initiative, may elect to remain or return to the clinical site in the following circumstances:

3.4.5.1.1. To continue to provide care to a single severely ill or unstable patient;

3.4.5.1.2. To provide humanistic attention to the needs of a patient or family; or

3.4.5.1.3. To attend unique educational events.

3.4.5.2. These additional hours of care or education will be counted toward the 80-hour weekly limit.
3.5. A review committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

3.5.1. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.

3.5.2. Prior to submitting the request to the review committee, the program director must obtain approval from the sponsoring institution’s GMEC and DIO.

3.6. **Moonlighting** at MSM must be in accordance with the following guidelines:

3.6.1. PGY-1 residents are not permitted to moonlight.

3.6.2. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident’s fitness for work nor compromise patient safety.

3.6.3. Moonlighting must be approved in writing by the program director.

3.6.4. Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour Maximum Weekly Hour Limit.

3.6.5. Each resident requesting entry into such activities shall have a State of Georgia physician’s license.

3.6.6. Residents must sign the “Professional Liability Coverage” statement of understanding as part of the Resident Appointment Agreement entered with the program and upon the approval of a request to moonlight. A sample of this statement follows the professionalism policy in this policy manual.

3.6.6.1. Professional liability coverage provided by MSM does not cover any clinical activities not assigned to the resident by the residency program.

3.6.6.2. Moonlighting activities shall not be credited as being part of the program structure or curriculum.

3.6.6.3. MSM shall not be responsible for these extracurricular activities. The resident must secure liability coverage for these outside activities from the respective institutions or through his or her own resources.

3.7. **In-House Night Float**

3.7.1. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

3.7.2. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the review committee.

3.8. **Maximum In-House On-Call Frequency**

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
3.9. **At-Home Call**

Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour limit.

3.9.1. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four (4) weeks.

3.9.2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

3.9.3. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

IV. **MSM GMEC CLINICAL WORK AND EDUCATION OVERSIGHT PROCEDURE:**

It is the goal of the Graduate Medical Education Committee (GMEC) and affiliated hospitals that the institution will have no duty hour violations.

4.1. **Institutional GMEC Clinical Work and Education Monitoring Process**

4.1.1. **The Program Annual Review Process**

4.1.1.1. The GMEC is responsible for conducting an annual review of all programs.

4.1.1.2. As part of the process, the GME Office will review and document each program’s clinical work and education compliance status including review of programs’ learning and work environment policies and procedures.

4.1.1.3. The GME Office will monitor, track, and report compliance for all programs to the GMEC on a monthly basis.

4.1.2. **ACGME Resident Survey**

4.1.2.1. Residents are surveyed by the ACGME every year between January and April.

4.1.2.2. Programs found to be noncompliant with the ACGME duty hours will be required to submit a corrective action plan to GMEC.

4.2. **Program-Level Oversight and Monitoring for Compliance with clinical work and education requirements**

4.2.1. **Program Clinical Work and Education Policy**

4.2.1.1. All programs must demonstrate compliance with ACGME clinical work and education requirements.

4.2.1.2. Programs must develop and maintain a policy on clinical work and education.
4.2.1.3. Program directors must submit the following items annually into the New Innovations system for GME review:

4.2.1.3.1. The program’s schedules reflecting daily work hours and compliance with all clinical work and education requirements

4.2.1.3.2. The program’s clinical work and education monitoring policy and process which must:

- Meet the educational objectives and patient care responsibilities of the training program and
- Comply with specialty-specific program requirements, the Common Program Requirements, the ACGME clinical work and education standards, and the Institutional GME clinical work and education policy

4.2.1.3.3. In addition, the program policy must address:

- How the program monitors duty hours, according to MSM institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements
- How the program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable
- How the program monitors fatigue, and how the program will adjust schedules as necessary to mitigate excessive service demands and/or fatigue
- How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged
- If the program allows moonlighting; if moonlighting is allowed, the policy must comply with and reference the MSM GME Moonlighting Guidelines
- If the program allows call trading; if so, document how the program oversees to ensure compliance with clinical work and education requirements
- Mechanisms used by the program to ensure that residents log their duty hours in New Innovations

4.2.1.4. Program directors must complete weekly/monthly duty hour review periods in the New Innovations system and provide oversight comment(s) for any violation. (See document: Duty Hour Oversight—Program Level for step-by-step instructions.)
4.2.1.5. Follow-up and resolution of identified problems are the responsibility of the program director and the department.

4.2.1.6. An action plan must be created for any violation that includes identifying reasons for the violation(s) and how the program will resolve the issue(s) to prevent future violations.
Resident Leave Policy

I. PURPOSE:
The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition). MSM residents will be afforded the opportunity to provide for personal and/or family welfare through this defined leave policy.

II. SCOPE:
All MSM administrators, faculty, staff, residents, and those administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

III. POLICY:
3.1. MSM will provide residents with the opportunity to take personal and family leave as needed during a Post-Graduate Year (PGY).

3.2. Leave accounting is the responsibility of the residency program director in coordination with the Office of Graduate Medical Education (GME) and the Human Resources Department.

3.3. Federal law, Accreditation Council for Graduate Medical Education (ACGME) “program requirements,” and medical specialty board requirements shall apply as applicable.

IV. COMPENSATED LEAVE TYPES:
4.1. Resident Vacation Leave: Residents are allotted 15 days compensated vacation leave per academic year (from July 1 through June 30).

4.1.1. Vacation leave may not be carried forward from year-to-year (accrued).

4.1.2. Vacation leave shall not be subject to an accumulated “pay out” upon the completion of the program, transfer from the program, or upon a resident’s involuntary termination from the program.
4.2. **Sick Leave**: Compensated sick leave is 15 days per year. This time can be taken for illness for the resident or for the care of an immediate family member.

4.2.1. Sick leave is not accrued from year to year.

4.2.2. Available sick leave, 15 days maximum, and/or available vacation leave, 15 days maximum, may be used to provide paid leave in situations requiring time off for the purpose of caring for oneself or an immediate family member due to serious health conditions.

4.3. **Administrative Leave**: Granted at the discretion of the program director, may not exceed ten (10) days per twelve-month period. Residents should be advised that some medical boards count educational leave as time away from training and may require an extension of their training dates.

4.4. **Holiday Leave**: Time off for a holiday is based on a resident’s rotation assignment. When rotating on a clinic or service that closes due to a holiday, the resident may take that time off as paid holiday leave with approval of the program director.

4.5. **Family and Medical Leave**: MSM provides job-protected family and medical leave to eligible residents for up to 12 workweeks of unpaid leave during a 12-month period based on the following qualifying events:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son, daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.

4.5.1. Eligible residents who care for covered service members may also be eligible for up to 26 workweeks of unpaid leave in a single 12-month period.

4.5.2. Residents are eligible for FMLA leave if they have worked for MSM for at least one (1) year, have worked 1,250 hours over the previous 12 months, and have a qualifying event as outlined above. Direct all questions about FMLA leave to the Human Resources Department.

V. **SHORT TERM DISABILITY**:

5.1. Short-term disability (STD) is an MSM employee paid benefit offered to regular full-time employees and part-time employees who are eligible for benefits. The benefits are administered by an insurance carrier, which provides income continuation to employees who are unable to work for up to twenty-six (26) weeks due to a non-work related illness or injury that prevents the performance of normal duties of their position.

5.2. Eligible employees must enroll for the STD program within thirty (30) days of employment. If the employee does not enroll within thirty (30) days of eligibility and would like coverage at a later date, the employee must provide evidence of insurability to gain coverage subject to approval by the insurance carrier.
5.3. There is a required fourteen (14) day benefit elimination period during which an employee must use any available accrued sick and/or vacation leave.

5.3.1. If an employee continues to be determined disabled after the benefit elimination period, the insurance carrier will pay sixty percent (60%) of his or her weekly salary until a decision is made that the employee is no longer disabled, or the employee’s claim transitions to Long-Term Disability.

5.3.2. The maximum benefit period for STD is twenty-six (26) weeks.

5.3.3. The benefit period could be shorter as determined by medical documentation submitted. For additional information, refer to MSM’s Short Term Disability Policy (HR 6.01).

VI. LEAVE OF ABSENCE WITHOUT PAY:

6.1. Leave required beyond available compensated sick and/or vacation leave will be uncompensated Leave without Pay (LWOP).

6.1.1. Requests for LWOP shall be submitted in writing to the Residency Program Director and reviewed by the Human Resources Department for disposition and approval no less than 30 days in advance of the start of any planned leave.

6.1.2. The request shall identify the reason for the leave and the duration.

6.1.3. LWOP, when approved, shall not exceed six (6) months in duration.

6.2. MSM’s Human Resources Department shall advise both the resident and the residency program director on applicable policies and procedures.

6.2.1. All applicable categories of compensated leave must be exhausted prior to a resident being granted LWOP.

6.2.2. Residents shall consult with the HR Manager for Leave Management prior to taking LWOP.

VII. OTHER LEAVE TYPES:

All other leave types (e.g.: military, bereavement, jury duty, etc.) are explained in detail in MSM’s Policy Manual which is available on the Human Resources Department Intranet webpage.

VIII. RETURN TO DUTY:

8.1. For leave due to parental or serious health conditions of the resident or a family member, a physician's written “Release to Return to Duty” or equivalent is required with the date the resident is expected to return to resume his or her residency. This information is submitted to the Human Resources Department (HRD).

8.2. When applicable, the residency program director will record in writing the adjusted date required for completion of the PGY or the program because of Extended Resident Leave. One copy is placed in the resident’s educational file and a copy is submitted to the Office of Graduate Medical Education (GME) to process the appropriate Personnel Action.
IX. PROGRAM LEAVE LIMITATIONS:

9.1. Leave away from the residency program includes the total of all leave categories taken within an academic year. This includes uncompensated Federal Family and Medical Leave or other Leave without Pay (LWOP).

9.2. All leave is subject to the requirements of the individual medical specialty boards and the ACGME-RRC regarding the completion of the program.

9.2.1. It is the responsibility of each residency program director to determine the effect of absence from training for any reason on the individual’s educational program and, if necessary, to establish make-up requirements that meet the Board requirements for the specialty.

9.2.2. Residents should review the current certification application eligibility requirements at the specialty board website.

X. PROGRAM-LEVEL LEAVE PROCESSES—MONITORING AND TRACKING:

10.1. All residency programs should have written guidelines for resident leave processes including how to request leave. Guidelines must be consistently applicable to all residents in the program.

10.2. Program Managers are responsible for entering and tracking resident leave in New Innovations and the Kronos systems.
Resident Promotion Policy

I. PURPOSE:

1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).

1.2. A resident will be prepared to undertake independent medical practice upon the successful completion of a residency program and shall have completed requirements to obtain a physician’s license and prepare for certification by a specialty board.

II. SCOPE:

All MSM administrators, faculty, staff, residents, and accredited participating affiliates shall understand and support this policy and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

III. POLICY:

3.1. Residency education prepares physicians for independent practice in a medical specialty. A resident is expected to progressively increase his or her level of proficiency in order to advance within a residency program.

3.2. MSM’s focus is on the resident’s acquisition and development of pertinent skills and behaviors with the intent of providing a competent practicing physician to the community.

3.3. Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period.

IV. RESIDENCY PROGRAM PROMOTION:

4.1. Program Responsibilities

4.1.1. The resident will receive periodic, scheduled, written evaluations of his or her performance, progress, and competence in the program specialty as outlined in the MSM Evaluation Policy.
4.1.2. Residents must be familiar with ACGME-RRC and MSM educational requirements to successfully complete the residency program.

4.1.2.1. This should begin on the first day of matriculation.

4.1.2.2. At a minimum, residents must be given the following information by the residency program and/or the GME office:

- A copy of the MSM Graduate Medical Education (GME) General Information Policy
- A Residency Program Handbook (or equivalent) outlining at a minimum:
  o The residency program goals, objectives, and expectations
  o The ACGME Specialty Program Requirements
  o The six general competencies designed within the curriculum of the program
  o Clinical rotations and/or other education modules with specific goals, objectives, and expected outcomes
  o Schedules of assignments to support rotations
  o The educational supervisory hierarchy within the program, rotations, and education affiliates
  o The residency program evaluation system

4.2. Promotion Requirements

4.2.1. In order for a resident to complete an MSM residency education program, he or she must successfully meet the following standards in addition to any program-specific requirements:

4.2.1.1. The resident must exhibit clinical and academic performance and competence consistent with the curricular standards and the level of training undergone.

