Community Pediatric Residency Program Handbook

Policies, Procedures, and Program Requirements for Residents and Participating Faculty

Table of Contents

Table of Contents 1
Introduction 4
Program Overview 4
Residency Setting 5
Administrative Structure 5
Program Goals 7
New Resident Orientation 8
Introduction 8
Duties and Responsibilities 8
Resident Evaluation and Promotion 14
General Information 15
Scheduled Rotations 18
Educational Requirements 20
Didactics 20
Study Program 23
ACGME Pediatric Program Requirements 26
Fatigue 29
Patient Logs 29
Procedure Logs 29
American Board of Pediatrics Evaluation Requirements 30
Competencies, Record-keeping, and Evaluations 32
Educational Competencies 32
Personal and Professional Competencies 34
Medical Records Completion 34
Resident Evaluation 35
Support Services 36
Counseling Services 36
Infection Control, Occupational Safety and Health Administration (OSHA) Policies 37
Library Multi-media Center 38
Disputes with Personnel 38
Sleepiness and Fatigue Policy 39
Purpose 39
Scope 39
Definition of Fatigue 39
House Staff Responsibilities in Identifying and Counteracting Fatigue 40
ACGME Requirements on Sleep and Fatigue 40
Manpower/Resource Allocation 41
Implementation 41
Counseling 42
Evaluation 42
Appendix A: Policies 43
Supervision of Residents Policy 45
Patient Hand-off Policy 51
Social Media Policy 57
Appendix B: MSM Graduate Medical Education Policies 61
Adverse Academic Decisions and Due Process Policy 63
Disaster Preparedness and Residency Policy 73
Night Float Policy 79

Residency Education Evaluations Policy 85
Resident Appointment Agreement 89
Resident Learning and Working Environment Policy 93
Resident Leave Policy 101
Resident Promotion Policy 105
Resident Reappointment Agreement 109
Sleepiness and Fatigue Policy 111
USMLE Step 3 Requirement Policy 115
Resident Selection Policy 117
Appendix C: MSM Institutional Policies 123
Accommodation of Disabilities Policy 125
Affirmative Action/Equal Employment Opportunity Policy 129
Discrimination, Harassment, and Retaliation Policy 131
Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy 137

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.

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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 case experience, didactic information, and confidence to enter the practice of general pediatrics as a competent, board-eligible physician.

Residency is much different than any prior training you may have experienced. You will learn the skills and didactic information that will enable you 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 in all areas as possible. 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 criticism, and comments.

Program Overview

Mission

Our mission is to train pediatric Residents to provide excellent and quality health care 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, and 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.

Graduates of the MSM Community Pediatric Residency Program, while expected to become excellent clinicians, are equipped to adapt to the rapidly evolving dynamics of health care. They will also possess the abilities to assume leadership positions in the communities in which they practice in health care 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)

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 Accreditation Council for Graduate Medical Education (ACGME) requirements for a pediatrics residency training program. The program director is responsible for Residents' progression and matriculation from the program, which information is communicated to Residents mainly via semi-annual Resident evaluation. The program director tracks and reviews all Resident evaluations, procedure and patient logs, and duty hours to ensure overall Resident and program compliance.

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
- Overseeing and approving topics for lectures and instruction as deemed fit by the program and the emerging guidelines of the Residency Review Committee (RRC) and the American Board of Pediatrics
- Directly supervising the program manager, 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 the department
- 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. The associate program director also represents the program at official meetings within the institution and outside as needed in the absence of the program director.

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.

Chief Resident

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 outside institutions. 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 Examination [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 Coordinator

The program coordinator provides administrative assistance to all program personnel. The program coordinator coordinates all activities of this program; maintains all files and folders, correspondence, schedules, and meetings; maintains and distributes on-call and conference schedules to Residents, faculty, and affiliates; and schedules meetings as directed. The program coordinator monitors incoming evaluations for the program director's perusal and files them along with other documents related to Residents' portfolios.

Resident Advisors

Each Resident is assigned to a pediatric faculty advisor at the initial orientation for the duration of his or her training. The advisor's role is to monitor the Resident's progress in training and provide guidance in his or her clinical and scholarly pursuits throughout residency.

Residents are strongly encouraged to initiate and maintain contact with their advisors, from the time of orientation and throughout the duration of their residency training. Advisors are expected to document meetings with their Resident advisee. Topics discussed should be noted, and the entire report should be forwarded to the program director's office for placement in the Resident's file. Residents should meet with their Resident advisor at least once every six months.

The Resident advisor should assist the Resident with adapting a study plan for the three years of residency. The Resident advisor will also review the Resident's Individual Learning Plan (ILP), give feedback on adjustments, and monitor the Resident's progress on goals. The Resident advisor should discuss the Resident's performance on rotations, review his or her rotation evaluations, and provide strategies for improving weaknesses.

The Resident advisor should also review the Resident's in-training exam and rotation test results and guide the Resident's study plan. The Resident advisor also represents the Resident in cases of due process and provides information about career paths. The Resident advisor should also monitor the Resident's quality improvement and community research projects.

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.

The program has as its primary goals, to:

- Provide community-oriented pediatrics residency training that is primarily community-based
- Prepare Residents who possess the knowledge and skills to competently manage a comprehensive range of health conditions
- Facilitate the maintenance of optimal health in children ages 0–21
- Produce pediatricians who have a clear understanding of family and community-based factors impacting children's health and their treatment outcomes
- Train Residents in the utilization of community-based resources and appropriate technologies in the provision of health care for children
- Produce pediatricians who are efficient, with an expressed commitment to serve the primary health care needs of the medically underserved
- Develop pediatricians who practice their profession with the highest regard for professionalism, ethics, cultural diversity, and sensitivity to the health care 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 health care team in both inpatient and ambulatory settings to be competent leaders in the organization and management of patient care

New Resident Orientation

Introduction

Starting a residency program is an anxiety-filled time in a physician's career. Thrown into unfamiliar surroundings and clinical scenarios, you are supposed to be the "expert" now. In some specialties, one can appear quite confident from the inception of training (especially in primary care fields). However, there are thousands of facts, techniques, and skills to acquire over the three years of training.

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 should conduct themselves in a professional and caring manner. This applies not only to patients but also to support staff, colleagues, and families. Residents are expected to dress professionally according to the dress code outlined in this handbook.

Reliability

Residents should appear for work on time each working day and be available during assigned on-call coverage. 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 Meeting Attendance

Residents are expected to attend all educational sessions. Attendance is taken at each session, and 80% 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 8 a.m.–5 p.m., 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 and computers must be reported to the program office as soon as possible.

How to Learn in a Residency

Learning in a residency is different than at any other time in your career. Read the section on this topic in this handbook for details. You should begin a regular study program early. Select a textbook and begin a routine reading schedule. Popular texts include Nelson's *Essentials of Pediatrics* and Zitelli's *Atlas of Pediatric Physical Diagnosis*. An ILP is a requirement for each Resident. The ILP allows Residents to reflect on their strengths and weaknesses and determine how to achieve their goals. The ILP must be completed at the beginning of each academic year. See the ILP section of this handbook for further information.

Utilization of the Preceptor

Your preceptor is an attending physician who will "show you the ropes" of how to be a pediatrician. This is a valuable time to learn day-to-day routines in the inpatient and outpatient setting. Extract as much information as you can from your preceptor. It will make your transition much easier.

Resident Faculty Advisor Responsibilities

Pediatric Residents are assigned to a faculty advisor. These assignments will 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:

- .
- Set up a schedule for regular meetings with the advisee for the academic year, focusing on individual plans for self-assessment, and monitoring individual progress; provide Residents with advice to help them study for the pediatric boards and prepare for in-service exams and quizzes starting early in their PGY-1; and follow-up on these plans over time. The minimum frequency of meetings is twice per year.
- Discuss Resident's performance on the ITE exam and subsequent PREP quizzes, which should take place at subsequent meetings. 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 any ongoing projects 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 from at the beginning of each academic year. It must be completed and sent back to the residency program office after each meeting for placement in the Resident's permanent file. The form includes space for additional comments.
- Provide additional focus on career guidance to Residents in the PGY-2/3 training year. After exploring their interests and future plans, it may be necessary to direct Residents to other faculty members who may be helpful in the Resident's field of interest.

Problems or Difficulties—What to Do?

As a Resident, you may encounter clinical or personal situations or problems that are difficult to handle. This is usually due to a lack of adequate experience or situations that arise beyond your control. If you have any problems, please ask for help and advice from your Resident colleagues, attending physicians, the program manager, or the program director. The program director maintains 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.

Vacation, Holiday, Sick Leave, Call, and Availability

Residents are expected to perform their duties as Resident physicians for a minimum of 11 months each calendar training year. Absences from the training program for vacation, illnesses, or personal business must not exceed a combined total of four weeks per academic year, or extra time will be extended onto the residency.

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. Leave time in excess of 30 days is at the discretion of the program director. Absences from the residency program in excess of one month within the academic year must be made up before the Resident advances to the next level. In addition, time is added to the date of completion of the required 33 months of training.

As a rule, leave must be approved 60 days in advance. Do not make any travel plans before the leave request is approved!

See **Resident Leave Policy**, page 101

Vacation

Each Resident is allowed 15 days of vacation. Time is taken in two different intervals: a one-week interval and a two-week interval. Vacation requests are granted on a first-come, first-served basis using the official form used by the program.

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 should be discussed with 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 Assistant Program Director) for approval. All requests must be made at least two months in advance. Requests will be considered in the order in which they are received. No travel plans should be made until the program director approves the request. After they are approved, the vacation dates will appear on 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 (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 week during Faculty Practice and two weeks during Dentistry/Psych
- PGY-2—One week during Rural Health; one week during Surgery; and one week during an Elective
- PGY-3—Two weeks during Ortho/ENT and one week during an Elective

See **Resident Leave Policy**, page 101

Holidays

Approved MSM holidays do not apply to your rotation holidays. Please 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.

See **Resident Leave Policy**, page 101

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 call for sick leave must be made up.

Other than a missed call, 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 program director and curriculum committee. It is the Resident’s responsibility to notify the chief Resident by 8 a.m. when he or she is out sick.

It is also the Resident’s responsibility to notify his or her attending physician and supervising Resident. If three or more sick days are taken during a rotation, or if it appears that sick days are abused, a physician’s excuse must be provided. 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 (see GME Policy Handbook). You must complete the leave form for all sick days as soon as possible, either when physically better or on the first day back to work.

See **Resident Leave Policy**, page 101

Back-up Call Schedule

When a Resident has an unexpected absence due to an illness, emergency, or similar exigency, scheduled calls or other duties may need to be adjusted. In the event that a Resident is unable to trade on-call nights, the Back-up Call Schedule is used. The Resident on back-up call is expected to fill in for the absent Resident. Each upper level, either PGY-2 or PGY-3, will serve at least one month of back-up call. The Resident does not have to make up this call.

Resident Family and Medical Leave

See **Resident Leave Policy**, page 101

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 months in duration. If the absence extends over six months, the Resident must re-apply to the residency program.

See **Resident Leave Policy**, page 101

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.

See **Resident Leave Policy**, page 101

Moonlighting

Moonlighting is defined as any employment for compensation that is unrelated to the MSM Community Pediatric Residency Program. Limited outside work for compensation is allowed as long as it does not adversely affect the Resident's home or professional life. This work must not interfere with the Resident's regular duties and on-call availability.

At no time should the Resident leave a rotation early, begin late, or allow performance to be impaired by fatigue or lack of sleep as a result of a moonlighting experience. Moonlighting is not allowed during a leave of absence. The program director must ensure that moonlighting does not interfere with the ability of the Resident to achieve the goals and objectives of the educational program. The director of the program must approve all moonlighting work.

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 discuss this activity with the program director. No moonlighting is allowed during the Resident's first year.

See **Resident Learning and Working Environment Policy**, page 93

Work Hours

Unless otherwise specified by the clinical preceptor, the work day generally begins at 8 a.m. and continues until the end of the clinical work day for the rotation. (Refer to 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 p.m. and 6 p.m.

On-call Hours

When pediatric Residents are admitting new patients or on night shifts, they are expected to remain on the hospital premises until the start of the new shift. If they are on other rotations and are starting on-call 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 and Promotion

Resident evaluations are performed monthly and reflect achievement of the six 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, and colleague assessments; direct Resident observation; procedure and case logs; written examinations; and presentation skills.

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 coordinator.

The program director provides semi-annual reviews to each Resident, unless issues arise necessitating more frequent evaluation.

Resident promotion is determined by the following criteria:

- Clinical performance (i.e., evaluations)
- ITE performance
- Participation in any mandatory program requirements
- Professionalism

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

Residents will complete self evaluations on their performance at the end of each rotation. Residents will also complete rotation evaluations. In addition, Residents will complete a program evaluation annually.

Evaluations are accessed on New Innovations by the Residents and the preceptors. A composite will be compiled of both the Resident's and preceptor's evaluations. An electronic copy will be sent to the Resident, and a hard copy will be placed in each Resident's file.

See **Resident Promotion Policy**, page 105

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

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 types of messages: text, numeric, and voicemail messages.

- When your pager number is displayed on the pager, you have a voicemail message. 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 greeting menu. Press "30" to record, "1" to stop recording, and "40" to playback.

Text messages are sent on the American Messaging Web site 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. Please respond to your pages within 10 minutes.

> **NOTE: 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. 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 on-call or post-call:

- 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 including post call.

Paychecks

Paychecks are available biweekly (26 paychecks per calendar year). If you have direct deposit, the check stub is placed in your mailbox in the residency suite.

Parking

Parking cards are issued during the Graduate Medical Education Orientation for personal parking at Grady Hospital. 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) via a 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 GME. 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 24th month of training (end of PGY-2).

> **NOTE: Please note that Residents who have not passed USMLE Step 3 by their 20th month of training will not receive an offer to renew their contracts 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. Once dismissed, Residents would be required to re-apply to the program.**

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. Please purge your box on a regular basis. We strongly encourage you to make an effort 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 to 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 becomes an active member of the Georgia AAP and takes 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 will result in the resident not receiving a graduation certificate.

Scheduled Rotations

The duration of each clinical rotation is a calendar month 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, he or she is placed on probation. A second failure may result in dismissal from the program.

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

PGY-1

- General Pediatrics—Inpatient/CHOA Hughes Spalding (two months), Dr. Moore
- General Pediatrics—Inpatient/CHOA Scottish Rite (two months), Dr. Brooks
- General Pediatrics—Faculty Practice (one month), Dr. Buchanan
- Emergency Medicine—CHOA Hughes Spalding (two months), Dr. Taryn Taylor
- Term Nursery—DeKalb Medical Center (one month), Dr. Moore
- NICU I
- Developmental/Behavioral Pediatrics—various sites (one month), Dr. Rubin
- Adolescent medicine—various sites (one month), Dr. Wimberly
- Dentistry/Child Psychiatry—various sites (one month), Drs. Redwine and Rose-Mize/Dr. Debora Johnson

PGY-2

- General Pediatrics—Inpatient/CHOA Scottish Rite (two months), Dr. Brooks
- General Pediatrics—community pediatrician's offices (one month), Dr. Johnson
- Emergency Medicine—CHOA Egleston (one month), Dr. Taylor
- PICU I—CHOA Egleston (one month), Dr. Pham
- NICU II
- Cardiology—various sites (one month), Dr. Sabino
- Rural Health—Cordele, GA (one month), Dr. Rischal

- Pulmonology—Georgia Pediatric Pulmonology Associates (one month), Dr. Lang
- Pediatric Surgery—CHOA Scottish Rite (one month), Dr. Kim
- Hematology-Oncology—CHOA Scottish Rite (one month), Drs. Rapkin and New
- Infectious disease—CHOA Egleston (one month), Dr. Henderson

PGY-3

- General Pediatrics—Inpatient/CHOA Hughes Spalding (two months), Dr. Moore
- Quality Improvement—work on project and provide back up (one month), Dr. Tyler-Hill
- Community Research—work on project and provide back up (one month), Dr. Moore (and advisor)
- Emergency Medicine—CHOA Egleston (one month), Dr. Taylor
- PICU II—CHOA Egleston (one month), Dr. Pham
- NICU III
- Infectious Diseases—CHOA Egleston (one month), Dr. Henderson
- Physical Medicine and Rehabilitation—CHOA Scottish Rite (2 weeks), Dr. Sholas
- Endocrinology—various sites (one month), Dr. Katrina Parker
- Elective—as assigned (two months)
- Otolaryngology and Orthopedic surgery—various sites (one month), Dr. Verlia Gower/Dr. Schmitt

Continuity Clinic

Continuity Clinic is an RRC requirement. Each Resident will attend continuity clinic one half-day per week for at least 36 weeks per year. Residents are expected to attend their assigned continuity clinic on every rotation. The only exceptions to continuity clinic are Rural Health rotation, , ER–if you have a shift during your clinic time, vacation, or sick leave.

Continuity clinics are located at various community pediatricians' offices, MMA, and CHOA Hughes Spalding clinic. Interns have continuity clinic at CHOA Hughes Spalding and they may transition to a community site in subsequent years. You are expected to attend clinic on your designated day and time. Absences from continuity clinic must be approved by the program director. Residents will maintain a patient log on New Innovations of their continuity clinic patients. Residents will be evaluated on their continuity clinic performance by their preceptor biannually. Residents will also have a structured clinical observation evaluation annually. See the Continuity Clinic Manual for more details.

Educational Requirements

Didactics

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

Conference	Frequency	Location
Acute Care Series	First–third weeks in July	FOB 103
Monday Didactic Conference	Weekly	75 Piedmont Suite 316/SRMC first Monday, every other month
Evidence-based Medicine	Monthly	75 Piedmont Suite 316
Grand Rounds @HS	1st ,3rd and 4th Thursdays of each month	FOB 103
Grand Rounds @ SRMC	Weekly Tuesday	SRMC auditorium
Morning Report @ HS	Three times per week	FOB 101
Noon Report @ SRMC	Weekly-Tues, Wed, Fri	SRPAC conference room
Radiology Rounds @ SRMC	2nd Thursday	Radiology suite
Morbidity and Mortality Conference	Monthly	FOB 101
Dogwood Conference*	Annually	MSM Main Campus
Roland B Scott Lecture Series*	Annually	MSM Main Campus
AAP GA Chapter Fall Conference*	Annually	Varies

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 80% 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 Monday afternoons from 1–5 p.m. (unless otherwise noted) in the third floor residency suite at 75 Piedmont.

Interns will attend all Monday didactic sessions and are excused from their rotation duties during that time. Exceptions to the Monday didactics include the following reasons:

- Post-call or post –shift
- Sickness
- Vacation
- Residents on Hematology/Oncology
- Residents on PICU
- Residents on Rural Health
- Residents on ER (if a shift is scheduled during the same time)

Exceptions to Grand Rounds include the following reasons:

- ER (if a shift is scheduled during the time)
- Scottish Rite (you will attend SRMC Grand Rounds)
- Residents on PICU
- Residents on Rural Health
- Residents on Hematology/Oncology
- Sick leave
- Vacation leave

Residents are required to sign in when they arrive. A quarterly attendance report is prepared for the program director who provides feedback to Residents during one-on-one requirement compliance meetings. Faculty is encouraged, but not required to attend the Monday conferences.

For missed conferences, Residents should review the lecture handouts and cataloged videos available on our Web site.

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

Evidence-based Medicine Research Opportunities

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 subjects' investigation. Residents then have an opportunity during their first, second, and third years of training to participate in ongoing research within the department, medical school, 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. Also available is a four-week research elective in which Residents develop and refine their research focus and project 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, etc. that are submitted and not accepted for presentation.

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 months of training. A copy of completion will be placed in the Resident's file. In addition, if the Resident desires to become part of any research activity, the course is mandated by the IRB prior to approval.

Evidence-based Medicine Clinical Research and Design Course (EBM/CRD)

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.

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 will 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 concept paper outlining their research proposal. During the process of clinical research design, Residents are required to give presentations at various stages of their research project development.