4.2.1.2. The resident must satisfactorily complete all assigned rotations, as supported by evaluation documentation, in each Post-Graduate Year (PGY).

4.2.1.3. The program director must certify that the resident has fulfilled all criteria, including the program-specific criteria, to move to the next level in the program.

4.2.1.4. The resident must demonstrate professionalism, including the possession of a positive attitude and behavior, along with moral and ethical qualities that can be objectively measured in an academic and/or clinical environment.

4.2.1.5. The resident must achieve a satisfactory score on the in-service examinations along with other program-specific criteria required in order to advance. ACGME-RRC program requirements provide the outline of standards for advancement.
4.2.2. Upon a resident's successful completion of the criteria listed above, the residency program director will certify the completion by placing the semi-annual evaluations and the promotion documentation into the resident's portfolio indicating that the resident has successfully met the specialty requirements for promotion to the next educational level. If this is a graduating resident, the program director should place the Final Summative Assessment in the resident's portfolio.

4.3. Process and Timeline for Promotional Decisions

4.3.1. Normal promotion decisions are made no later than the fourth month of the appointment. Reappointment agreements are prepared based on the residency Clinical Competency Committee and program director's recommendation for promotion.

4.3.2. When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.

4.3.3. If a resident's appointment agreement is not going to be renewed, the residency program must notify the resident in writing no later than four (4) months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four (4) months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the appointment agreement expiration.

4.3.4. For more information concerning adverse events, refer to the Adverse Academic Decisions and Due Process Policy.
Sleep Deprivation and Fatigue Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and training requirements of the Accreditation Council on Graduate Medical Education (ACGME). Resident education and patient care management can be greatly inhibited by resident sleepiness and fatigue.

II. SCOPE:

This policy is in direct response to requirements of the ACGME pertaining to fatigue mitigation and is designed to ensure the safety of patients as well as to protect the residents’ learning environment. This policy is in addition to any policy established by MSM and its affiliate institutions regarding sleep deprivation and fatigue.

III. DEFINITION OF FATIGUE:

3.1. Fatigue is a feeling of weariness, tiredness, or lack of energy. Fatigue can impair a physician’s judgment, attention, and reaction time which can lead to medical errors, thus compromising patient safety.

3.2. There are many signs and symptoms that would provide insight to one’s impairment based on sleep deprivation. Clinical signs include:

- Moodiness
- Depression
- Irritability
- Apathy
- Impoverished speech
- Flattened affect
- Impaired memory
- Confusion
- Difficulty focusing on tasks
- Sedentary nodding off during conferences or while driving
- Repeatedly checking work and medical errors
IV. POLICY:

4.1. Programs must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes.

4.2. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

4.3. Each program must ensure continuity of patient care consistent with program resident wellness policies and procedures, if a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

4.4. The program’s education and processes must be designed to:

   4.4.1. Raise faculty and residents’ awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care.

   4.4.2. Provide faculty and residents with tools for recognizing when they are at risk.

   4.4.3. Identify strategies for faculty and residents to use that will minimize the effects of fatigue (in addition to getting more sleep).

   4.4.4. Help identify and manage impaired residents.

V. INDIVIDUAL RESPONSIBILITY:

5.1. Resident’s Responsibilities in Identifying and Counteracting Fatigue

   5.1.1. The resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (e.g.: motor vehicle accidents).

   5.1.2. The resident is expected to adopt habits that will provide him or her with adequate sleep to perform the daily activities required by the program.

   5.1.3. If the resident is too fatigued to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (e.g.: taxicab) or take a nap prior to leaving the training site.

5.2. Faculty Responsibilities in Identifying and Counteracting Fatigue

   5.2.1. Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of care to patients.

   5.2.2. Faculty members will be able to determine if residents are sleep deprived and will make the appropriate recommendations to the resident that will correct this problem.

VI. MSM IMPLEMENTATION:

6.1. This policy uses the LIFE Curriculum as the source for recommendations and guidance on the management of sleepiness and fatigue in residents. The LIFE Curriculum was created to educate faculty and residents about the effects by fatigue and other common impairments on performance.
6.2. The policy is designed to:

6.2.1. Identify strategies to assist in the prevention of these conditions;
6.2.2. Provide an early warning system for impairments and ways to effectively manage them;
6.2.3. Access appropriate referral resources;
6.2.4. Identify an impaired resident.

6.3. The Sleep Deprivation and Fatigue Policy is appropriate for all residency programs in that it:

6.3.1. Has a faculty component and a resident component;
6.3.2. Addresses policies to prevent and counteract the negative effects on patient care and learning;
6.3.3. Seeks the expertise of existing faculty to present materials;
6.3.4. Uses modules for role play, case studies that address the adverse effects of inadequate supervision and fatigue.

6.4. The GME office shall sponsor a session during orientation where incoming residents will receive an introduction to Clinical Experience and Education (formerly Duty Hours), sleep deprivation and fatigue, and other impairments.

6.4.1. New residents will continue the discussion on sleep deprivation and fatigue in their residency program.
6.4.2. Each program will revisit the topic periodically throughout the year through role play, videos, and other discussions (many of these materials are available through the LIFE Curriculum).

6.5. Faculty will receive a separate orientation to the LIFE Curriculum modules through a faculty development session conducted by each individual program.

6.5.1. The GME office will periodically survey each program to determine if the core faculty has received the training and over what period of time.
6.5.2. The LIFE Curriculum will suffice for this educational session, however programs are encouraged, where appropriate, to adapt the modules or create new modules that are specific to their specialty.

6.6. It is encouraged that each program revisit the sleep deprivation and fatigue curriculum at least twice during the academic year in addition to preparation for the session that new residents receive during orientation.

VII. COUNSELING:

In the event that a resident is reported as one who appears to be persistently sleep deprived or fatigued during service, the program director and faculty mentor will counsel the resident individually to determine if there are some medical, physical, or psychosocial factors affecting the resident's performance. An appropriate referral will be made based on the findings.
VIII. EVALUATION:
The effectiveness of this policy will be measured by:

- The number of residents who report that they have received the training (ACGME Resident survey);
- The number of residents who comply with the clinical experience and education requirements;
- The assessment by faculty and others of the number of incidents by which a resident can be identified as fatigued during work hours and the number of medical errors attributed to resident fatigue.
**Supervision and Accountability Policy**

I. **PURPOSE:**

The purpose of this policy is to ensure that the Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) comply with ACGME supervision requirements and that the programs meet the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and the specialty program goals and objectives. The resident physician is expected to progressively increase his or her level of proficiency with the provision of predetermined levels of supervision.

II. **SCOPE:**

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

III. **POLICY:**

3.1. Supervision in the setting of graduate medical education has the following goals:

3.1.1. Ensuring the provision of safe and effective care to the individual patient;

3.1.2. Ensuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine;

3.1.3. Establishing a foundation for continued professional growth

3.2. Each patient must have an identifiable, appropriately-credentialed, and privileged Attending physician (or licensed independent practitioner) who is responsible and accountable for the patient’s care. This information must be available to residents, faculty members, other members of the healthcare team, and patients.

3.3. Residents and faculty members must inform patients of their respective roles in each patient’s care when providing direct patient care.

3.4. All residents working in clinical settings must be supervised by a licensed physician. The supervising physician must hold a regular faculty or adjunct faculty appointment from the Morehouse School of Medicine. For clinical rotations occurring outside of Georgia the supervising physician must be approved by the residency program director.
3.5. The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident’s level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

3.5.1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

3.5.2. The program director must evaluate each resident’s abilities based on specific criteria guided by the Milestones.

3.5.3. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate him or her the appropriate level of patient care authority and responsibility. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of the residents.

3.5.4. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

3.5.5. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.

3.5.6. Each resident must know the limits of his or her scope of authority, and the circumstances under which he or she is permitted to act with conditional independence. Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.

IV. LEVELS OF SUPERVISION:

4.1. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classifications of supervision:

4.1.1. Direct Supervision: The supervising physician is physically present with the resident and patient.

4.1.2. Indirect Supervision with direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

4.1.3. Indirect Supervision with direct supervision available: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

4.1.4. Oversight: The supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

4.2. Each program must specify in writing the type and level of supervision required for each level of the program.

4.2.1. Levels of supervision must be consistent with the Joint Commission regulations for supervision of trainees, “graduated job responsibilities/job descriptions.”
4.2.2. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

4.2.3. The Joint Commission Standards for GME Supervision include:

4.2.3.1. “Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.

4.2.3.2. The descriptions include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant’s progressive involvement and independence in specific patient care activities.

4.2.3.3. Organized medical staff rules and regulations and policies delineate participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting licensed independent practitioners from writing orders), and what entries, if any, must be countersigned by a supervising licensed independent practitioner.”

V. SUPERVISION OF PROCEDURAL COMPETENCY:

5.1. Residents shall obtain competence in their field to be able to treat and manage patients in a qualified manner.

5.2. This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying residents’ procedural competency.

5.2.1. Residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the medical staff office to perform that procedure.

5.2.2. The Attending or program director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.

5.2.3. The program director for each training program will be responsible for maintaining an updated list of residents who have been certified as competent to perform procedures independent of direct supervision. This list must be available to Nursing in order to assist them in developing a physician resource listing.

5.2.4. The program director must also develop a method for surveillance of continued competency after it is initially granted.

5.2.5. The ability to obtain and document informed consent is an essential component of procedural competency. The supervising LIP must also supervise and attest to the trainee’s competence in obtaining and documenting informed consent.

5.2.6. Until a resident trainee is judged competent in obtaining informed consent, he or she may only obtain informed consent while supervised by an individual with credentials in that procedure.
VI. GME PROGRAM SUPERVISION PROCEDURES AND PROCESSES:

6.1. Each program will maintain current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member.

6.2. Verification of required levels of supervision for invasive procedures will be reviewed as part of the Annual Program Review process. Programs must advise the Associate Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive procedures.

6.3. The GMEC Committee must approve requests for significant changes in levels of supervision.

6.4. The program director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on supervision must be included in the official Program Manual and provided to each resident upon matriculation into the program.

6.5. The GME Office provides a Program Supervision Policy Template and Example for programs to utilize.

VII. CLINICAL RESPONSIBILITIES:

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services.

VIII. TEAMWORK:

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty and larger health system.
USMLE Step 3 Requirement Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and the specialty program goals and objectives. A resident who will be prepared to undertake independent medical practice shall have completed requirements to obtain a physician’s license.

II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

III. POLICY:

3.1. Residents must pass USMLE Step 3 by their 20th month of residency.

3.1.1. Residents must present the official results of their USMLE Step 3 examination to the residency program director before the last working day of the resident’s 20th month which is, in a normal appointment cycle, February.

3.1.2. Residents who have not passed Step 3 by the end of the 20th month will not receive a reappointment letter to a residency program at the regular time.

3.2. Residents who pass USMLE Step 3 between the 21st and 24th month, will receive a reappointment letter to a residency program at the time of receipt of the results, if this is the sole reason for not receiving an appointment letter.

3.3. A resident who passes USMLE Step 3 beyond the outer parameters of this policy (e.g.: passes in the 25th month) shall not be waived to continue in the residency program. However, that resident may reapply to the program subject to review by the Associate Dean for Graduate Medical Education in consultation with the program director and the Director of Graduate Medical Education.

3.4. Residents who transfer to MSM at the PGY-1 or PGY-2 level are subject to this policy.

3.4.1. MSM residents who change status after beginning training in a PGY-1 preliminary position in internal medicine or surgery to a categorical position in another MSM program are recognized as a transfer resident.

3.4.2. This policy applies even if the resident remains in internal medicine or surgery (preliminary to categorical).
3.5. MSM Residency programs shall not select transfer residents above the PGY-2 level for an MSM appointment if they have not passed USMLE Step 3.

3.6. Residents shall be briefed on this policy in the annual GME Orientation.

3.6.1. Residents who have not passed USMLE Step 3, but are still within the time limits, must sign a Letter of Understanding that they acknowledge the policy.

3.6.2. A copy of the Letter of Understanding is co-signed by the GME Director and shall be placed in the resident's educational file as well as in the Office of Graduate Medical Education file.

3.7. Individual waivers to this policy may be considered by the Associate Dean for Graduate Medical Education under the following circumstances:

- Extended illness or personal leave
- Personal hardship or extenuating circumstances.
Well-Being Policy

I. PURPOSE:

Per ACGME, in the current healthcare environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is a vital component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

II. SCOPE:

Programs, in partnership with their sponsoring institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

III. POLICY:

3.1. The responsibility of programs in partnership with their sponsoring institutions must include:

3.1.1. Efforts to enhance the meaning that each resident finds in the experience of being a physician, including:

3.1.1.1. Protecting time with patients
3.1.1.2. Minimizing non-physician obligations
3.1.1.3. Providing administrative support
3.1.1.4. Promoting progressive autonomy and flexibility
3.1.1.5. Enhancing professional relationships
3.1.1.6. Paying attention to scheduling, work intensity, and work compression that impacts resident well-being
3.1.1.7. Evaluating workplace safety data and addressing the safety of residents and faculty members’ policies and programs that encourage optimal resident and faculty member well-being

3.1.2. The opportunity for residents to attend medical, mental health, and dental care appointments, including those scheduled during their working hours
3.1.3. Attention to resident and faculty member burnout, depression, and substance abuse

3.1.3.1. The program, in partnership with its sponsoring institution must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.

3.1.3.2. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

3.2. The program, in partnership with its sponsoring institution, must:

3.2.1. Encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;

3.2.2. Provide access to appropriate tools for self-screening; and

3.2.3. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

3.3. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies.

3.3.1. Each program must have policies and procedures in place that ensure coverage of patient care if a resident may be unable to perform their patient care responsibilities.

3.3.2. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.
MSM Institutional Policies

Contact the MSM Human Resources Department
For the Most Current and Up-to-Date
MSM Institutional Policies
(404) 752-1600
OR

Marla Thompson
Title IX Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Harris Building
Atlanta, GA 30310
Direct Dial: (404) 752-1871
Fax: (404) 752-1639
Email: mthompson@msm.edu
Accommodation of Disabilities Policy

I. PURPOSE:
Morehouse School of Medicine is an equal opportunity employer. This policy sets forth the school's commitment to compliance with all applicable state and federal laws concerning persons with disabilities, including the Americans with Disabilities Act ("ADA"). MSM will conduct all employment practices in a non-discriminatory manner and will make a reasonable accommodation available to any qualified employee with a disability who requests an accommodation.

II. APPLICABILITY:
This policy applies to all current employees, including student employees, employees seeking promotion, and job applicants.

III. POLICY:
3.1. MSM prohibits discrimination and/or harassment of disabled employees and applicants.
   3.1.1. An individual is considered to have a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
   3.1.2. A qualified individual with a disability is one who can perform the essential functions of his or her job with or without a reasonable accommodation.
   3.1.3. In its employment practices such as job application procedures, hiring, promotion, discharge, compensation, training, benefits, and other conditions of employment, MSM prohibits discrimination and/or harassment against any qualified individual with a disability.

3.2. Reasonable Accommodation of Disabilities
   3.2.1. MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.
   3.2.2. A reasonable accommodation is designed to assist an employee or applicant in the performance of the essential functions of his or her job or MSM's application requirements.
   3.2.3. Some examples of accommodations include, but are not limited to, the following:
   - Restructuring a job
   - Modifying work schedules
   - Providing interpreters
   - Redesigning work areas and equipment or acquiring new equipment
   - Ensuring facility accessibility to those with physical disabilities
3.2.4. Accommodations are made on a case-by-case basis.

3.2.5. MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation.

3.2.6. An accommodation need not be the most expensive or ideal accommodation, or the specific accommodation requested by the individual, so long as it is reasonable and effective.

3.2.7. MSM will not provide a reasonable accommodation if the accommodation would result in undue hardship to MSM or if the employee, even with reasonable accommodation, poses a direct threat to the health or safety of the employee or other persons.

3.2.8. Any decision to deny a reasonable accommodation on the basis of cost will be reviewed and approved by the Chief Financial Officer and Senior Vice President for Administration of MSM.

3.2.9. In most cases, it is an employee’s or applicant’s responsibility to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. Information on how to request a reasonable accommodation appears below.

IV. GUIDELINES:

4.1. Procedures for Requesting an Accommodation

4.1.1. The Human Resources Department has been designated to coordinate applicant and employee requests for workplace accommodations. A person with a disability may request a reasonable accommodation by contacting the Human Resources Department.

4.1.2. If the need for the accommodation is not obvious, a certification of disability from an appropriate health care provider, as determined by the school, must accompany the request.

4.1.3. In addition, if the initial information provided by an individual’s healthcare provider is insufficient to substantiate that the individual has an ADA-qualifying disability and is in need of a reasonable accommodation, the school may require the person requesting the accommodation to provide additional data or be evaluated by a healthcare provider of the school’s choice.

4.1.4. Employees or applicants requesting a reasonable accommodation are expected to work cooperatively with MSM throughout the accommodation process.

4.2. All information submitted about a disability will be maintained separately from personnel records and kept confidential in accordance with the ADA, except that

4.2.1. Supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and necessary accommodations;

4.2.2. First aid and safety personnel may be informed, to the extent appropriate, if and when a condition might require emergency treatment; and

4.2.3. Government officials engaged in enforcing laws such as those administered by the Office of Federal Contract Compliance Programs or the Americans with Disabilities Act may be informed.
4.3. Determination of whether an employee is a qualified person with a disability and whether a requested accommodation or any other accommodation is reasonable will be made on a case-by-case basis by the supervisor in consultation with the Human Resources Department after discussion as appropriate with the person requesting the accommodation.

V. INTERNAL GRIEVANCE PROCEDURE:

5.1. If you have concerns regarding denial of a reasonable accommodation or the specific accommodation selected by the school, you are encouraged to review the process with the Office of Compliance and Internal Audit.

5.2. In the event you disagree with the determination or proposed accommodation or believe you have been discriminated against and/or harassed based on a disability, you should contact the Office of General Counsel.

VI. RETALIATION:

6.1. MSM takes a very strong stance against retaliation. No employee or applicant will be subject to retaliation for attempting to exercise their rights under this policy.

6.2. Those who retaliate against an employee or applicant for making a report of disability discrimination and/or harassment, for attempting to secure a reasonable accommodation or otherwise acting in accordance with this policy will be subject to severe discipline, up to and including termination of employment.

6.3. If an employee or applicant believes that he or she has been retaliated against, he or she should immediately request assistance from their supervisor or the Human Resources Department.
Affirmative Action/Equal Employment Opportunity Policy

I. POLICY:

1.1. Equal Employment Opportunity Statement

1.1.1. Morehouse School of Medicine (“MSM” or “school”) is fully committed to a policy of equal opportunity throughout the school, and to this end abides by all applicable federal, state, and local laws pertaining to discrimination and fair employment practices.

1.1.2. Accordingly, MSM recruits, hires, trains, promotes, and educates individuals without regard to race, color, citizenship status, national origin, ancestry, gender (sex), sexual orientation, age, religion, creed, disability, marital status, veteran status, political affiliation, genetic information, HIV/AIDS status, or any classification protected by local, state, or federal law.

1.2. Affirmative Action Statement

1.2.1. MSM’s affirmative action program is designed to achieve diversity among faculty, administrators, and staff and to treat all appointments and promotions in a manner free from discrimination.

1.2.2. At MSM, we seek an inclusive working environment where all talented personnel have an equal opportunity to be recruited, employed, and promoted and to enjoy equally all other terms and conditions of employment.

1.2.3. For that reason, along with the principle of nondiscrimination, MSM is mindful of its affirmative action commitment of ensuring that groups specified by the United States Department of Labor (qualified members of minority groups, women, disabled individuals who are otherwise qualified, special disabled veterans, and veterans of the Vietnam era) also have an equal opportunity to be considered for hire, recruitment, promotion, and other terms and conditions of employment.

1.2.4. If you have any questions relating to equal opportunity, affirmative action, or if you want the school to pursue a possible violation of the policy, contact MSM’s Human Resources Department at (404) 752-1600 or the Chief Compliance and Internal Audit Officer at (404) 756-8919.
Sex/Gender Non-Discrimination and Sexual Harassment Policy

I. POLICY:

1.1. Morehouse School of Medicine (“MSM” or “school”) does not discriminate on the basis of sex in its employment decisions, education programs, and education activities as required under Title IX of the Education Amendments of 1972 and in its implementing regulations, and in part under Title VII of the Civil Rights Act of 1964, as well as any other applicable federal and state laws or local ordinances.

1.2. This policy covers all employment and admissions decisions affecting any member of the “MSM Community” (as defined below) as they relate to conduct prohibited under this policy, including sex/gender discrimination, as well as all types of sexual misconduct including, but not limited to, sexual harassment and sexual violence.

1.3. MSM also prohibits retaliation against members of the MSM Community (as defined below) who raise concerns about or report incidents of sex discrimination and sexual harassment.

1.4. Any individual found to have violated this policy will be subject to disciplinary action up to and including termination for employees, expulsion for students, and non-renewal for resident physicians.

1.5. Certain behavior also violates MSM’s policy even when it does not constitute a violation of law.

1.6. General inquiries about the application of Title IX should be directed to the United States Department of Education’s Office of Civil Rights or the School’s Title IX Coordinator or Deputy Title IX Coordinator:

Marla Thompson
Title IX Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Harris Building
Atlanta, GA 30310
Direct Dial: (404) 752-1871
Fax: (404) 752-1639
Email: mthompson@msm.edu
II. **APPLICABILITY:**

2.1. This policy applies to all faculty, staff, administration, supervisors, employees, resident physicians, students, applicants, volunteers, patients, and visitors to campus, including guests, patrons, independent contractors, or clients of MSM (individually “Person(s)”; collectively “the MSM Community”).

2.2. This policy prohibits unlawful discrimination, harassment, and retaliation on the basis of sex in any employment decision, education program, or educational activity, which means all academic, educational, extracurricular, and other programs and operations.

2.3. Any MSM persons designated by MSM to have the authority to address or duty to report alleged gender-based discrimination, sexual harassment and/or retaliation who fails to address or report alleged gender-based discrimination, sexual harassment and/or retaliation of which they know or should have known, may be subjected to sanctions up to and including termination of employment, dismissal, or expulsion.

III. **DEFINITIONS:**

3.1. Complaint means a complaint alleging any action, policy, procedure, or practice which would be prohibited by Title IX, such as gender-based discrimination or sexual harassment.

3.2. Complaint Answer means the written statement of the respondent regarding the complaint allegation and possible corrective action.

3.3. Complainant means an MSM person who submits a complaint under this policy, or an individual or group submitting a complaint on behalf of an MSM student or employee.

3.4. Consent means clear, unambiguous, and voluntary agreement between participants to engage in specific sexual activity.

3.4.1. Consent is active, not passive, and is given by clear actions or words.

3.4.2. Consent may not be inferred from silence, passivity, or lack of active resistance alone.

3.4.3. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity.

3.4.4. Being intoxicated does not diminish one’s responsibility to obtain consent.

3.4.5. In some situations, an individual may be deemed incapable of consenting to sexual activity because of circumstances or the behavior of another, or due to their age. Examples of such situations absent of consent include, but are not limited to, incompetence, impairment from alcohol and/or other drugs, fear, unconsciousness, intimidation, coercion, confinement, isolation, or mental or physical impairment.
3.5. Corrective Action means action which is taken by MSM to eliminate or modify any policy, procedure, or practice found to be in violation of Title IX and/or to provide redress to any complainant injured by the identified violation. Corrective action includes sanctions up to and including termination of employment, suspension, expulsion, or non-renewal.