Quality Improvement

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. Additional time is allotted during one CHOA Hughes Spalding float inpatient month during the PGY-3 year to complete the project. Details are provided in the course curriculum.

Community Research

The community research project is a longitudinal study developed throughout the entire three years of residency. One month is devoted to the project during the second CHOA Hughes Spalding Float inpatient month of the PGY-3 year. 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

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.

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 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.

Reading Plan and Enrichment Program

PGY-1and PGY-2 Residents will be assigned a weekly reading plan for Nelson Textbook of Pediatrics that is spread over approximately two years. PGY-3 Residents will be assigned questions based on PREP content specifications. Faculty will facilitate a weekly discussion of the previous week's assignment among the PGY-1/PGY-2 and PGY-3 groups, in small group Resident–led meetings. After the session, all assignments will be collected for review by faculty and returned to the Resident the following week.

Residents who perform poorly on their In Service Training (ITE) are required to have their test-taking skills evaluated by a professional psychologist as designated by the program.

Failure to participate in the Reading Plan on a regular basis as outlined will result in extra call assignments, a letter of warning in the Resident's chart and may be cause for non-renewal of contract.

Practicing to Be Perfect

PREP style mini-examinations will be administered on a quarterly basis, reflective of the previous thee months' Reading Plan (PGY-1 and 2) or ABP content specification (PGY-3). The purpose of the exam is to have a standard against which medical knowledge is measured. The composition of the exam is the same as the ABP content specifications. Scores are expected to improve throughout PGY progression. The exams will also give Residents and faculty members an idea of individual and shared strengths and weaknesses in order to develop a more focused study plan for each Resident, as well as a stronger base curriculum.

For certain rotations, Residents will be expected to complete the Content Specific for that particular specialty. These include the following rotations:

Rotation	Contents Specifications
PGY-1	
Developmental/Behavioral Pediatrics	Normal Growth and Development
Term Nursery	Fetus and Infant Medicine
Adolescent Medicine	Adolescent Medicine and Gynecology
Faculty Practice	Preventive Pediatrics
Inpatient HS I	Fluid and Electrolyte
Inpatient HS II	Metabolic Disorders
PGY-2	
Community Medicine	Behavioral and Mental Health Illness
Hematology/Oncology	Blood and Neoplastic Disorders
Rural Health	Nutritional Disorders and Poisonings
Pulmonology	Respiratory
Cardiology	Cardiology

Rotation	Contents Specifications
PGY-3	
PMR	Sports Medicine and Physical Fitness
Endocrinology	Endocrinology
QI/Float	Patient Safety and Quality Improvement
CR/Float	Research and Statistics
ENT/Ortho	Ear Nose and Throat Disorders
ID	Infectious Diseases
Inpatient HS I	Renal
ELECTIVES	
Neurology	Neurology
Allergy/Immunology	Allergy/Immunology
Gastroenterology	Gastroenterology
HS-POA	Genetics

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 accomplishments 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, think about some of the things that you have already learned and enjoyed. Write those experiences down and remind yourself why it was important to you and how it has 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 again and see if you can add anything. Review your plan regularly. Re-evaluate your wish list. 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 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 your 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

ACGME Pediatric Program Requirements

Duty Hours Documentation

It is the responsibility of each Resident to document every hour worked in the hospital 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 each week. 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 each month.

Resident Duty Hours and the Working Environment

Providing Residents with a sound didactic and clinical education must be a carefully planned process and it must 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.

Duty Hours (updated July 2011)

Duty hours are defined as all clinical and academic activities related to the residency program, including patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. For example, if a Resident works 90 hours one week and 60 hours the next week, and 70 the next two weeks, the average is 80 hours per month.
- Duty periods of PGY-1 Residents must not exceed 16 hours in duration. PGY-1 Residents should have 10 hours, and must have eight hours free of duty between scheduled duty periods.
- Duty periods of PGY-2 Residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
    - 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 hours. Please adjust your schedules accordingly. This includes time used to pre-round as well.
    - It is the Residents' responsibility to let supervisors know when they are approaching the 28-hour maximum. PGY – 2 Residents and above should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- Residents must be provided with one day free in seven from all educational and clinic responsibilities—averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.

Duty Hour Logs

Duty hour logs are recorded daily into New Innovations by the Residents. Duty hours are checked on a weekly basis by the program director.

Supervision of Residents

Qualified faculty 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 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 duty 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.
- Continuous on-site duty, including in-house call, must not exceed 28 hours for PGY-2 and PGY-3 Residents and 16 hours for PGY-1 Residents.
- No new patients may be accepted after 24 hours of continuous duty except in extreme cases.
- 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 day in seven completely free from all educational and clinical responsibilities, averaged over a four-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 the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and fatigue.

Oversight

Each program must have written policies and procedures consistent with the institutional and program requirements for Resident duty hours and the working environment. These policies must be distributed to the Residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create Resident fatigue sufficient to jeopardize patient care.

Duty Hours Exceptions

An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required to grant the exception.

Fatigue

Faculty and Residents will be educated to recognize the signs of fatigue and sleep deprivation. During orientation, didactic, and retreat sessions, Residents and faculty will complete the LIFE case-based curriculum (*Learning to Address Impairment and Fatigue to Enhance Patient Safety*, developed by Duke University). An annual Grand Rounds presentation will be held on sleep and fatigue during residency.

Patient Logs

Patient logs are recorded daily into New Innovations for each patient seen on rotations and in continuity clinic. Patient logs allow the program to ensure that Residents have the correct patient mix and patient number. Patient logs are checked on a monthly basis by the program director.

Procedure Logs

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.

American Board of Pediatrics Evaluation Requirements

NOTE: This is the policy of the ABP and not of the individual program.

The American Board of Pediatrics (ABP) certification provides assurance to 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 the program directors will be 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, 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., PG-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 months later, the program director will reevaluate 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 PG-1 year. The same applies for the PG-2 and PG-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., PG-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 PG-1 year). It is necessary for Residents to satisfactorily complete a PG-2 and PG-3 year and receive satisfactory ratings for each year. If Residents receive an unsatisfactory rating, they may be terminated or given the option to repeat the year in question (e.g., the PG-1 year). They are required to satisfactorily complete a PG-2 and PG-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., PG-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., PG-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 it 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 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.

Competencies, Record-keeping, and Evaluations

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. A list of the critical information can be obtained from the ACGME Web site (http://www.ACGME.org). These competencies should serve as a guide for the skills that you should strive to develop as you progress in your subspecialty education.

Educational Competencies

Residents must demonstrate the following general competencies to begin the independent practice of this specialty.

Patient Care

Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Gather essential and accurate information about their patients.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all medical and invasive procedures considered essential for the practice of pediatrics.
- Provide health care services aimed at preventing health problems or at maintaining health.
- Work with health care professionals, including those from other disciplines, to provide patient-focused care.

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and then apply it to patient care. Residents are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations.
- Know and apply the basic and clinically supportive sciences that are appropriate to their disciplines.

Practice-based Learning and Improvement

Residents must investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Obtain and use information about their population of patients and the larger population from which their patients are drawn.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Use information technology to manage information, access online medical information, and otherwise support their education.
- Facilitate the learning of students and other health care professionals.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in effective information exchange, and the ability to team with patients, their patients' families, and professional associates. Residents are expected to:

- Create and sustain a therapeutic and ethically-sound relationship with patients.
- Use effective listening skills as well as elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
- Work effectively with others as a member or leader of a health care team or other professional group.

Professionalism

Residents must demonstrate a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to demonstrate:

- Respect, compassion, and integrity
- A responsiveness to the needs of patients and society that supersedes self-interest

- Accountability to patients, society, and the profession
- A commitment to excellence and ongoing professional development
- A commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to the patient's culture, age, gender, and disabilities

Systems-based Practice

Residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society, and how these elements of the system affect their own practice.
- Identify how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise the quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care, and know how these activities can affect system performance.

Personal and Professional Competencies

Residents should demonstrate the following personal and professional characteristics:

- Caring, altruistic, and compassionate behavior
- Honesty, integrity, and professionalism in relating to patients and other health care providers
- Acceptance of the need for a lifelong pursuit of excellence, self-directed learning, and continuing education
- Ethical management of real and perceived conflicts of interest

Medical Records Completion

Residents are expected to complete promptly and accurately all medical records throughout their residency program. 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 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.

Resident Evaluation and Promotion

Resident evaluations are performed monthly and reflect achievement of the six 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, and colleague assessments
- Direct Resident observation
- Procedure and case logs
- Written examinations
- Presentation skills

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 coordinator.

Evaluations are accessed on New Innovations by the Residents and the preceptors. Both the Resident's and preceptor's evaluations will be compiled. An electronic copy will be sent to the Resident, and a hard copy will be placed in each Resident's file.

Bi-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 and advisors
- Letters of commendation, performance on special project (if any)

If a problem is identified with any portion of the Resident's performance or educational growth between formal evaluations, this information is shared promptly with the Resident and pertinent faculty 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 concerned Resident 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 Progression

Reviews are provided to each Resident by the program director semi-annually, unless issues arise necessitating more frequent evaluation. Resident promotion is determined by the following criteria:

- Clinical performance (i.e., evaluations)
- Performance on Nelson reading plan
- Content specification completion
- Mini-ITE performance
- ITE performance
- Participation in any mandatory program requirements
- Professionalism

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

Residents will complete self evaluations on their performance at the end of each rotation. Residents will also complete rotation evaluations. In addition, Residents will complete a program evaluation annually.

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. Janice Winston, R.N., 404-756-5282) and Grady Health System (404-616-3598), respectively, work in close collaboration to provide the necessary in-services for the house staff as per 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 provide a safe work and learning environment for MSM staff, students, faculty members, and house staff.

Please observe the following information:

- 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 Infection Control Office 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, 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, 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 404-752-5282 (Ms. Janice Winston, B.S., 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 computer located in the Resident suite is 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.

Disputes with Personnel

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.