3.6. Dating Violence is violence committed by a person:
   - Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
   - Where the existence of such a relationship may be determined based on the following factors:
     o Length of the relationship
     o Type of relationship
     o Frequency of interaction between the persons involved in the relationship

3.7. Discrimination is adverse treatment of any person based on that person's gender, rather than on the basis of his or her individual merit or other lawful considerations. Decisions made with respect to the terms, conditions, or privileges of employment and education including, but not limited to, hiring, firing, promoting, disciplining, scheduling, training, or deciding how to compensate an employee, resident, student, or applicant must be made without consideration of an individual's gender.

3.8. Domestic Violence (or Family Violence) is a category of felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. Georgia state law specifically defines such violence as the occurrence of a felony or the commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass between:
   - Past or present spouses
   - Persons who are parents of the same child
   - Parents and children
   - Stepparents and stepchildren
   - Foster parents and foster children
   - Other persons living or formerly living in the same household

3.9. Notice of Outcome means the written statement of a Title IX Coordinator, Deputy Title IX Coordinator, or other investigator of his or her findings regarding the validity of the complaint and the recommended corrective actions to be taken and/or sanctions to be imposed.

3.10. Respondent means a person alleged to be responsible or who is accused of conduct alleged in the complaint to constitute a Title IX violation. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the complaint (e.g.: a department head or chairperson).
3.11. Retaliation is any adverse action taken against an individual because he or she filed a charge of discrimination (including harassment), complained to the school or a government agency about discrimination and/or harassment on the job or in an academic setting, or participated in an employment or student discrimination proceeding (such as an internal investigation or lawsuit), including as a witness. Retaliation also includes adverse action taken against someone who is associated with the individual opposing the perceived discrimination or harassment, such as a family member.

Examples of retaliation include termination, dismissal, demotion, refusal to promote, or any other adverse action involving a term, condition, or privilege of employment or academic opportunity.

3.12. Sexual harassment is conduct that is sexual in nature, is unwelcome, and denies or limits a student's ability to participate in or benefit from a school's education programs, or negatively impacts an individual's work environment at MSM.

3.12.1. It is a form of misconduct that is demeaning to others and undermines the integrity of the employment relationship and learning environment.

3.12.2. Sexual harassment is unlawful and prohibited regardless of whether it is between or among members of the same sex or opposite sex.

3.12.3. Sexual harassment also may consist of inappropriate gender-based comments and gender stereotyping.

3.12.4. Examples of conduct constituting sexual harassment and which create a hostile environment include, but are not limited to:

3.12.4.1. Making unwelcome sexual advances, propositions, or other sexual or gender-based comments such as sexual or gender-oriented gestures, sounds, remarks, jokes, or comments about a person's gender, sex, sexuality, or sexual experiences;

3.12.4.2. Requesting sexual favors or engaging in other verbal or physical conduct of a sexual nature;

3.12.4.3. Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, drawings, pictures, or invitations;

3.12.4.4. Conditioning any aspect of an individual's employment or academic participation on his or her response to sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature;

3.12.4.5. Creating an intimidating, hostile or offensive working or academic environment by sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature; and

3.12.4.6. Conduct that is criminal in nature, such as rape, sexual assault, domestic violence, dating violence, sexually motivated stalking, and other forms of sexual violence.
3.13. Sexual assault is a sexual act against the will and without the consent of the individual (alleged victim).

3.13.1. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, rape, attempted rape, sexual battery, and aggravated sexual battery.

3.13.2. Additionally, Georgia law defines sexual assault as sexual contact that is perpetrated by a person who has supervisory or disciplinary authority over another individual.

3.13.3. Sexual assault is a criminal sex offense under Georgia law.

3.14. Stalking occurs when a person follows, places under surveillance, or contacts another person (i.e.: the victim) at or about any public or private property occupied by the victim other than the residence of the person without the consent of the victim for the purpose of harassing and intimidating the victim.

3.14.1. Harassment and intimidation is a knowing and willful course of conduct directed at a specific person which causes emotional distress by placing such person in reasonable fear for such person's safety or the safety of a member of his or her immediate family, by establishing a pattern of harassing and intimidating behavior, and which serves no legitimate purpose.

3.14.2. Examples of contacting another person include, but are not limited to, communicating in person, by telephone, by mail, by broadcast, by computer or computer network, or by any other electronic device.

3.15. Title VII, as referenced in this policy, means Title VII of the Civil Rights Act of 1964, the Title VII implementing regulations and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted specifically in the context of sex/gender discrimination.

3.15.1. Like Title XII, Title VII prohibits, in part, employment discrimination based on sex/gender.

3.15.2. All other types of non-gender related prohibited Title VII conduct is addressed and covered by the School's General Statement of Nondiscrimination and Anti-Harassment Policy.

3.16. Title IX means Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681 and 1682), the 1980 implementing regulations (34 C.F.R. Subpart E), and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted. Title IX states, in relevant part, that "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."
3.17. Title IX Coordinator, as referenced in this policy, means the employee(s) designated to coordinate the school’s efforts to comply with and carry out its responsibilities under Title IX and the Title IX implementing regulations.

3.17.1. The Title IX Coordinator (and the Deputy Title IX Coordinator) is responsible for investigating and disposing of all complaints of unlawful sex-based discrimination, sexual harassment and retaliation involving persons covered under this policy; monitoring the school’s overall implementation of Title IX complaint proceedings; coordinating the school’s compliance with Title IX; and determining the corrective action necessary for future prevention of unlawful sex-based discrimination, sexual harassment, and retaliation.

3.17.2. In cases where sex-based employment discrimination is alleged, the Title IX Coordinator (or deputy) will also coordinate the school’s efforts to comply with and carry out its responsibilities under Title VII and the Title VII implementing regulations, where the application of Title IX and Title VII overlap.

3.18. Title IX Investigator, as referenced in this policy, means the Title IX Coordinator, Deputy Title IX Coordinator, or her or his designee, tasked with investigating any complaints made under this policy, and issuing an Interim Notice of Outcome regarding same.

IV. PROHIBITION AGAINST RETALIATION:

Title IX (and Title VII) expressly prohibits retaliation against anyone who, in good faith, reports what she or he believes is discrimination or harassment, who participates or cooperates in any investigation, or who otherwise opposes unlawful conduct believed to be in violation of this policy.

4.1. Retaliation includes intimidation, harassment, threats, or other adverse action or speech against the person who reported the misconduct, the complainant(s), or witnesses.

4.2. MSM will not only take steps to prevent retaliation, but it will also take strong corrective action if it occurs.

4.3. Anyone who believes he or she has been the victim of retaliation for reporting discrimination or harassment, participating or cooperating in an investigation, or otherwise opposing unlawful conduct believed to be in violation of this policy should immediately contact the Title IX Coordinator or the Deputy Title IX Coordinator, who have authority to investigate all such claims.

4.4. Any individual found to have retaliated against another individual who engaged in conduct consistent with the protections afforded under this policy will be in violation of this policy and will be subject to disciplinary action.

V. FALSE ACCUSATIONS:

Anyone who knowingly makes a false accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions. Failure to prove a claim of discrimination, harassment, or retaliation does not, in and of itself, constitute proof of a knowing false accusation.
VI. JURISDICTION AND AUTHORITY OF MSM AND THE TITLE IX COORDINATOR:

6.1. MSM, through the Title IX Coordinator and/or Deputy Title IX Coordinator, has jurisdiction to receive, investigate, hear, and resolve reports and/or formal complaints brought by MSM faculty, staff, resident physicians, students, and other members of the MSM Community that involve or invoke Title IX.

6.2. The Title IX Coordinator is authorized to enact procedures that include specific instructions for reporting, investigating, and resolving incidents and/or Title IX complaints.

6.3. There is no time limit to filing a complaint, making a report or commencing an investigation under these procedures. However, victims are encouraged to report a complaint immediately in order to maximize the school’s ability to obtain information and conduct an adequate, thorough, prompt, and impartial investigation. Failure to promptly report alleged sex discrimination or sexual violence may result in the loss of relevant information, evidence, and reliable witness testimony, and may impair the school’s ability to carry out these procedures.

VII. PROCEDURES:

7.1. MSM is acutely aware that a victim of sex discrimination and/or of a sex offense in particular, may experience physical, mental, and emotional trauma as a result of the incident.

7.2. Therefore, in order for MSM to conduct a prompt, fair, and thorough investigation into the incident and commence appropriate disciplinary proceedings (if the victim so chooses), a victim of sexual violence (e.g.: rape, sexual assault, dating violence, domestic violence, stalking) is encouraged to complete these procedures immediately following the occurrence, when possible:

1. Go to a safe place as soon as possible.

2. Do not wash, shower, bathe, use the toilet or change clothing. Preserve any evidence as would be necessary to prove the offense, or in obtaining a protective order, restraining order, and/or no-contact order. Examples of such evidence include:
   - Clothing worn during the incident, including, but not limited to, undergarments;
   - Sheets, bedding, and condoms, if used;
   - A list of witnesses with contact information;
   - Text messages, e-mails, call history, and social media posts; and
   - Pictures of any injuries.

3. Call the appropriate law enforcement agency. If the sex offense occurred on campus, contact the Department of Public Safety as soon as possible by calling (404) 752-1794 or (404) 752-1795. If the attack did not occur on campus, call the law enforcement agency having jurisdiction where the sex offense (e.g.: the rape, sexual assault, dating violence, domestic violence, etc.) occurred.
4. Get medical attention. If called, the Department of Public Safety will assist the victim in calling an EMS, if wanted. You may also take yourself or have someone else take you directly to the medical facility or medical provider of choice. Ensure that any medical assistance you receive will include collecting any evidence.

5. Talk to a counselor. The victim may contact MSM Counseling Services at (404) 752-1789 for guidance on medical and counseling services. Employees should consult Care 24 at (888) 887-4114 for guidance on medical and counseling service referrals. The victim also has a right to have an advocate and support person present at the hospital, doctor’s office, or urgent care unit for examination.

VIII. OPTIONS FOR REPORTING OR DISCLOSING INCIDENTS OF SEXUAL VIOLENCE:

8.1. If a victim of a sex offense, domestic violence, dating violence, sexual assault, stalking, or other form of sexual violence is able and feels safe, he or she should clearly explain to the alleged offender that the behavior is objectionable and request that it cease.

8.2. Alternatively, if the victim is not able to confront or does not feel safe confronting the alleged offender, or the behavior does not stop, or if the victim believes some adverse employment, academic, or educational consequences may result from the discussion, the victim may do one or more of the following:

- Report the offense to his or her immediate supervisor or department chairperson, the Title IX Coordinator, or the Deputy Title IX Coordinator.
- Notify the Department of Public Safety or other law enforcement authorities.
- Request assistance in notifying appropriate law enforcement authorities, which assistance MSM will provide.
- Decline to notify any such authorities.

IX. FILING A COMPLAINT FOR VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:

9.1. Any person, or any individual or group acting on behalf of a person, seeking to raise concerns with individual or institutional sex-based discrimination, sexual harassment, or sexual violence may file a formal complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.

9.2. The Title IX Coordinator (or Deputy Title IX Coordinator) must be contacted in order to initiate a complaint.

9.3. The complaint should be brought as soon as possible after the most recent incident.

9.4. No person should assume that an official of MSM knows about a particular situation.

9.5. The school encourages any individual who feels he or she has been discriminated against or harassed to promptly report the incident to the Title IX Coordinator or the Deputy Title IX Coordinator.

9.6. Any person who knows of, or receives a complaint of sex discrimination or sexual harassment should report the information to or file a complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.
9.7. Complaints filed with the Title IX Coordinator or the Deputy Title IX Coordinator must be in writing and provide the following information:

- Name and contact information for the complaining person(s) ("complainant(s)");
- Nature and date of alleged violation;
- Names and contact information for the person(s) responsible for the alleged violation (where known) ("respondent(s)");
- Requested relief or corrective action (specification of desired relief shall be the option of the complainant); and
- Any other background or supplemental information that the complainant believes to be relevant (e.g.: names of other persons affected by the violation, etc.).

9.8. Upon receipt of a complaint alleging dating violence, domestic violence, sexual assault, stalking, or sexual violence, the Title IX Coordinator or the Deputy Title IX Coordinator will promptly schedule an individual meeting with the victim to:

- Provide him or her a general understanding of these complaint procedures, the prohibition against retaliation, and the investigative process;
- Discuss and provide written information regarding forms of support or immediate interventions available to the victim, such as on- and off-campus resources and interim measures;
- Discuss and provide written information regarding the victim’s options for, and available assistance in, changing any accommodations that may be appropriate and reasonably available concerning the victim’s academic, living, transportation, and working situations;
- Seek to determine if the victim wishes to notify law enforcement authorities, wishes to be assisted in notifying law enforcement authorities, or does not wish to notify law enforcement authorities;
- Where applicable, provide information to the victim of his or her rights and the school’s responsibilities regarding orders of protection, no contact orders, restraining orders, or similar lawful orders issued by a criminal, civil, or tribal court; and
- Inform the victim about how MSM will protect his or her confidentiality, including the omission of the victim’s identifying information in publicly-available records or in oral and written communications to the accused, to the extent permissible by law.

X. WHEN THE VICTIM REQUESTS CONFIDENTIALITY AND/OR ELECTS NOT TO PROCEED WITH AN INVESTIGATION OR PURSUE FORMAL DISCIPLINARY PROCEEDINGS:

10.1. If the victim does not wish to proceed with an investigation and/or requests that the complaint or report remain confidential, the Title IX Coordinator or the Deputy Title IX Coordinator will inform the victim that the school’s ability to respond fully to the incident may be limited because of this desire.

10.2. The victim should also understand that Title IX prohibits retaliation, and that school officials will not only take steps to prevent retaliation but also take strong responsive action if it occurs.
10.3. The Title IX Coordinator or Deputy Title IX Coordinator will weigh the victim’s request(s) for confidentiality and/or wish not to proceed with an investigation against the school’s obligation to provide a safe, non-discriminatory environment for all students. Specifically, the Title IX Coordinator or Deputy Title IX Coordinator will consider the following factors:

- The seriousness of the misconduct;
- Whether there have been other complaints of sex discrimination or sexual violence against the accused at the school or any other school or in the nature of prior criminal charges;
- Whether the accused threatened further misconduct or violence against the victim or others;
- Whether the misconduct was committed by multiple perpetrators;
- Whether the misconduct involved use of a weapon;
- The age of the victim;
- Whether the school possesses other means to obtain relevant evidence of the misconduct;
- Whether the complaint reveals a pattern of conduct at a particular location or by a particular individual and group of individuals; and
- The accused’s right to receive information about the allegations if the information is maintained by the university as an “education record” under the Family Educational Rights and Privacy Act (FERPA), if applicable.

10.4. Even if the victim does not wish to file a formal complaint or proceed with an investigation because he or she insists on confidentiality or requests that the complaint not be resolved, Title IX still allows MSM to investigate and take reasonable corrective action in response to the victim’s complaint if the Title IX Coordinator or the Deputy Title IX Coordinator determines, subject to the factors listed above, that the school must override the victim’s request for confidentiality in order to meet its Title IX obligations. However, these instances will be limited and evaluated on a case-by-case basis. The Title IX Coordinator or Deputy Title IX Coordinator will ultimately inform the victim if the school cannot ensure confidentiality.

10.5. In an instance where the school must disclose a victim’s identity to the accused, the Title IX Coordinator or Deputy Title IX Coordinator will inform the victim prior to making the disclosure.

XI. INTERIM AND REMEDIAL MEASURES:

11.1. Regardless of whether a victim of sex discrimination, sexual violence, or sexual harassment chooses to report the incident or file a formal complaint, the school shall take one or more of the following remedies, as well as other remedies deemed appropriate for each specific case, while keeping the victim’s identity confidential:

- Providing the victim with a campus security escort to ensure that he or she can move safely between buildings on campus;
- Ensuring that the victim and the accused do not attend the same classes, seminars, functions, meetings, etc.;
- Providing counseling services;
- Providing medical services;
- Providing academic support services such as tutoring (in cases involving students);
- Arranging for the victim to re-take a course or withdraw from a class without penalty, including ensuring that any changes do not adversely affect the victim’s academic records;
- Reviewing any disciplinary actions taken against the victim to determine if there is a causal connection between the harassment and the misconduct that may have resulted in the victim being disciplined.

11.2. The school also reserves the right to suspend the accused or place him or her on administrative leave pending the investigation of the victim’s complaint or disciplinary or criminal proceedings.

11.2.1. The interim suspension or leave shall become immediately effective without prior notice whenever there is evidence that the continued presence of the student or employee, respectively, at the school poses a substantial and immediate threat to himself or herself, or to others.

11.2.2. A student or employee suspended or placed on administrative leave, respectively, on an interim basis under this policy shall be given a prompt opportunity to appear personally before the Title IX Coordinator or Deputy Title IX Coordinator to discuss the following issues only:
- The reliability of the information concerning the respondent conduct, including the matter of his or her identity; and
- Whether the conduct and surrounding circumstances reasonably indicate that the continued presence of the accused on school premises poses a substantial and immediate threat to himself or herself, or to others.

11.3. The school may also consider and take interim remedial measures that affect the broader MSM population, including, but not limited to, offering school-wide counseling and training; developing, updating, and disseminating materials on sex discrimination or sexual harassment, developing and implementing new policies and complaint procedures; and conducting internal school investigations to assess the effectiveness of the school’s efforts to eliminate sex discrimination or sexual harassment and promote an environment free of sex discrimination and harassment.

11.4. Mediation will not be used to resolve complaints of sexual assault, sexual violence, domestic violence, dating violence, or stalking.

XII. PROCEDURES FOR INVESTIGATING VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:

12.1. Procedure for investigating allegations of co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination: Upon receipt of complaint of any allegation of sex discrimination or sexual harassment between co-workers or employees, the school will promptly investigate and take prompt, remedial action to remedy any confirmed conduct in violation of this policy.
12.2. Procedure for investigating allegations of sexual assault, sexual violence, domestic violence, dating violence, stalking or any other Title IX violations not involving co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination:

12.2.1. A Title IX/Discrimination Complaint Form will be prepared by the Title IX Coordinator or the Deputy Title IX Coordinator to facilitate the filing of the complaint. This form can be obtained from the Title IX Coordinator (or deputy).

12.2.2. Within five (5) days of the filing of a complaint, the Title IX Coordinator or the Deputy Title IX Coordinator will schedule an individual meeting with the accused (i.e.: the respondent) in order to provide him or her with notice of the complaint, of his or her responsibility to submit a written complaint answer within five (5) days after receipt of the complaint notification.

12.2.3. The Title IX Coordinator or the Deputy Title IX Coordinator will also provide the respondent with a general understanding of the procedures for investigating and resolving complaints of sex discrimination and/or sexual harassment, and identify forms of support or immediate interventions available to him or her, if applicable.

12.3. The respondent(s) receiving a copy of a complaint shall, within five (5) days, submit a written complaint answer to the complainant and the Title IX Coordinator or the Deputy Title IX Coordinator. Such answer shall:

- Confirm or deny each fact alleged in the complaint;
- Indicate the extent to which the complaint has merit and offer any facts or evidence to disprove the allegations made against him or her; and
- Indicate acceptance or rejection of any desired redress specified by the complainant, or outline an alternative proposal for redress.

12.4. Within five (5) days after receipt of the respondent’s written complaint answer, the Title IX Coordinator or the Deputy Title IX Coordinator will investigate the allegations.

12.4.1. If no complaint answer has been received on the fifth (5th) day after notification of the respondent, the Title IX Coordinator or the Deputy Title IX Coordinator shall send a “Notice Of Nonresponse” to the respondent and, if an MSM employee is involved, the employee’s immediate supervisor.

12.4.2. If no answer has been received within five (5) days after issuance of the “Notice Of Nonresponse,” the Title IX Coordinator or the Deputy Title IX Coordinator shall begin the investigation and recommend corrective action without the input of the respondent. A “Notice Of Nonresponse” shall also be sent to the complainant.

12.5. Pursuing a complaint under these procedures does not affect a victim’s ability to pursue a criminal action against the accused through the criminal justice system. A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, other sex offense, or any other crime recognized by local, state, or federal law may choose to pursue a complaint under these procedures, through the criminal justice system, or both simultaneously.

12.6. A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, or any other Title IX violation may also choose to file a formal complaint with the United States Department of Education’s Office of Civil Rights.
XIII. INVESTIGATIONS, FINDINGS OF FACT, AND RECOMMENDATIONS FOR CORRECTIVE ACTION BY THE TITLE IX COORDINATOR OR THE DEPUTY TITLE IX COORDINATOR:

13.1. All complaints of sex discrimination, sexual violence, and sexual harassment will be promptly investigated and appropriate interim measures will be taken as expeditiously as possible. MSM reiterates that it reserves the right to investigate and resolve a complaint or report of sex discrimination and/or sexual harassment regardless of whether the complainant ultimately desires the school to pursue the complaint.

13.2. The amount of time needed to investigate a complaint will depend in part on the nature of the allegation(s) and the evidence to be investigated (e.g.: the number and/or availability of witnesses involved). However, most complaints will be investigated and resolved within sixty (60) calendar days of the filing of the complaint, excluding any appeal(s).

13.3. The parties to the complaint will each have an opportunity to be heard by the Title IX Coordinator or Deputy Title IX Coordinator during the investigation, and to present witnesses and other evidence to the Title IX Coordinator or Deputy Title IX Coordinator. The investigation may include conducting interviews of the complainant, the alleged perpetrator, and any witnesses; reviewing law enforcement investigation documents, if applicable, reviewing student and personnel files; and gathering and examining other relevant documents or evidence.

13.4. When investigating an incident, MSM will make reasonable efforts to protect the rights of both the complainant and the respondent. MSM will respect the privacy of the complainant, the respondent, and the witnesses in a manner consistent with the school’s legal obligations to investigate, to take appropriate action, and to comply with any discovery or disclosure obligations required by law.

13.5. When investigating a complaint, MSM will coordinate with any other ongoing school or criminal investigations of the incident.

13.6. At reasonable times and various stages until the school’s final disposition of the investigation, the complainant(s) and the respondent(s) will be informed of the status of the investigation.

13.7. Within sixty (60) days of receipt of the complaint filed to commence institutional disciplinary proceedings, the Title IX Coordinator or the Deputy Title IX Coordinator will provide an Interim Notice of Outcome of the investigation or will advise the parties of the additional estimated amount of time needed for the investigation.

13.8. In the event the investigation reveals that, by application of the preponderance of evidence standard, it is more likely than not that a policy violation (or other inappropriate or unprofessional conduct even if not unlawful), or retaliation occurred, within ten (10) business days following the completion of the investigation, the Title IX Investigator will simultaneously provide the written Interim Notice of Outcome to complainant, respondent, and appropriate MSM officials for adoption or modification as outlined in Section XIII, below. The Interim Notice of Outcome will include:

- The determination of whether the respondent was found responsible or not responsible for the alleged violations;
- Where applicable, sanction(s) assigned or remedial measures, the due date(s) of the sanction(s), and any available appeal rights and deadlines;
- Any change to the results that occurs prior to the time that such results become final; and
- When such results will become final.

13.9. Written notice to the appropriate parties relating to discipline, resolutions, and/or final dispositions is deemed to be official correspondence from the school. Disciplinary sanctions imposed may be appealed through the appropriate appeals process depending on the status of the alleged policy violator. MSM will take the appropriate remedial action based on results of the investigation and will follow up as appropriate to ensure that the corrective action is effective.

13.10. Complainants are encouraged to report any reoccurrences of conduct that were found to violate this policy or any other related concerns.

XIV. CORRECTIVE ACTION, SANCTIONS, AND NOTICES OF OUTCOME:
Where it is determined that it is more likely than not that the respondent has committed a violation of this policy, the following guidelines shall apply:

14.1. For respondents classified as students: Sanctions include one or a combination of the following disciplinary actions:
  - Warning: Verbal notice that violation of specified regulations and/or continuation or repetition of prohibited conduct may be cause for additional disciplinary action;
  - Official Reprimand: A written notice of reprimand for violation of specified regulations, including a warning that continuation or repetition of prohibited conduct may be cause for additional disciplinary action;
  - Disciplinary Probation: Exclusion from participation in privileged or extracurricular school-sponsored activities for a specified period of time. Additional restrictions or conditions may also be imposed. Violations of the terms of disciplinary probation, or any other violation of this code during the period of probation may result in suspension or expulsion from MSM;
  - Restitution: Monetary repayment or reimbursement to the school or to an affected party for economic damages resulting from the student’s misconduct;
  - Suspension: Temporary exclusion from MSM premises and other privileges or activities, as set forth in the suspension notice;
  - Expulsion: Permanent termination of student status and exclusion from MSM premises, privileges, and activities;
  - Other Sanctions: Other sanctions may be imposed instead of, or in addition to, those specified in sections above in this part. For example, community service may also be assigned.