Sleepiness and Fatigue Policy

Purpose

The purposes of the Sleepiness and Fatigue Policy are to:

- Raise faculty and Residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care
- Provide faculty and Residents with the tools necessary for recognizing when they are at risk
- Identify strategies (in addition to getting more sleep) for faculty and Residents that will minimize the effects of fatigue
- Provide the ability for Residents to identify and manage Residents impaired by the effects of fatigue

Scope

This policy is in direct response to the requirements of the Accreditation Council on Graduate Medical Education (ACGME) that pertain to Resident fatigue. It is designed to ensure the safety of patients as well as to protect the Residents' learning environment. The policy states:

> *Faculty and Residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.*

This policy is in addition to any guiding principles regarding sleep deprivation and fatigue established by MSM and its affiliate institutions.

Definition of Fatigue

Fatigue is a feeling of weariness, tiredness, or lack of energy that can impair a physician's judgment, attention, and reaction time. These harmful effects can lead to medical errors and, therefore, compromise patient safety.

There are many signs and symptoms that can serve as warning of one's impairment. Clinical signs of fatigue include moodiness, depression, irritability, apathy, impoverished speech, flattened affect, impaired memory and confusion, difficulty focusing on tasks, sedentary nodding off during conferences or while driving, repeatedly checking work, and medical errors.

House Staff Responsibilities in Identifying and Counteracting Fatigue

The Resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (e.g., operating motor vehicles). The Resident is expected to adapt habits that will provide him or her with adequate sleep in order to perform the daily activities required by the program. Duty hours should be strictly adhered to. In the event that a Resident is at the end of a work period and is too sleepy to drive home, he or she is encouraged to use another form of transportation (e.g., taxicab) or take a nap prior to leaving the training site.

Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of patient care. Faculty members will be able to determine if Residents are sleep deprived and will make the appropriate recommendations for the Resident to correct this problem. Faculty will learn to accept the limitations of the role of a Resident under the duty hour mandates and will not penalize the Resident as being lazy or disinterested when he or she leaves a work assignment "on time."

ACGME Requirements on Sleep and Fatigue

> *"Faculty and Residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects."* (ACGME Common Program Requirements VI.A.3)
>
> *"Providing Residents with a sound didactic and clinical education must be carefully planned and 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 recognize that faculty and Residents collectively have responsibility for the safety and welfare of patients."* (ACGME Common Program Requirements VI)
>
> *"Counseling services: The sponsoring institution should facilitate Residents' access to appropriate and confidential counseling and medical and psychological support services."* (ACGME Institutional Requirements III.D.1.l)

Resources for program directors include a bibliography of articles about the effects of sleep deprivation on performance, and they are available on the ACGME Web site at http://www.acgme.org/acWebsite/dutyHours/dh_sleepdepbib2.pdf. Also, the LIFE Curriculum (Learning to Address Impairment and Fatigue to Enhance Patient Safety) is available free of charge at http://www.lifecurriculum.info/. It includes video segments, expert commentaries, discussion questions, suggested role play exercises, and other resources that may be used for self-study, embedded in classroom sessions, or as part of one of more workshops.

Manpower/Resource Allocation

The ACGME instituted a work hour mandate for Residents that became effective in 2003. This was prompted by the death of a patient in a teaching hospital in New York in 1984. New York became the first state to legislate Resident duty hours after a submission of the report by the Bell Commission, which investigated the event.

The duty hour mandate has required many programs to increase the “in house” time spent by faculty as an approach to decrease the total number of hours a Resident can be on continuous duty.

Implementation

This policy uses the Life Curriculum as a source for recommendations on the management of sleepiness and fatigue in Residents. The LIFE curriculum was created to educate faculty and Residents about the effects of fatigue and other common impairments on performance.

The policy is designed to:

- Identify strategies that will assist in the prevention of potentially harmful conditions resulting from sleepiness or fatigue
- Provide an early warning system to detect impairments as well as ways to effectively manage them
- Access appropriate referral resources
- Help faculty members identify an impaired Resident

This policy is appropriate for all residency programs in that it:

- Has a faculty component and a Resident component
- Addresses policies to prevent and counteract the negative effects on patient care and learning
- Seeks the expertise of existing faculty to present materials
- Uses modules for role play and case studies that address the adverse effects of inadequate supervision and fatigue

It is recommended that the GME sponsor a session during orientation in which incoming Residents receive an initial orientation to duty hours, sleepiness and fatigue, and other impairments. New Residents will continue the discussion on sleepiness and fatigue in their residency specialty program. Each program will revisit the topic periodically throughout the year via role play, videos, and other discussions (many of these materials are available through the LIFE curriculum).

Faculty preceptors will receive a separate orientation for the LIFE curriculum modules through faculty development sessions conducted by each individual program. The GME office will periodically survey each program to determine if the core faculty has received the training and over what period of time. The LIFE curriculum will suffice for this educational session; however, programs are encouraged to adapt their own modules or create new elements of learning that are specific to their specialty.

It is recommended that each program revisits the sleepiness and fatigue curriculum in addition to the education that new Residents receive during orientation at least twice during the academic year.

Counseling

In the event that a Resident is reported as one who appears to be persistently sleepy or fatigued while on duty, the program director and the Resident's faculty member mentor will counsel the Resident individually to determine if there are some medical, physical, or psychosocial factors affecting his or her performance. An appropriate referral will be made during that interview based on the findings.

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 duty hour requirements, the reports made by faculty and others on the number of incidents by which a Resident has been identified as fatigued during work hours, and the number of reported medical errors attributed to fatigue or sleepiness.

See **Sleepiness and Fatigue Policy**, page 111

Appendix A: Policies

Supervision of Residents 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. 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:

a) Ensuring the provision of safe and effective care to the individual patient

b) Ensuring each Resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine

c) 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. This information should be available to Residents, faculty members, and patients.

3.3. Residents and faculty members should inform patients of their respective roles in each patient's care.

3.4. The program must demonstrate that the appropriate level of supervision is in place for all Residents who care for patients.

3.4.1. 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.

3.4.2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each Resident. Faculty members functioning as supervising physicians should delegate portions of care to Residents based on the needs of the patient and the skills of the Residents.

3.4.3. 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.

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

3.4.5. 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. In particular,
PGY-1 Residents should be supervised either directly or indirectly with direct supervision immediately available.

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

IV. LEVELS OF SUPERVISION:

To ensure appropriate Resident supervision and oversight, graded authority, and responsibility, the program must use the following classifications of supervision:

a) **Direct Supervision**: the supervising physician is physically present with the Resident and patient.

b) **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.

c) **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.

d) **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 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.

Graduated Responsibility and Supervision Policy in Ambulatory Settings

The supervising attending will be available as a resource and consultant for Residents of all training levels. The attending will review and sign all charts.

Privileges may be revoked at any time according to the judgment of the supervising attending.

Amount of Training	Supervision
0-6 months	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.
7-12 months	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.
13-24 months	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.
>24 months	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.

Graduated Responsibility and Supervision Policy in Inpatient Care Settings

New Admission	Residents will notify attending physician upon patient admission. The urgency of notification is based on the severity and acuity of patient. The attending physician must see and evaluate the patient within one calendar day of admission.	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.”).
Continuing Care	Attending physician is personally involved in ongoing care.	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.”).
Intensive Care	Because of the unstable nature of patients in ICUs, involvement of attending physician is expected on admission and on a daily basis.	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.”).
Hospital Discharge/ Transfer	The attending physician must be involved in the decision to discharge or transfer the patient.	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.”).

All 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 attending faculty.

Amount of Training	Supervision
0-6 months	Each **new** admission will be interviewed and examined alongside a senior Resident (≥ 12 months experience) or Attending physician **OR** immediately after being seen by the intern. Inpatients will be interviewed and examined alongside a senior Resident (≥ 12 months experience) or Attending physician **OR** within 4 hours after being seen by the intern The intern's H&P, progress notes, and orders will be personally verified by the senior Resident (or Attending).
7-12 months	Each **new** admission will be interviewed and examined by a senior Resident (≥ 12 months experience) or Attending physician soon after being seen by the intern. Inpatients will be interviewed and examined by a senior Resident or Attending physician within 4 hours after being seen by the intern. The intern's H&P, progress notes, and orders will be personally verified by the senior Resident (or Attending).
13-24 months	Each **new** admission (those that 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 4 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 that 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 4 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 exists for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:

a) Move to a new unit

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

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

d) Discharge to another institution or facility

4.3. 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:

a) Shift changes

b) Meal breaks

c) Rest breaks

d) Changes in on-call status

e) When contacting another physician when there is a change in the patient's condition

f) 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):

a) Patient name, location, age/date of birth

b) Patient diagnosis/problems, impression

c) Important prior medical history

d) DNR status and advance directives

e) Identified allergies

f) Medications, fluids, diet

g) Important current labs, vitals, cultures

h) Past and planned significant procedures

i) Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)

j) Plan for the next 24+ hours

k) Pending tests and studies which require follow up

l) Important items planned between now and discharge

VIII. FORMATTED PROCEDURE:

8.1. A receiving physician shall:

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

b) 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:

a) **Situation**: What is the problem?

b) **Background**: Pertinent information to problem at hand

c) **Assessment**: Clinical staff's assessment

d) **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

HAND OFF POLICY for RESIDENTS
Checklist of elements to be included in
written and verbal hand offs.

ANTICIpate

A—Admission demographics—i.e., patient name, age, admission diagnosis, allergies
N—Now: current condition (stable vs. unstable), pertinent labs, current meds and IVF, updated diagnosis and assessment by a system list
T—Tasks—to be done overnight
I—Include time for receiver's questions and clarifications on the patients
C—Contingency planning—given the current condition and status of the patient, what are important events that can occur overnight and what can be done for the same—e.g., what has or has not worked in the past (w.r.t. medications), difficult family or psychosocial situations, code status, complications of the illness.
I—Interruptions—was this hand off free from interruptions (e.g., noise, distractions, lack of dedicated space or time)?

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 email 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. 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.

2.2. The tem "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 email for work-related forums (e.g. following a professional organization, like MSM, on Facebook). Otherwise, we strongly suggest using personal email 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 email address.

3.5. The following disclaimer should be added 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:

a) Compliance (HIPAA and the protection of patient information)

b) Conflict of Interest Policy

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

a) Copyrights

b) Disclosures

c) Refraining from revealing proprietary financial or intellectual property

d) 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:

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

b) Any sexually suggestive, humiliating, or demeaning comments

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

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

a) The improper or illegal use of drugs or alcohol

b) 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

a) Human Resources Performance Improvement Counseling Policy HR-014

b) Human Resources Discharge Policy HR-015

3.18. Any violation of this policy should be immediately reported to the Program Director.

3.19. References:

a) http://www.scribd.com/doc/28484057/Sample-Social-Media-Policy

b) http://www.mc.vanderbilt.edu/root/vumc.php?site=socialmediatoolkit&doc=26923

c) http://www.umm.edu/gme/pdf/social_media.pdf

Appendix B: MSM Graduate Medical Education Policies

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. MSM's residency education programs have the highest responsibility to ensure that only those physicians demonstrating appropriate levels of clinical competence and professional behavior will be allowed to practice independently in the community at large.

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 understand and 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 is less than that outlined in program and specialty standards.

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

- Having an insufficient fund of medical knowledge
- Inability to use medical knowledge effectively
- Lack of technical skills based on the Resident's level of training
- Lack of professionalism
- Unsatisfactory written evaluation(s)
- Failure to perform assigned duties
- Unsatisfactory performance based on program faculty's observation
- Any other deficiency that bears on the Resident's academic performance

3.2. Cure—correcting an academic deficiency and sustaining the correction to the satisfaction of the Faculty, Program Director, department chair, and Residency Advisory Committee of the program in which the Resident is enrolled.

3.3. Day—a calendar day, except where the last day of any time period falls on a Saturday, Sunday, or MSM-recognized holiday; the time period will run until 5:00 p.m. of the next business day that is not a Saturday, Sunday, or MSM-recognized holiday.

3.4. Disciplinary Action

3.4.1. The corrective action taken to immediately address a Resident's academic, professional and behavioral deficiencies.

3.4.2. Typically, "disciplinary action" means probation, suspension that results in disciplinary action, non-promotion, non-renewal of residency contract, or dismissal pursuant to the due process guidelines outlined in this policy or in other appropriate MSM policies.

3.4.3. Disciplinary action does not include a written or verbal notice of academic deficiencies unless that notice constitutes the basis on which a program takes disciplinary action against a Resident.

3.5. 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.

3.6. Due Process

3.6.1. For matters involving a Resident's deficient academic performance, due process involves:

a) Providing notice to the Resident of the deficient performance issues;

b) Offering the Resident a reasonable opportunity to cure the academic deficiency; and

c) Ensuring that MSM engages in a reasonable decision-making process to determine the appropriate course of action to take regarding whether to impose disciplinary action.

3.6.2. For matters involving a Resident's misconduct, due process involves:

a) Providing the Resident notice of the allegations against him or her;

b) Offering the Resident a reasonable opportunity to respond to those charges; and

c) Ensuring that MSM engages in a reasonable decision-making process to determine the appropriate course of action to take regarding whether to impose disciplinary action.

3.7. GME—Graduate Medical Education

3.8. GME Office—Graduate Medical Education office of Morehouse School of Medicine

3.9. Mail—to place a notice or other document in the United States Mail.

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

3.9.2. Unless otherwise indicated, it is not necessary, in order to comply with the notice requirements in the policy, to hand-deliver the notice or use certified or registered mail. However, such methods of delivery, when documented, will verify actual notice.

3.9.3. Mailing information to the Resident's last known mailing address is sufficient to meet MSM's obligations. It is the Resident's responsibility to ensure that his or her program possesses his or her most current mailing address.

3.10. Meeting

3.10.1. The appeals process outlined in this policy where a Resident is provided an opportunity to present evidence and arguments related to why he or she believes the decision by the Program Director, department chairperson, or Resident Advisory Committee to take disciplinary action is unwarranted.

3.10.2. It is also the opportunity for the Program Director, department chairperson, or Resident Advisory Committee to provide information justifying its decision(s) regarding the Resident.

3.11. Misconduct

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

3.11.2. These violations constitute a breach of the MSM Resident Agreement.

3.12. 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 Residency Review Committee program requirements, the GME requirements, or the specialty board requirements, the Resident will not be reappointed for the next academic year.

3.13. Non-Promotion

3.13.1. Resident appointments are for a maximum of 12 months, year-to-year.

3.13.2. 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 a specific rotation required for promotion.

3.14. Notice of Deficiency—the residency Program Director may issue a written or oral warning to the Resident to give notice that academic or professional 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 action to cure the academic or professional deficiency.

3.15. RAC—Residency Advisory Committee (or equivalent name for the Program Advisory Committee)

3.16. Remediation

3.16.1. Remediation is an academic tool used to strengthen Resident performance when the normal course of faculty feedback and advisement is not resulting in a Resident's improved performance.

3.16.2. This allows the Resident to correct an academic deficiency(s) that, in MSM's sole judgment, would adversely affect the Resident's progress in the program.

3.17. Suspension

3.17.1. 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 be in the best interest of the patients or other medical staff.

3.17.2. While a faculty member, Program Director, faculty chairperson, clinical coordinator, or administrative director 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.

3.17.3. Depending on circumstances, a Resident may not be paid while on suspension.

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 deficiency, suspension, remediation, non-promotion, non-renewal of appointment, and in some cases, dismissal. 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.

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 exhibiting unethical or other serious behavior that do not conform to achieving the skills required for the practice of medicine may be summarily dismissed.

4.4. Residents who have grievances that do not relate to a Resident's academic progression or misconduct shall submit these grievances according to the MSM Discrimination, Harassment, and Retaliation Policy.

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 advise the Resident to take actions to cure the deficiencies.

5.2. Notice of Deficiency

5.2.1. The residency Program Director may issue a Notice of Deficiency to a Resident to give notice that academic or professional 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 action to cure the academic or professional deficiency.

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

5.2.3. It is the responsibility of the Resident, with the express approval of the Program Director, to develop and implement a mechanism of corrective action.

5.3. Remediation will be used as an academic tool, if warranted.

5.3.1. Residents will be provided with a notice of academic deficiencies and a reasonable opportunity to cure them with the expectation that the Resident's academic performance will be improved and consistently sustained.

5.3.2. Developing a viable remediation plan could consist of the following actions:

5.3.2.1. The resident must understand that the remediation is not a punishment, but a positive step and an opportunity to improve performance by resolving the deficiency. Remediation decisions shall not be subject to the formal appeals process.

5.3.2.2. The Resident must prepare a written remediation plan, with the express approval of the Program Director as to form and implementation

5.3.2.2.1. The plan shall clearly identify deficiencies and expectations for reversing the deficiencies, by competency.

5.3.2.2.2. The remediation period must have a beginning and end date and may require the Resident to make up the time if the remediation cannot be incorporated into normal activities and completed during the current residency year.

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

5.3.2.3. The length of remediation is variable, based on the individual situation; 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 deficiency.

5.3.2.4. If remediation does not correct the deficiency, the residency Program Director may request further action including: continuation of remediation with non-promotion, non-renewal of appointment, or dismissal.

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.

5.3.2.5. The decision of the Program Director will be communicated to the Resident and to the Office of Graduate Medical Education.

5.3.2.5.1. The residency program will attempt to notify the GME Office in writing of all decisions affecting a Resident's continued progression in the program within three (3) days (72 hours) of the Program Director's decision.

5.3.2.5.2. The residency program will notify the Resident in writing of its non-promotion, non-renewal of appointment, or dismissal decisions within seven (7) days after the department chairperson notifies the Program Director of the department's final decision.

5.4. **Suspension** shall be used as an immediate disciplinary action because of a Resident's academic performance or misconduct. Suspension is typically mandated when it is in the best interest of the patients or medical staff that the Resident be removed from the workplace.

5.4.1. A Resident may be placed on unpaid suspension at any time for certain violations in the workplace.

5.4.2. Residents will be provided with a notice of academic deficiencies and a reasonable opportunity to cure them with the expectation that the Resident's academic performance will be improved and consistently sustained.

5.4.3. A Resident may be removed from clinical responsibility or program activities by a faculty member, Program Director, faculty 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 may exist:

a) The Resident poses a direct detriment to patient welfare.

b) Concerns arise that the presence of the Resident is causing dysfunction to the residency program, its affiliates, or other staff members.

c) 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 five (5) working days (Monday-Friday) after the date of the offense, explaining the reason for the Resident's removal and the potential for harm. Only the Program Director may place a Resident on suspension and decide the length of time of the suspension.

5.4.5. After a period of suspension is served, further action is required.

5.4.5.1. The Program Director and initiating supervisor (or administrator) shall review the situation to determine if the circumstances leading to the suspension require further disciplinary action.

5.4.5.2. Possible actions to be taken by the Program Director regarding a suspended Resident may be to:

a) Return the Resident to normal duty with a Notice of Deficiency;

b) Place the Resident on probation; or

c) Request the Resident's dismissal from the program.

5.5. Probation

5.5.1. A residency program may use this disciplinary action when a Resident's violations are associated with:

a) Providing inappropriate patient care

b) Lacking professionalism in the education and work environment that could bring harm to patients

c) Negatively impacting healthcare team functioning

d) Causing residency program dysfunction

5.5.2. A probationary period must have a definite beginning and ending date and be designed to specifically require a Resident to correct identified deficiencies.

5.5.3. The length of the probationary period will depend on the nature of the particular infraction and be determined by the Program Director.

5.5.4. Probation is not available as a remedy when a Resident violates local, state, or federal laws or otherwise engages in unethical professional practices.

5.5.5. Probation also shall not be used to replace the requirements of a remediation plan or other remediation standards.

5.6. Failure to Cure Academic Deficiency—if a resident fails to cure academic deficiencies through his or her own corrective action, remediation, probation, or other forms of provided academic support, the Program Director may recommend the following actions:

a) Continued remediation—total remediation within an academic year shall not last more than six (6) consecutive months

b) Non-promotion to next the PGY level

c) Repeat of a rotation or other education block module

d) Non-renewal of residency appointment

e) Dismissal from the residency program

5.7. Resident Appeal within Residency Program or Department—the Resident may appeal the decision of the Program Director according to this policy.