Note: Nothing in the Student Handbook shall prevent the Title IX Investigator from conducting a prompt, fair, and thorough investigation into allegations against the respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment, or sexual violence, or from taking interim measures during the pendency of the investigation, hearing, or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the respondent is responsible for conduct constituting the Title IX violation.
14.1.1. The Title IX Investigator will submit his or her findings and recommendations for corrective actions and/or sanctions simultaneously to the complainant, respondent, and the Associate Dean of Admissions and Student Affairs or his or her designee via an Interim Notice of Outcome.

14.1.2. Complainants and respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto.

14.1.3. Objections must be submitted in writing to the Associate Dean of Admissions and Student Affairs or his or her designee.

14.1.4. The Associate Dean of Admissions and Student Affairs or his or her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by complainant respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

14.2. For respondents classified as resident physicians: Sanctions include one or a combination of the following disciplinary actions:

- **Notice of Deficiency**: The school may issue a written or oral warning to the resident to give notice that deficiencies exist that are not yet severe enough to require remediation, disciplinary action, or other adverse actions, but that do require the resident to take immediate corrective action to cure the deficiency;

- **Non-Promotion**: Resident appointments are for a maximum of twelve (12) months, year-to-year. Where a resident has demonstrated unsatisfactory performance during an academic year or fails a specific rotation required for promotion, the school may elect to delay a resident’s promotion to the next level;

- **Suspension**: The school may elect to suspend a resident from all program activities for a period of time when it has determined that a resident’s performance or behavior does not appear to be in the best interest of the patients or other medical staff. Depending on the circumstances surrounding the suspension, it may be paid or unpaid;

- **Non-Renewal of Appointment**: The school may elect not to re-appoint a resident for the next academic year if it determines that that resident’s performance does not meet the school’s academic or professional standards, or the requirements of the program, the Residency Review Committee Program, GME, or the Specialty Board;

- **Restitution**: Monetary repayment or reimbursement to the school or to an affected party for economic damages resulting from the resident’s misconduct;

- **Other Sanctions**: Other sanctions may be imposed instead of, or in addition to, those specified in the sections above in this part. For example, community service or additional training may also be assigned.

**Note**: Nothing in the Graduate Medical Education (“GME”) Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair, and thorough investigation into allegations against the respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing, or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the respondent is responsible for conduct constituting the Title IX violation.
14.2.1. The Title IX Investigator will submit his or her findings and recommendations for corrective actions, and/or sanctions simultaneously to the complainant, respondent, and the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his or her designee via an Interim Notice of Outcome. Complainants and respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his or her designee.

14.2.2. The Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his or her designee shall consider the findings and recommendations of the Title IX Investigator and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by complainant, respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

14.3. For respondents classified as faculty: The respondent shall be subject to the investigation authority of the Title IX Coordinator or Deputy Title IX Coordinator in addition to the procedures outlined in Appendix III of the Faculty Bylaws, and to sanctions up to and including termination.

14.3.1. Nothing in the Faculty Bylaws shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair, and thorough investigation into allegations against the respondent of any Title IX violation, including, but not limited to, sex discrimination, sexual harassment, or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the respondent is responsible for conduct constituting the Title IX violation.

14.3.2. The Title IX Investigator will submit his or her findings and recommendations for corrective actions, and/or sanctions simultaneously to the complainant, respondent, and the Vice President and Executive Vice Dean of Research and Academic Administration or his or her designee via an Interim Notice of Outcome. Complainants and respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Vice President and Executive Vice Dean of Research and Academic Administration or his or her designee.

14.3.3. The Vice President and Executive Vice Dean of Research and Academic Administration or his or her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by complainant, respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

14.3.4. For respondents classified as MSM staff employees: The respondent shall be subject to disciplinary action, suspension, and termination as provided in the Discipline and Corrective Action Policy in the HR Policy Manual.
14.3.5. Nothing in the HR Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair, and thorough investigation into allegations against the respondent of any Title IX violation, including, but not limited to, sex discrimination, sexual harassment, or sexual violence, or from taking interim measures during the pendency of the investigation, hearing, or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the respondent is responsible for conduct constituting the Title IX violation.

14.3.6. The Title IX Investigator will submit his or her findings and recommendations for corrective actions, and/or sanctions simultaneously to the complainant, respondent, and the Associate Vice President of Human Resources or his or her designee via an Interim Notice of Outcome. Complainants and respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Vice President of Human Resources or his or her designee.

14.3.7. The Associate Vice President of Human Resources or his or her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by complainant, respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

XV. TITLE IX APPEALS/GRIEVANCE PROCEDURES:

15.1. For purposes of this policy section, a “Title IX Grievance” is a complaint concerning any perceived Title IX violation resulting from an MSM policy, practice, or procedure.

15.2. Any member of the MSM Community may file a written Title IX Grievance at any time.

15.3. For purposes of this policy section, a “Title IX Appeal” is an appeal by an affected individual to a decision in an Interim or Final Notice of Outcome resulting from a Title IX Complaint Investigation or Hearing.

15.4. First Level Appeals/Grievances:

15.4.1. As outlined above, the Title IX Investigator will simultaneously forward the Interim Notice of Outcome to the complainant, respondent, and:

- The Associate Vice President of Human Resources or his or her designee (for staff decisions or decisions affecting other members of the MSM Community (vendors, visitors, applicants, etc.));
- The Vice President and Executive Vice Dean of Research and Academic Administration or his or her designee (for faculty decisions);
- The Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his or her designee (for resident physician decisions); or
- The Associate Dean of Admissions and Student Affairs or his or her designee (for student decisions).

15.4.2. Complainants and respondents have ten (10) business days from receipt of an Interim Notice of Outcome to object to the findings or recommendations contained therein.
15.4.3. The appropriate designated official will review and consider the Interim Notice of Outcome, as well as any complainant or respondent objections to same, and issue a Final Notice of Outcome within the timeframe set forth herein which may adopt, reject, or modify the Interim Notice of Appeal.

15.4.4. For all first level appeals and grievances, the president and dean will select and designate two (2) independent senior-level members of the MSM Community to monitor and oversee the review process conducted by the appropriate designated official.

15.5. Second Level Appeals/Grievances:

15.5.1. Appeals to the Final Notice of Outcome must be filed within ten (10) business days of receipt with the chief compliance officer and may only be brought on one or more of the following three (3) grounds:
- To determine whether there was a material deviation from the substantive and procedural protections provided in the complaint proceedings;
- To determine whether the final decision was based on substantial evidence or information; or
- To consider new information sufficient to alter the decision or relevant facts not brought out in the investigation or hearing.

15.5.2. All grievances and appeals of Final Notice of Outcome must be submitted in writing, and must include the following information:
- The name, address, and signature of the grievant or appellant;
- A sufficient description of the issue on appeal (material deviation from substantive/procedural compliant proceedings; failure to base final decision on substantial evidence/information; or new issue or information sufficient to alter the decision) or the allegedly improper policy, practice, or procedure resulting in a Title IX violation;
- The identity of additional witnesses or affected individuals.
- Attach and/or identify any other documents, facts, or evidence that MSM should consider in reviewing the grievance or appeal.

15.5.3. An appellant is not required to re-submit any documents or information that MSM already has in its possession as a result of its original Title IX investigation.

15.5.4. The chief compliance officer will investigate the appeal, including, but not limited to, review of the grounds for appeal and evidence submitting, seeking the opinion of the Title IX Coordinator’s office regarding whether and why the policy, practice, or procedure being grieved or the decision being appealed complies with Title IX, or if not, what, if any, steps should be taken to bring the policy, practice, procedure, or decision into compliance with Title IX.

15.5.5. The chief compliance officer may also conduct a follow-up conference or hearing with the appellant or other affected individuals or interested parties.

15.5.6. The chief compliance officer will, within sixty (60) days of receipt of the appeal, issue a Notice of Appeal Determination either affirming, modifying, or reversing the decision being appealed, or the policy/practice/procedure being grieved.

15.5.7. The Notice of Appeal Determination is final and non-appealable.
Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy

I. PURPOSE:

1.1. The Morehouse School of Medicine and Morehouse Medical Associates, Inc. ("MSM") is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

1.2. This shared mission requires that faculty, students, trainees, and staff of MSM interact with representatives of the pharmaceutical, biotechnology, medical device, and hospital equipment supply industry ("Industry") in a manner that advances the use of the best available evidence so that medical advancements and new technologies become broadly and appropriately used. While the interaction with Industry can be beneficial, Industry influence can also result in unacceptable conflicts of interest that may lead to increased costs of healthcare, the compromise of patient safety, negative socialization of students and trainees, bias of research results, and diminished confidence and respect among patients, the general public, and regulatory officials.

1.3. Because provision of financial support or gifts, even in modest amounts, can exert a subtle but measurable impact on recipients’ behavior, MSM has adopted the following policy to govern the interactions between Industry and MSM personnel.

1.4. There is a growing body of evidence demonstrating the adverse consequences of interactions between healthcare providers and Industry, including practices such as receipt of small gifts that have traditionally been considered acceptable by professional standards, such as the ethical opinions of the American Medical Association’s Council on Medical and Judicial Affairs. While healthcare professionals may not believe that they are personally biased by Industry, retailing by Industry representatives is designed to sell products and advance the interests of Industry’s shareholders. This policy has been designed on the basis of the best available literature on conflict of interest and is intended to provide a set of guiding principles that members of the MSM community as well as representatives of Industry can use to ensure that their interactions result in optimal benefit to clinical care, education and research, and maintenance of the public trust.
1.5. This policy is designed to affect the behavior and practices of Industry, as much as the behavior of MSM personnel. While partnerships between Industry and physicians may further mutual interests to improve clinical management of diseases and improve patient care, the provision of gifts, food, or other blandishments add nothing to the substance of the exchange, and leave both parties subject to questions of integrity and commitment to professional practice responsibilities.

1.6. This policy is established to provide guidelines for interactions with Industry representatives for medical staff, faculty, staff, residents, students, and trainees of MSM. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical, and research missions of MSM. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either a faculty member or the school.

II. SCOPE:

2.1. This policy applies to all medical staff, faculty, staff, residents, interns, students, and trainees of MSM.

2.2. While this policy addresses many aspects of Industry interaction, it supplements the existing conflict of interest policies of MSM, particularly as they apply to research conflicts of interest:
   - Institutional conflicts of interest
   - Individual conflicts of interest
   - Research conflicts of interest

2.3. In all cases where this policy is more restrictive than other MSM conflict of interest policies, this policy shall control.

2.4. This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry, including those individuals whose purpose is to provide information to clinicians about company products, even though such personnel are not classified in their company as “sales or marketing.”

III. POLICY:

3.1. It is the policy of MSM that clinical decision-making, education, and research activities be free from influence created by improper financial relationships with, or gifts provided by, Industry.

3.2. For purposes of this policy, “Industry” is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital and research equipment supply Industry entities and their representatives.

3.3. In addition, clinicians and their staffs should not be the target of commercial blandishments or inducements—great or small—the costs of which are ultimately borne by our patients and the public at large.
3.4. These general principles should guide all potential relationships or interactions between MSM personnel and Industry representatives.

3.5. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, MSM personnel should consult in advance with their deans or department chairs or administrative management to obtain further guidance and clarification.

3.6. Charitable gifts provided by Industry in connection with fundraising done by or on behalf of MSM shall be subject to other policies adopted from time to time by MSM or foundations fundraising on their behalf.

IV. SPECIFIC ACTIVITIES:

4.1. Gifts and Provision of Meals

4.1.1. MSM personnel are prohibited from accepting or using personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Although personal gifts of nominal value may not violate professional standards or anti-kickback laws, such gifts do not improve the quality of patient care, may subtly influence clinical decisions, and add unnecessary costs to the healthcare system.