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 USPS certified mail. A copy may also be given to the Resident on site, as convenient.

5.7.2. The notices of dismissal or non-renewal must be mailed to the Resident within seven (7) days after the department chairperson communicates the department's final dismissal or non-renewal decision to the Program Director.

5.7.3. If the Resident wants 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.

5.7.4. The Program Director will notify the RAC of the appeal and the RAC will convene a meeting where the Resident and the Program Director can present information relating to the decision.

5.7.4.1. The Resident may bring an advocate, such as a faculty member, staff member, or other Resident.

5.7.4.2. Legal counsel is not permitted to attend the appeal because the process is an academic one and not a legal one.

5.7.5. The RAC will present its recommendation to the Program Director, who will then forward all the information concerning the appeal to the chairperson.

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

5.7.7. The department chair will communicate the final departmental decision to the Program Director.

5.7.8. The Program Director will then communicate the decision by certified letter to the Resident. This should occur within ten (10) days of the final decision.

5.8. Appeal to the Dean and Executive Vice President—the Resident may appeal the decision of the Program Director according to this policy.

5.8.1. The Resident shall have the right to appeal only the following adverse decisions:

a) Dismissal from the residency program

b) Non-Renewal of the Resident's appointment

5.8.2. If the Resident is unsuccessful in his or her hearing with the RAC, he or she may submit a written request to the dean and executive vice president for a review of due process involved in the program's decision of dismissal or non-renewal of appointment. A request for appeal must be submitted in writing within five (5) working days of the notification by the residency Program Director to the Resident of the decision.

5.8.3. The dean and executive vice president shall instruct the GME Office to form an ad-hoc panel 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 shall chair the ad hoc committee.

5.8.4. The residency Program Director shall present the training documents and record of the proceedings to the ad hoc committee.

5.8.4.1. The ad hoc committee shall give the Resident an opportunity to present written or verbal evidence in his or her behalf to rebut the allegations that led to the adverse decision.

5.8.4.2. The Resident may bring an advocate, such as a faculty member, staff member, or other Resident.

5.8.4.3. Legal counsel is not permitted to attend the appeal because the process is an academic one and not a legal one.

5.8.5. The ad hoc committee chair will submit a written report of the findings of the ad-hoc panel to the dean and executive vice president who will make the final determination regarding the status of the Resident.

5.8.6. The final written determination by the dean and executive vice president may be that either:

a) The Resident is returned to the residency program without penalty or

b) The recommendation for dismissal or a non-renewal of appointment stands

5.8.7. In the event that a recommendation for dismissal is confirmed, the Resident is removed from the payroll effective the day of the dean and executive vice president's decision.

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, 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:

a) Acute disaster with little or no warning (e.g. tornado or bombing)

b) Intermediate disaster with some lead time or warning (e.g. flooding or ice)

c) Insidious disruption or disaster (e.g. avian flu)

3.3. This document will address 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 Officer 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:

a) Address

b) Pager number

c) All available phone numbers (home, cell, etc.)

d) Primary and alternate email addresses

e) Emergency contact information.

4.3.2. This information will be updated at least annually before July 1st and within five (5) business days of a change, in order to maintain optimal accuracy and completeness (MSM-GME Resident Information Update sheet attached). 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, to 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

4.4.1. 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:

a) Electronic files of Resident evaluations

b) Certification letters

c) Procedure log summaries

d) Immunization records

e) 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 email 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 email 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 email the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing Resident email 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 for important announcements (www.acgme.org) 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:

a) Program reconfigurations to the ACGME

b) 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:

a) The progress of patient care activities returning to normal status

b) 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:

a) Are able to maintain functionality and integrity

b) Require a temporary transfer of Residents to alternate training sites until the home program is reinstated

c) 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 AGCME 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:

a) Addition or deletion of a participating site

b) Change in the format of the educational program

c) 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.

Night Float Policy

IV. 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.

V. BACKGROUND:

5.1. 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.

5.2. 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.

5.3. 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.

VI. 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.

VII. POLICY:

7.1. Residents must not be scheduled for more than six consecutive nights of night float. 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.

7.2. Night Float must be an educational experience for all Residents. It must have its own competency-based curriculum and evaluation system.

7.3. A *Sample Curriculum for Night Float* is attached to this policy.

VIII. How Learning Objectives Are Met:

a) Direct patient care on the inpatient wards – both admitting to and covering medicine teams at night

b) Interaction with consultants and support staff

c) Participation in morning report

d) Participation in daily night float rounds, typically at the bedside with the accepting attending physician and team

e) Literature searches to answer clinical questions that arise on rounds or during patient care; review of these literature searches

f) Interaction with the interdisciplinary health care team

g) Chart stimulated recall exercise – at least one per NF rotation

IX. Required Reading/Resources:

9.1. Specific readings will be assigned by supervising clinical faculty members and fellows.

9.2. 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.

9.3. Residents should become familiar with national and hospital guidelines for care of common medical disease states.

X. Evaluation:

10.1. Supervising Attendings will evaluate Residents. These evaluations must be discussed in person with the Residents. There should be regular informative feedback from supervising Attendings regarding performance.

10.2. Residents will log their performed procedures. The Attendings, or other supervising physicians, shall document satisfactory performance through the electronic procedure logger.

10.3. Resident peers (interns and Residents) shall evaluate each other using the Resident peer evaluation.

SAMPLE NIGHT FLOAT CURRICULUM

Learning Objectives:

At the end of the rotation, Residents will be expected to become more proficient in:

A. **Patient Care**:

1. **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.
    a) History taking will be hypothesis-driven.
    b) Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient.
    c) The Resident will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
2. **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.
3. **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.

B. Procedures:

1. PGY-1 Residents will demonstrate knowledge of:
    a) Procedural indications
    b) Contraindications
    c) Necessary equipment
    d) Specimen handling
    e) Patient after-care
    f) Risk and discomfort minimization.

    They will participate in informed consent and assist patients with decision making. They will correctly identify the meaning of test results.
2. 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.

C. <u>Medical Decision Making, Clinical Judgment, and Management Plans</u>:

All Residents will demonstrate improving skills in assimilating information that they have gathered from the history and physical exam.

1. PGY-2 Residents will:
    a) Regularly integrate medical facts and clinical data while weighing alternatives and keeping patient preference in mind
    b) Regularly incorporate consideration of risks and benefits when considering testing and therapies
    c) Present up-to-date scientific evidence to support their hypotheses
    d) Consistently monitor and follow up with patients appropriately
    e) 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
2. PGY-3 Residents will demonstrate all the skills listed above for PGY-2 Residents and in addition, will:
    a) Demonstrate appropriate reasoning in ambiguous situations while continuing to seek clarity
    b) Not overly rely on tests and procedures
    c) Continuously revise assessments in the face of new data

D. <u>Medical Knowledge</u>:

1. 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.
2. 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.
3. PGY-2 Residents will demonstrate a progression in knowledge and analytical thinking in order to develop well-formulated differential diagnoses for multi-problem patients.
4. 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.

E. <u>Practice-Based Learning and Improvement</u>:

1. 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.
2. 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.
3. 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.

F. <u>Interpersonal and Communication Skills</u>:

1. 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.
2. 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.
3. 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.

G. <u>Professionalism</u>:

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.

H. <u>Systems-Based Practice</u>:

1. 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.
2. 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.

Residency Education Evaluations 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:

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. THE GRADUATE MEDICAL EDUCATION COMMITTEE:

3.1. The MSM Graduate Medical Education Committee (GMEC) provides governance of Graduate Medical Education programs on behalf of Morehouse School of Medicine (MSM).

3.2. This academic committee comes under the structure of the MSM-Academic Policy Council.

3.3. The leadership of the GMEC is under the Associate Dean for Educational Affairs, who is also the Designated Institutional Official (DIO) for matters of accreditation with the ACGME.

3.4. The committee shall be composed of:

a) Selected faculty members

b) Peer-selected Residents

c) Affiliate members (when possible)

d) Staff

3.5. This multi-disciplined, standing committee will be assigned the tasks of institutional policy development, periodic program review, and the evaluation of the administrative and academic functioning of residency programs and their affiliates.

IV. RESIDENCY ADVISORY COMMITTEE:

4.1. Clinical departments that have residency programs shall have faculty members, representatives from of the affiliated institutions, and a peer-selected Resident and/or a Chief Resident to comprise a Residency Advisory Committee.

4.2. The Residency Advisory Committee will meet a minimum of twice in a post graduate year.

4.3. The Committee will advise the program administration and evaluate the performance of Residents.

4.4. The RAC will also conduct the following types of activities:

a) Development and coordination of the residency program and its curriculum

b) Recommendation of applicants to enter the program as Residents

c) Resident evaluation, promotion, and disciplinary action (including recommendation for non renewal of appointment or dismissal when warranted)

d) Ongoing evaluation of the quality of the residency program

V. RESIDENT ASSESSMENT AND EVALUATION:

5.1. Evaluative opinion 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.

5.2. 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.

5.3. 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.

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

5.5. 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.

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

5.6.1. Faculty must evaluate Residents in a timely manner during and after each rotation or educational assignment.

5.6.2. Faculty Attending will complete an evaluation to document Resident performance at the end of each rotation and educational assignment. The supervisor will review this evaluation with the Resident.

5.7. The Residency Program Director will be responsible for monitoring the quality (and quantity) of the educational experience based on the "Program Requirements," program objectives, and other educational and professional criteria matched to the predetermined goals of the rotation.

5.8. At least twice in the Post Graduate Year, the Residency Director, or his or her designee will discuss evaluations and performance with each Resident during the semi-annual evaluation. Documentation of these meetings and of all supervisory conferences will remain in the Resident's permanent educational file.

5.9. 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.

5.10. A Resident will be assigned supervisory and teaching responsibilities for medical students and junior Residents as he or she progresses through the program.

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

5.10.2. The results of all Resident evaluations and examinations will remain in the Resident's permanent educational file.

5.11. Residents will evaluate the quality of the residency education program annually.

5.11.1. The instruments to be used by Residents will be generated by either the residency program or the graduate medical education office.

5.11.2. The compiled results of these evaluations shall ensure anonymity.

5.11.3. The Chair of the Graduate Medical Education Committee will review the results of the evaluation and will determine the disposition beyond the residency program.

5.12. In addition to the global assessment, evaluation by faculty, using multiple methods and multiple evaluators will be used to provide an overall assessment of the Resident's competence and professionalism. These 360-degree methods may include:

a) Narrative evaluations by faculty and non-faculty evaluators

b) Clinical competency examinations

c) In-service examinations

d) Oral examinations

e) Medical record reviews

f) Peer evaluations

g) Self-assessments

h) Patient satisfaction surveys

VI. FACULTY EVALUATIONS:

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

6.2. In addition, faculty members involved in Residency education will be evaluated as a part of the program. The Resident will complete an anonymous and confidential evaluation of his or her assigned supervisors at the end of each rotation.

VII. PROGRAM EVALUATION:

7.1. Programs will be evaluated confidentially and anonymously on an annual basis by both the Residents and the faculty. The results of these evaluations will be used by the program to monitor the program.

7.2. A program improvement plan shall be formulated based on the annual feedback received from the program evaluations.

7.3. The improvement plans and results of the annual evaluation will be submitted to the GMEC for review, comment, and monitoring.

Resident Appointment Agreement

The position of “Resident” is defined as that of a physician-in-training matriculating within a defined period of post-graduate medical education under the supervision of faculty teachers and/or attending physicians. _____, you are hereby offered a position as a Postgraduate Year (PGY) ___ Resident in the Morehouse School of Medicine (“MSM”) Internal Medicine Residency Education Program beginning _____ and ending _____.

This agreement between Morehouse School of Medicine and you (the Resident) is effective for a maximum period of twelve (12) months, ending June 30 of each year, unless terminated sooner in accordance with MSM’s policies and procedures.

Compensation will be paid in 26 bi-weekly installments based upon an annual rate of $47,088.51. When less than a month is worked for that period, compensation shall be computed on a daily rate. In addition to the salary, Morehouse School of Medicine shall provide you (the Resident) with the benefits outlined in the MSM-Graduate Medical Education General Information Policy and the MSM-Human Resources employment manual.

This relationship is governed by all conditions required by MSM, including institutional policies, its residency programs, and its educational affiliates, as well as by the laws of the United States and the State of Georgia. The general conditions of your appointment as a Resident in the Morehouse School of Medicine residency program are described in the **General Information Policy** which is made a part of this agreement. All MSM Residents are subject to a criminal background check, drug screenings, and other checks and examinations as required from time to time by the MSM- Human Resources Department. Failure of you, the Resident, to be found compliant and/or acceptable on these checks and examinations is grounds for MSM-GME to rescind this agreement. Also, MSM reserves the right to dismiss you from the residency program if it subsequently discovers any misrepresentation, false or incomplete information, or omission of facts requested during the application and/or hiring process.

Any conditions or provisions described as a part of this agreement which are dependent upon the availability of resources beyond the control of MSM or its participating affiliates, shall not be binding on this agreement in the event of the unavailability or loss of these resources except where the loss of these resources would jeopardize the continued accreditation of the residency program or the education of you, the Resident.

The Residency Program Director will inform you of the program's current accreditation status. In the event of any notice of withdrawal of accreditation by the ACGME, either voluntary or involuntary, MSM will use its best efforts to ensure that you, the Resident, are allowed to complete your mandatory period of residency education. Failing that, MSM will aggressively assist the Resident in acquiring a position in another residency program.

During the term of this agreement, MSM, through the Residency Program Director, shall provide you with the ACGME program requirements, residency goals, objectives, expectations, and schedules which will provide for support of your education process. The rotations, locations, and supervisory assignments in the program are provided to you by your residency program prior to your beginning the rotation. Notwithstanding the above, your schedule of activities shall be set in accordance with the requirements, practices, and procedures of your specialty program.

Educational standards for progression within a residency program are to be evaluated and certified by the Program Director in order for a Resident to progress to the next education level in the program. In the event that an adverse academic decision of non-promotion (delay) to the next Post Graduate Year (PGY) or non-renewal of appointment is made by the Program Director, you, the Resident, will be given at least four (4) months notice whenever possible or feasible.

During the term of this agreement, any and all grievances brought by you (the Resident) against MSM, including, but not limited to grievances for a breach of this agreement, shall be heard in accordance with the procedures set forth in MSM's policies.

MSM shall provide you with professional liability insurance coverage of the nature described in the **Professional Liability Insurance Coverage Letter** included in the **General Information Policy**. Such coverage shall be limited to professional educational activities of the Resident which are sanctioned by MSM and which are related to, or are a part of the residency program.

All policies affecting the education and work environment of the Resident are available in the Office of Graduate Medical Education or on the MSM-Graduate Medical Education (GME) webpage.

RESIDENT ACCEPTANCE

I accept the above-described position in the Morehouse School of Medicine Residency program.
I agree to abide by the rules and regulations of Morehouse School of Medicine and those of the participating affiliates at which I will work during the course of my training. I also agree to abide by the laws of the United States and the State of Georgia as they affect my status as a Resident physician.

_____ _____
Resident's Signature Date

_____ _____
Name (type or print) Social Security Number (Required)

DEPARTMENTAL SIGNATURES

We recommend selection of this applicant as a Resident in our MSM residency program. This Resident was vetted through the departmental residency screening and interview processes. We have reviewed the educational credentials and the eligibility for both academic appointment and employment of the Resident signing this agreement.

_____ _____
Program Director's Signature Date

_____ _____
Department Chairperson's Signature Date

APPROVED

The Dean and Senior Vice President for Academic Affairs, upon the recommendation of the Residency Program Director and/or department chairperson, shall appoint you (the Resident) to a position in the program. The signature below of the Director of Graduate Medical Education (Administration) represents this approval.

_____ _____
Director, Graduate Medical Education Signature Date

Resident Learning and Working Environment Policy

I. PURPOSE:

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. 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. 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:

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. Each Resident will receive a copy of this Resident Learning and Working Environment Policy.

III. THE RESIDENCY LEARNING AND WORKING ENVIRONMENT:

3.1. Within the Residency learning and working environment, standards must be in place to assist program administration, faculty Attendings, and Residents in performing their clinical and other duties in a safe and productive manner. Programs shall provide objectives, schedules, and faculty supervision to Residents to support learning.

3.2. Duty hours in this policy are defined as clinical and academic activities related to the program; i.e. direct patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

3.3. Resident Duty Hours in the MSM Learning and Working Environment consist of the following requirements and tenets:

3.3.1. Professionalism, Personal Responsibility, and Patient Safety

3.3.1.1. Programs and MSM 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.

3.3.1.2. The program must be committed to and responsible for promoting patient safety and Resident well-being in a supportive educational environment.

3.3.1.3. The Program Director must ensure that Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

3.3.1.4. The learning objectives of the program must:

a) Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events

b) Not be compromised by excessive reliance on Residents to fulfill non-physician service obligations

3.3.1.5. The Program Director and MSM must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal roles in the following:

a) Assurance of the safety and welfare of patients entrusted to their care

b) Provision of patient- and family-centered care

c) Assurance of their fitness for duty

d) Management of their time before, during, and after clinical assignments

e) Recognition of impairment, including illness and fatigue, in themselves and in their peers

f) Attention to lifelong learning

g) Monitoring of their patient care performance improvement indicators

h) Honest and accurate reporting of Duty Hours, patient outcomes, and clinical experience data

3.3.1.6. All Residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize 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. Refer to the MSM Transitions of Patient Care protocol.

3.3.2. Alertness Management/Fatigue Mitigation

3.3.2.1. For comprehensive guidance in the management of sleepiness and fatigue, refer to the MSM-GME policy on this subject, in addition to the institutional policy.

3.3.2.2. The program must develop procedures to:

a) Educate all faculty members and Residents to recognize the signs of fatigue and sleep deprivation

b) Educate all faculty members and Residents in alertness management and fatigue mitigation processes

c) Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules

3.3.2.3. Each MSM 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.

3.3.2.4. MSM or a participating hospital must provide adequate sleep facilities and/or safe transportation options for Residents who may be too fatigued to return home safely.

3.3.3. Resident Duty Hours

3.3.3.1. Resident Duty Hours at MSM shall be structured by each program to address and/or conform to the requirements outlined below. Each Residency program will develop a policy and procedures to enforce and monitor ACGME Duty Hour requirements.

3.3.3.2. Programs shall review Resident activities weekly to ensure compliance by the program, Residents, and faculty supervisors.

3.3.3.3. These requirements must also be in place at each participating affiliate.

3.3.3.4. The MSM GMEC (through the DIO and GME Office) shall conduct periodic review of each program and its Residents.

3.3.4. Maximum Hours of Work per Week

3.3.4.1. Duty Hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

3.3.4.2. Duty Hour Exceptions:

A Review Committee may grant exceptions to programs for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

3.3.4.2.1. In preparing a request for an exception, the Program Director must follow the Duty Hour exception policy from the ACGME Manual on Policies and Procedures.

3.3.4.2.2. Prior to submitting the request to the Review Committee, the Program Director must obtain approval of the MSM-GMEC and DIO.

3.3.5. Moonlighting

Moonlighting at MSM must be in accordance with the following guidelines:

3.3.5.1. PGY-1 Residents are not permitted to moonlight.

3.3.5.2. Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program.

3.3.5.3. Moonlighting must be approved in writing by the Program Director.

3.3.5.4. Time spent by Residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

3.3.5.5. Each Resident requesting entry into such activities shall have a State of Georgia physician's license.

3.3.5.6. A Resident must sign a "Professional Liability Coverage" statement of understanding as part of the Resident Appointment Agreement entered into with the program and also upon the approval of a request to moonlight. A sample of this statement is attached to this policy.

3.3.5.7. It must be understood that professional liability coverage provide by MSM does not cover any clinical activities not assigned to the Resident by the residency program. Moonlighting activities shall not be credited as being part of the program structure or curriculum.

3.3.5.8. 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.

3.3.6. Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

3.3.7. Maximum Duty Period Length

3.3.7.1. Duty periods of PGY-1 Residents must not exceed 16 hours in duration.

3.3.7.2. Duty periods of PGY-2 Residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage Residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested (by ACGME).