4.1.2. Gifts from Industry that incorporate a product or company logo on the gift (e.g.: pens, notepads, stethoscopes, journals, textbooks, or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system.

4.1.3. Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by MSM, except as outlined in subsection “Support of Continuing Medical Education or Graduate Medical Education” below.

4.1.4. MSM personnel may not accept meals or other hospitality funded by Industry, whether on campus or off campus, nor accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event that complies with the provisions of subsection “Industry-Sponsored Meetings or Industry Support for Off-Campus Meetings” below may be accepted.

4.1.5. Industry wishing to make charitable contributions to MSM may contact the Office of Institutional Advancement. Such contributions shall be subject to any applicable policies maintained by MSM, and the receiving organizations.

4.2. Consulting Relationships

4.2.1. MSM recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member and MSM. However, consulting arrangements that simply pay MSM personnel a guaranteed amount without any associated duties (such as participation on scientific advisory boards that do not regularly meet and provide scientific advice) shall be considered gifts and are consequently prohibited.

4.2.2. In order to avoid gifts disguised as consulting contracts, where MSM personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, and must be restricted to scientific issues.
4.2.3. The compensation paid must be reasonable and reflect fair market value for the service and time provided, and must be commensurate with the tasks assigned. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved prior to initiation in accordance with appropriate MSM policies.

4.2.4. For MSM personnel, consulting relationships with Industry may be entered into only with the prior permission of a faculty member’s dean, department chair, or administrative management.

4.2.5. In addition, prior review and written approval from the faculty member’s dean is required if consulting relationships with any one company (including the parent and subsidiary companies) will pay the faculty member in excess of $10,000 in any twelve-month period.

4.2.6. For employees of MSM who are not faculty, prior written approval of the appropriate supervisor is required for any outside consulting.

4.2.7. MSM reserves the right to require faculty and employees to request changes in the terms of their consulting agreements to bring those consulting agreements into compliance with MSM policies.

4.3. Drug or Device Samples

4.3.1. The provision by manufacturers of “free” samples of prescription drug or device products is a marketing practice designed to promote the use of these products and to gain access to prescribers to influence their behavior. Studies from the literature quite convincingly demonstrate the effectiveness of this technique to boost sales. At the same time, this practice provides invaluable assistance to some patients to quickly begin a course of treatment or to determine which therapeutic option is most beneficial for that patient. Free samples also have been responsibly incorporated into the evidence-based decision making of some individual and group practices. While societal benefits result from the availability of medications at the point of care, pharmaceutical samples are not preferred because often their prior storage and handling are suspect (temperature/humidity control), accountability is generally low (pilferage, diversion, theft), documentation is usually weak (incomplete logs), patient directions and patient information are not provided and/or are inadequate, and pharmacist review/profiling is left incomplete.

4.3.2. Therefore, with limited exceptions, sample medications are not permitted in MSM facilities.

4.3.3. As an alternative, pharmaceutical sales representatives should be encouraged to offer voucher programs which allow patients to get starter supplies of medications through organized distribution channels instead of pharmaceutical samples.
4.3.4. Definitions

4.3.4.1. **Drug Samples**: Prescription and non-prescription medications which are provided to the sites by pharmaceutical representatives for complimentary distribution to patients as starter doses.

4.3.4.2. **MSM/MMA Sites**: Applicable to all MSM facilities where care is provided to patients.

4.3.4.3. **Pharmaceutical Sales Representatives (PSR)**: A representative of a pharmaceutical manufacturer who visits the ambulatory care sites for the purpose of soliciting the use of, or providing information about pharmaceutical products. Representatives who visit MSM facilities for the sole purpose of initiating or monitoring research studies are exempt from these guidelines.

4.3.5. Standards

4.3.5.1. Drug samples shall not be made available for use by inpatients.

4.3.5.2. Sample medications are not permitted in MSM facilities except as noted in paragraph “Site Access” below. This includes both patient care and non-patient care areas.

4.3.5.3. Vouchers approved by the MMA Operations Committee (“the Committee”) may be distributed by MSM ambulatory care sites in order for patients to receive complimentary starter medications from a pharmacy of their choice. The MMA Operations Committee will determine a formulary of MSM-preferred medications, which then may be available through vouchers. Only vouchers approved by the committee are permitted to be used by MSM clinicians at MSM facilities.

4.3.5.4. Non-approved vouchers may not be distributed by PSRs to MSM ambulatory care sites, nor dispensed by MSM personnel at MSM sites.

4.3.5.5. Under special circumstances in which there is a legitimate clinical need, with the approval noted below, sample medications may be permitted in MSM facilities. Specific requests to have physical samples in a MSM clinic must be made on the Special Cause Sample Request Form, and be approved by the MMA Operations Committee and the MMA Associate Dean for Clinical Affairs.

4.3.5.6. Control of drug samples/vouchers shall be monitored jointly by the Clinical Compliance and Privacy Officer and the MMA Associate Dean for Clinical Affairs.

4.3.6. Procedure Actions

4.3.6.1. Participating pharmaceutical companies may distribute the MMA Operations Committee-approved vouchers to MSM/MMA clinics through their sales representatives. These vouchers are for generic medications or brand drugs that are designated as "preferred" by the committee.

4.3.6.2. PSRs may not distribute non-approved vouchers or coupons within MSM sites, or to MSM clinicians.
4.3.6.3. If a clinic medical director believes there is a clinical need to maintain some physical samples, a request will be made to the MMA Operations Committee, the MMA Associate Dean for Clinical Affairs, and the Clinical Compliance and Privacy Officer using the Special Cause Sample Request Form. If the request is approved, the succeeding steps must be followed:

1. A formulary of approved sample products must be approved for the clinic and samples of only those products are permitted at the site.

2. The approved products must be reviewed annually by the Associate Dean for Clinical Affairs and the Clinical Compliance and Privacy Officer.

3. Samples must be stored in a locked secure area that prohibits unauthorized access or that is under constant supervision or surveillance. PSRs are not authorized to have access to drug sample storage areas.

4. Samples are properly stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and safety, according to manufacturer's specifications and law and regulation.

5. When samples are received from the manufacturer, they must be recorded on the Sample Drug Log-In Form.

6. The sample drugs must be inspected monthly by the Associate Dean for Clinical Affairs or designee, and a copy of this review sent to the Clinical Compliance and Privacy Officer.

7. Samples are organized to allow for easy retrieval, yet segregated to prevent medication errors. Storage areas must be routinely inspected to check for expired and deteriorated sample medications; samples stored in the wrong place; drugs that can no longer be identified by name, strength, and expiration date; and other medications that do not belong in that area.

8. Samples for prescription drugs are labeled and dispensed according to the same standardized method that MSM uses for non-sample prescription medications.

9. In the event of a drug recall, the Clinical Compliance and Privacy Officer will notify the clinic. The Associate Dean for Clinical Affairs or designee must review sample inventory and return recalled drugs to the pharmacy.

10. When dispensing a sample medication to a patient, the physician must select the drug, dose, and quantity of medication to be dispensed. This must be recorded in the patient's medical record. The physician must review the dose-pack and patient label with written instructions prior to the medication being dispensed to the patient.
11. The physician may delegate to a medical assistant or nurse the following steps:
   1) Complete the Sample Drug Sign-Out Log.
   2) Complete the Sample Medication Label.
   3) Document the patient waiver of a child-proof container.
   4) Obtain final approval from the physician before dispensing.
   5) Provide patient education regarding the medication.

4.3.6.4. The Clinical Compliance and Privacy Officer will inspect the sample medication storage, log, and dispensing process at least annually. If adherence to this policy is not being met, the privilege of maintaining samples will be revoked.

4.4. Site Access

4.4.1. MSM does not allow use of their facilities or other resources for marketing activities by Industry.

4.4.2. MSM always reserves the right to refuse access to their facilities or to limit activities by Industry representatives consistent with their non-profit mission. However, interaction with representatives of Industry is appropriate as it relates to exchange of scientifically valid information and other data, interactions designed to enhance continuity of care for specific patients or patient populations, as well as training intended to advance healthcare and scientific investigation.

4.4.3. To balance these interests, MSM’s Procurement Office will develop a registry to assist in the management of site access by Industry representatives for appropriate purposes.

4.4.4. Sales or marketing representatives of Industry may access MSM facilities only if the company with which they are associated has registered with the MSM Procurement Office, and they have been specifically invited to meet with an individual healthcare provider or a group of healthcare providers for a particular purpose. Individual physicians or groups of physicians or other healthcare professionals may request a presentation by or other information from a particular company through the MSM Procurement Office or other designated institutional official.

4.4.5. Industry representatives should not be permitted in any patient care area unless each of the following exceptions is met:
   - The representative is present to provide in-service training on devices and other equipment, including provision of essential guidance on the use of such equipment.
   - The presence of the representative is expressly requested and approved in advance by a faculty member.
   - The device representative is certified by their employer to provide the requested device training.

4.4.6. Industry representatives should never provide direct patient care services at MSM.
4.4.7. Industry representatives are permitted in non-patient care areas by scheduled appointment only. Therefore, representatives should not be in any MSM facilities without a scheduled appointment with a faculty member or other authorized MSM personnel.

4.4.8. Industry representatives without an appointment as outlined above are not allowed to conduct business in patient care areas (inpatient or outpatient), in practitioners' office areas, or other areas of MSM clinical facilities.

4.4.9. All Industry personnel seeking sales or vendor relationships must work directly with the MSM Procurement Office. While in MSM facilities, all Industry representatives must be identified by name and current company affiliation in a manner determined by such department, as applicable.

4.4.10. All Industry representatives with access to MSM clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.

4.5. Support of Continuing Medical Education or Graduate Medical Education

4.5.1. Industry support of continuing medical education ("CME/GME") in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is provided to healthcare practitioners. In order to ensure that potential for bias is minimized and that CME/GME programs are not a guise for marketing, all CME/GME events hosted or sponsored by MSM must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CME/GME credit is awarded for attendance at the event.

4.5.2. All such agreements for Industry support of CME/GME programs must be negotiated through and executed by the Continuing Medical Education Department and must comply with all policies for such agreements.

4.5.2.1. Funding may be restricted to a clinical department and must be overseen by the chair of that department.

4.5.2.2. Funding may not be restricted to a clinical division, a specific program or an individual physician. The CME Committee will oversee Industry sponsorship exceeding established thresholds (see below) to ensure that potential conflicts of interest are appropriately managed.

4.5.3. Any such educational programs must be open on equal terms to all interested practitioners, and may not be limited to attendees selected by the company sponsor(s).

4.5.3.1. Industry funding for such programming should be used to improve the quality of the education provided and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level.

4.5.3.2. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on- or off-campus).
4.5.4. Product symposia by MSM exclusively for the education of MSM personnel, MMA patients or the broader community are permissible. Industry products directly related to a MSM educational event may be displayed and discussed as part of the educational event. Industry funding to support these activities is acceptable provided it is processed consistent with this section.

4.5.5. Industry product fairs are prohibited. Industry representatives are never permitted to display or market any products on any MSM premises, unless they are directly related to an MSM-sponsored education event, as noted above.

4.5.6. MSM facilities (clinical or non-clinical) may not be rented by or used for Industry funded and/or directed programs, unless there is a CME/GME agreement for Industry support that complies with the policies of the CME Committee. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.

4.5.7. The Office of Compliance and Internal Audit will review and oversee Industry sponsorship to assess potential conflicts of interest and to propose approaches for management of such potential or actual conflicts of interest. The Office of Compliance and Internal Audit and the Office of General Counsel will review any Industry contribution exceeding $10,000 in support of CME/GME (fellowship or other support) or general research support in any one fiscal year.

4.6. Industry Sponsored Meetings or Industry Support for Off-Campus Meetings

4.6.1. MSM medical staff, faculty, staff, residents, interns, students, and trainees may participate in or attend Industry-sponsored meetings, or other off-campus meetings where Industry support is provided, so long as:

4.6.1.1. The activity is designed to promote evidence-based clinical care and/or advance scientific research;

4.6.1.2. The financial support of Industry is prominently disclosed;

4.6.1.3. If the MSM representative is an attendee, Industry does not pay attendees' travel and attendance expenses;

4.6.1.4. Attendees do not receive gifts or other compensation for attendance;

4.6.1.5. Meals provided are modest (i.e.: the value of which is comparable to the Standard Meal Allowance as specified by the United States Internal Revenue Service) and consistent with the educational or scientific purpose of the event.

4.6.2. MSM shall not market the event and MSM faculty shall not instruct or encourage participation in or attendance at the event. In addition, if a MSM representative is participating as a speaker:

4.6.2.1. All lecture content is determined by the MSM speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not MSM and

4.6.2.2. Compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed $2,500 per event.
4.7. Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees

4.7.1. MSM may accept Industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:

4.7.1.1. Industry support for scholarships and fellowships must comply with all MSM requirements for such funds, including the execution of an approved budget and written gift agreement through the Office of Institutional Advancement, and be maintained in an appropriate restricted account, managed at the school or department as determined by the president, the dean, or his or her designee.

4.7.1.2. Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the school in which the student or trainee is enrolled or, in the case of graduate medical education, the Associate Dean for Graduate Medical Education.

4.7.1.3. Written documentation of the selection process will be maintained.

4.7.1.4. Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the dean or department (as specified in the funding agreement) for the relevant school.

4.7.1.5. Industry may not earmark contributions to fund specific recipients or to support specific expenses.

4.7.1.6. Departments or divisions may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents, students, or other trainees to attend conferences or training that have legitimate educational merit. Attendees must be selected by the department based upon merit and/or financial need, with documentation of the selection process provided with the request.

4.7.1.7. Approval of particular requests shall be at the discretion of the dean.

4.8. Frequent Speaker Arrangements (Speakers Bureaus) and Ghostwriting

4.8.1. While one of the most common ways for MSM to disseminate new knowledge is through lectures, “speakers bureaus” sponsored by Industry may serve as little more than an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration should be given to determine whether the event meets the criteria set forth in Section 4.6 of this policy, relating to Industry Sponsored Meetings.

4.8.2. MSM personnel may not participate in, or receive compensation for, talks given through a speakers bureau or similar frequent speaker arrangements if:

4.8.2.1. The events do not meet the criteria of Section 6; or

4.8.2.2. If the content of the lectures given is provided by Industry or is subject to any form of prior approval by either representatives of Industry or event planners contracted by Industry; or
4.8.2.3. The content of the presentation is not based on the best available scientific evidence; or

4.8.2.4. The company selects the individuals who may attend or provides any honorarium or gifts to the attendees.

4.8.3. Under no circumstances may MSM personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, MSM personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

4.8.4. Speaking relationships with company or company event planners are subject to review and approval of the participant’s administrator, department chair, or dean as delineated in Section 4.2, Consulting Relationships.

4.9. Other Industry Support for Research

4.9.1. MSM, through the Office for Sponsored Research Administration, has established policies and contract forms to permit Industry support of research in a manner consistent with the nonprofit mission of MSM.

4.9.2. True philanthropic gifts from Industry may be accepted through the Office of Institutional Advancement.

V. REPORTING AND ENFORCEMENT

5.1. MSM personnel shall report their outside relationships with Industry using the Industry Conflict of Interest Disclosure Form available at the Office of Compliance and Internal Audit website, at least annually, and more often as needed, to disclose new relationships.

5.2. Alleged violations of this policy within MSM shall be investigated by the Office of Compliance and Internal Audit. Suspected violations of this policy shall be referred to the individual’s dean and department chair, or administrative management, who shall determine what actions, if any, shall be taken.

5.3. Violations of this policy by MSM employees may result in the following actions (singly or in any combination), depending on the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:

- Counseling of the individual involved;
- Written reprimand, entered into the violator’s employment or faculty record;
- Banning the violator from any further outside engagements for a period of time;
- Requiring that the violator return any monies received from the improper outside relationship;
- Requiring the violator to complete additional training on conflict of interest;
- Removing the violator from supervision of trainees or students;
- Revoking the violator’s MMA hospital privileges;
- Fines;
- Termination for cause.

5.4. Any disciplinary action taken hereunder shall follow the established procedures of MSM.
5.5. Industry representatives who violate this policy may be subject to penalties outlined in MSM Procurement Guidelines, or other applicable MSM policies, as well as other actions or sanctions imposed at the discretion of the President of MSM. Such penalties are described in the following guideline. Violation of any of the above procedures by representatives shall result in disciplinary action which may include, but shall not be limited to, the following actions:

5.5.1. First violation: Verbal and written warning to representative; written notification to district manager or representative’s supervisor.

5.5.2. Second violation: Suspension of representative and all other company sales/marketing representatives from MSM for six (6) months.

5.5.3. Third violation: Suspension of representative and all other sales and marketing representatives of the company from MSM for one (1) year or more. A review of multi-source products obtained from the company will be conducted.

5.6. Representatives found trespassing as defined in this policy will be escorted from the premises and their companies notified as appropriate.
Workers’ Compensation Policy

I. PURPOSE:
The purpose of this policy is to provide employees, residents, and supervisors information concerning employee benefits and instructions for treatment of work-related illnesses, injuries, accidents, and exposures, and for the completion of the required forms.

GME Note: Contact the Human Resources Office for current versions of forms and healthcare providers listed in this policy.

II. APPLICABILITY:
All regular full-time and part-time employees and residents are eligible for workers’ compensation benefits. Temporary workers and student employees are also eligible to receive workers’ compensation benefits. Independent Contractors are not eligible to receive workers’ compensation benefits.

III. GUIDELINES:
3.1. Employee Responsibilities
   3.1.1. The employee should immediately provide as much information as possible about his or her injury or illness to the employee’s supervisor or departmental designee. This person will assess the situation, assist with arranging proper medical care, and begin the injury reporting process.
   3.1.2. If the employee requires medical treatment, he or she must follow the procedures outlined below and go to one of the healthcare providers as set forth on the Panel of Healthcare Providers.
   3.1.3. The employee must complete the Employee’s Incident Report Form. After the form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building, Room H-132.

3.2. Supervisor Responsibilities
   3.2.1. The supervisor must immediately assess the incident and then assist the employee in seeking appropriate medical care or necessary treatment for any work-related injury. If an injury is a potential life-threatening emergency, the supervisor should call 911.
   3.2.2. The supervisor must complete the Supervisor’s Incident Report Form. After the form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building, Room H-132.
   3.2.3. The supervisor must immediately contact the Department of Human Resources if the employee is a temporary employee from a temporary agency. Human Resources will contact the agency to inform the appropriate person of the incident.
3.3. Human Resources Responsibilities

3.3.1. Human Resources will discuss the facts with the employee and the supervisor and determine compensability or non-compensability of each incident.

3.3.2. Human Resources will coordinate efforts for returning an injured employee to work.

IV. PROCEDURES:

4.1. First Steps If an Injury Occurs

The employee’s health and safety should be a primary concern at all times. When an incident occurs, these general guidelines should be followed in the event of an incident that causes or almost causes a work injury.

4.1.1. Emergencies: Call 911 whenever appropriate and necessary. If the injury requires immediate medical attention, the employee will go to the nearest emergency room, utilizing an ambulance service when needed. Public Safety should be notified if emergency personnel have been contacted (fire, ambulance, etc.).

4.1.2. Non-Emergencies: An Employee’s Incident Report Form should be completed immediately and sent to the Human Resources Disability and Leave Services Manager. A Supervisor’s Incident Report Form should also be completed with the assistance of the employee and sent to the Human Resources Disability and Leave Services Manager. Once the Human Resources Disability and Leave Services Manager has determined that the injured employee needs to see a medical provider, the employee must use one of the physicians on our Panel of Healthcare Providers for treatment.

4.1.3. Note: All injuries, whether covered by Workers’ Compensation or not must be reported to the employee’s supervisor. The guidelines in this document are in addition to any local campus-related injuries, illnesses, and incident reporting. Any person who knowingly makes false claims or statements, or conceals facts in order to receive workers’ compensation benefits, may be subject to penalties.

4.2. Reporting the Injury

4.2.1. STEP 1: The employee must notify his or her supervisor (within 24 hours) of the injury. The employee must also report incidents that are minor in nature and incidents that could have caused an injury. This will assist the school in possibly avoiding any further incidents in the future.

4.2.2. STEP 2: With the employee’s assistance, the employee’s supervisor must complete the Supervisor’s Incident Report Form. After this form is completed, it must be submitted to the Human Resources Disability and Leave Services Manager. If needed, the Human Resources Disability and Leave Services Manager will assist the employee or supervisor in completing the form.

4.2.3. STEP 3: The employee must seek prompt medical attention from our Panel of Healthcare Providers. If the incident is an emergency, the employee must seek immediate medical attention from any doctor (or emergency room). When the emergency is over, the employee must get follow-up treatment from a physician on our Panel of Healthcare Providers.

4.2.4. STEP 4: If the injury requires accommodations or modified duty for returning to work, the employee should notify the Human Resources Disability and Leave Services Manager and the employee’s supervisor. When follow-up appointments are necessary, the employee should inform his or her supervisor.
4.2.5. **STEP 5:** The employee must always inform the Human Resources Disability and Leave Services Manager and his or her supervisor when released to return to work full-time with no restrictions.

4.2.6. The Human Resources Disability and Leave Services Manager will notify the School’s workers’ compensation insurance carrier by completing a report through their reporting system. After this has been completed, a workers’ compensation claim number will be generated and forwarded to the employee and the designated healthcare provider. This number will be used to identify the incident and for processing any medical expenses incurred.

4.3. **The Claim Process**

4.3.1. After the claim has been submitted through our reporting system, the claims representative will investigate the injury and the circumstances surrounding it to determine if the claim is compensable. If it is determined that a claim is not compensable, the claims representative will deny the claim and the employee has the right to challenge this denial.

4.3.2. If the employee is unable to work due to the injury, the claims representative will monitor the situation and work with the Human Resources Disability and Leave Services Manager with regard to the employee returning to work.

4.3.3. **IMPORTANT:** For questions about payment of bills, reimbursements, lost wage benefits, or other financial matters related to workers’ compensation, the employee or any treating physician, hospital, pharmacy, or other medical provider should contact the workers’ compensation insurance carrier at:

   PMA Insurance Group  
   P.O. Box 5231  
   Janesville, WI 53547-5231

4.4. **The Weekly Benefit**

4.4.1. If an employee is absent from work less than seven (7) calendar days, then he or she will be required to use any accrued sick/vacation time for those days.

4.4.2. Employees who lose at least seven (7) calendar days from work as a result of a work-related injury are entitled to a weekly loss-of-earnings benefit, equivalent to 66 2/3% of the employee’s weekly wages up to the maximum as determined by the Georgia Workers’ Compensation Act. Employees may elect to use their accrued sick and vacation time in lieu of workers’ compensation pay by completing the Election of Salary Form. An employee may not supplement workers’ compensation pay with his or her accrued leave.

4.4.3. If the injury causes the employee to miss at least seven (7) calendar days of work, a Georgia Workers’ Compensation Wage Statement will be completed by the Human Resources Disability and Leave Services Manager and sent to:

   PMA Insurance Group,  
   1100 Abernathy Road NE,  
   Bldg. 500 Suite 650,  
   Atlanta, GA 30328.
V. LEAVE WITHOUT PAY:

5.1. The Family and Medical Leave Act (FMLA) or a medical leave of absence is available to employees who have missed work as a result of a work-related injury. While on this type of leave, the employee will not be eligible to accrue paid leave benefits (e.g.: sick, vacation leave.)

5.2. Human Resources will consult with the employee’s department manager in order to process a Personnel Action Form (PAF) to change the employee’s status to Leave Without Pay (LWOP) while the employee is out due to a work-related injury. When the employee is cleared to return to work, the employee is entitled to the same status and rate of pay, including any salary adjustments.

5.3. Note: If an employee is eligible for FMLA and his or her absence is because of a work-related injury, this time away from work will count against the Employee’s FMLA leave entitlement, provided the employee’s condition constitutes a Serious Health Condition as defined by the FMLA. For additional information, refer to MSM’s FMLA policy (HR 7.05).