3.3.7.2.1. 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 hours.

3.3.7.2.2. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

3.3.7.2.3. In unusual circumstances, Residents on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the Resident must:

a) Appropriately hand over the care of all other patients to the team responsible for their continuing care

b) Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director

The Program Director must review each submission of additional service, and track both individual Resident and program-wide episodes of additional duty.

3.3.8. Minimum Time Off between Scheduled Duty Periods (exceptions must be recorded)

3.3.8.1. PGY-1 Residents *should* have 10 hours, and *must* have eight hours free of duty between scheduled duty periods.

3.3.8.2. Intermediate-level Residents (as defined by the Review Committee) *should* have 10 hours free of duty, and *must* have eight hours between scheduled duty periods. They *must* have at least 14 hours free of duty after 24 hours of in-house duty.

3.3.8.3. Residents in the final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

3.3.8.3.1. This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in-seven standards.

3.3.8.3.2. While it is desirable that Residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these Residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

3.3.8.3.3. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by Residents in their final years of education must be monitored by the Program Director.

3.3.9. Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. 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. Refer to the MSM-GME Night Float protocol.

3.3.10. Maximum In-House On-Call Frequency

PGY-2 Residents and above must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

3.3.11. At-Home Call

3.3.11.1. Time spent in the hospital by Residents on at-home call must count towards the 80-hour maximum weekly hour limit. 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 duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.

3.3.11.2. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

ACGME Glossary of Terms Related to Resident Duty Hours

September 29, 2010

Attending Physician: An appropriately credentialed and privileged member of the medical staff who accepts full responsibility for a specific patient's medical/surgical care.

Clinical Responsibility/workload limits: Reasonable maximum levels of assigned work for Residents/fellows consistent with ensuring a quality educational experience. Such work, and its level of intensity, varies by specialty and should be studied by all RRCs before a decision is made to incorporate specifics into the program requirements.

Conditional independence: Graded, progressive responsibility for patient care with defined oversight.

Continuity clinic: Setting for a longitudinal experience in which Residents develop a continuous, long-term therapeutic relationship with a panel of patients.

Duty hours: All clinical and academic activities related to the program, i.e. patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty Hours do *not* include reading and preparation time spent away from the duty site.

External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the Resident is in training or at any of the institution's related participating sites.

Faculty: Any individuals who have received a formal assignment to teach Residents or fellow physicians. At some sites, appointment to the medical staff of the hospital constitutes appointment to the faculty.

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.

Fitness for duty: Mentally and physically able to effectively perform required duties and promote patient safety.

Scheduled duty periods: Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Supervising Physician: A physician, either faculty member or more senior Resident, designated by the Program Director as the supervisor of a junior Resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Transitions of care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

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 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 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:

a) For incapacity due to pregnancy, prenatal medical care or child birth;

b) To care for the employee's child after birth, or placement for adoption or foster care;

c) To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or

d) 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 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. <u>LEAVE OF ABSENCE WITHOUT PAY</u>:

5.1. Leave required beyond available compensated sick and/or vacation leave will be uncompensated Leave without Pay (LWOP). 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. The request shall identify the reason for the leave and the duration.

5.2. LWOP, when approved, shall not exceed six (6) months in duration.

5.2.1. If LWOP does extend beyond six (6) months in duration, the Resident must reapply to the residency program.

5.2.2. MSM's Human Resources Department shall advise both the Resident and the Residency Program Director on applicable policies and procedures.

5.3. All applicable categories of compensated leave must be exhausted prior to a Resident being granted LWOP. Residents shall consult with the HR Manager for Leave Management prior to taking LWOP.

VI. 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.

VII. RETURN TO DUTY:

7.1. 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).

7.2. 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.

VIII. PROGRAM LEAVE LIMITATIONS:

8.1. 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).

8.2. All leave is subject to the requirements of the individual medical specialty boards and the ACGME-RRC regarding the completion of the program. 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. Always review the current certification application eligibility requirements at the specialty board website.

Resident Promotion 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). 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) A copy of the MSM Graduate Medical Education (GME) General Information Policy

b) A Residency Program Handbook (or equivalent) outlining at a minimum:

i. The residency program goals, objectives, and expectations

ii. The ACGME Specialty Program Requirements

iii. The six general competencies designed within the curriculum of the program

iv. Clinical rotations and/or other education modules with specific goals, objectives, and expected outcomes

v. Schedules of assignments to support rotations

vi. The educational supervisory hierarchy within the program, rotations, and education affiliates

vii. 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 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 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 months prior to the end of the Resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four 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 months prior to the end of the Resident's current contract. If the decision for non-renewal is made during the last four 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.

MOREHOUSE SCHOOL OF MEDICINE

Resident Reappointment Agreement

_____ (MD) (DO) we are pleased to recommend you for reappointment as a Postgraduate Year (PGY) ____ Resident in the Morehouse School of Medicine (MSM) _____ Residency Training Program beginning _____ and ending _____.
This agreement between Morehouse School of Medicine and you (the resident) is effective for a maximum period of twelve (12) months, ending June 30 of each year, unless terminated sooner in accordance with MSM's policies and procedures.

Compensation will be paid in 26 installments based upon an annual rate of _____. When less than a month is worked, compensation for that period shall be computed on a daily rate based upon the compensation scale in effect at that time.

This Reappointment agreement is subject to the same terms and conditions as were set forth in your initial **Resident Agreement** and/or any revisions within current policy that will be provided to you. The Dean and Executive Vice President for Academic Affairs, upon the recommendation of the Program Director and department chairperson, may reappoint you (the Resident) to a postgraduate position in the program. The signature of the Director, Graduate Medical Education Administration below reflects this approval.

I accept reappointment in the above-described Morehouse School of Medicine Residency program as a postgraduate trainee.

_____ _____
Resident's Signature Date

_____ _____
Name (type or print) Social Security Number (required)

DEPARTMENTAL SIGNATURES

_____ _____
Program Director Signature Date

_____ _____
Department Chairperson Signature Date

APPROVED BY

_____ _____
Director, Graduate Medical Education Signature Date

Sleepiness 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). 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 Accreditation Council on Graduate Medical Education (ACGME) pertaining to Residents' fatigue 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 sleepiness. Clinical signs include:

a) Moodiness
b) Depression
c) Irritability
d) Apathy
e) Impoverished speech
f) Flattened affect
g) Impaired memory
h) Confusion
i) Difficulty focusing on tasks
j) Sedentary nodding off during conferences or while driving
k) Repeatedly checking work and medical errors

IV. POLICY:

MSM Faculty and Residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply the following programs and procedures to prevent and counteract potential associated negative effects on patient care and learning. These programs and procedures are designed to:

a) Raise faculty and Residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care

b) Provide faculty and Residents with tools for recognizing when they are at risk

c) Identify strategies for faculty and Residents to use that will minimize the effects of fatigue (in addition to getting more sleep)

d) 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 (motor vehicle accidents).

5.1.2. The Resident is expected to adopt habits that will provide him/her with adequate sleep in order to perform the daily activities required by the program.

5.1.3. Duty Hours should be strictly adhered to. In the event that the Resident is too sleepy to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (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.

5.2.3. The faculty will learn to accept the limitations on the role of the Resident under the Duty Hour mandates and will not penalize the Resident as being lazy or disinterested when the Resident leaves a work assignment "on time."

VI. ACGME REQUIREMENTS ON SLEEP AND FATIGUE:

6.1. "Faculty and Residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects." (Accreditation Council for Graduate Medical Education [ACGME] Common Program Requirements VI.A.3)

6.2. "Providing Residents with a sound didactic and clinical education must be carefully planned and 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 recognize that faculty and Residents collectively have responsibility for the safety and welfare of patients." (ACGME Common Program Requirements VI)

6.3. "Counseling services: The Sponsoring institution should facilitate Residents' access to appropriate and confidential counseling, medical, and psychological support services." (ACGME Institutional Requirements III.D.1.l)

6.4. Resources available for Program Directors include a bibliography of articles on the effect of sleep loss on performance that is available on the ACGME website:

a) http://www.acgme.org/acWebsite/dutyHours/dh_sleepdepbib2.pdf as well as the LIFE Curriculum

b) Learning to Address Impairment and Fatigue to Enhance Patient Safety: http://www.lifecurriculum.info/, available free-of-charge.

This site includes video segments, expert commentaries, discussion questions, suggested role play exercises, and resources that may be used for self-study, embedded in classroom sessions, or as one or more workshops.

6.5. The ACGME instituted a work hour mandate for Residents which became effective in 2003. This was stimulated by the death of a patient in a teaching hospital in New York in 1984. New York became the first state to legislate Resident Duty Hours after submission of the report by the Bell Commission, which investigated the event. The Duty Hour mandate has required many programs to increase the "in house" time spent by faculty as an approach to decrease the total number of hours a Resident will be on continuous duty.

VII. MSM IMPLEMENTATION:

7.1. 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.

7.2. The policy is designed to:

a) Identify strategies to assist in the prevention of these conditions

b) Provide an early warning system for impairments and ways to effectively manage them

c) Access appropriate referral resources

d) Identify an impaired Resident

7.3. The Sleepiness and Fatigue Policy is appropriate for all residency programs in that it:

a) Has a faculty component and a Resident component

b) Addresses policies to prevent and counteract the negative effects on patient care and learning

c) Seeks the expertise of existing faculty to present materials

d) Uses modules for role play, case studies that address the adverse effects of inadequate supervision and fatigue

7.4. The GME office shall sponsor a session during orientation where incoming Residents will receive an introduction to Duty Hours, sleepiness and fatigue, and other impairments. New Residents will continue the discussion on sleepiness and fatigue in their residency specialty program. 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).

7.5. Faculty preceptors will receive a separate orientation to the LIFE Curriculum modules through a faculty development session conducted by each individual program.

7.5.1. The GME office will periodically survey each program to determine if the core faculty has received the training and over what period of time.

7.5.2. 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.

7.6. It is encouraged that each program revisit the sleepiness and fatigue curriculum at least twice during the academic year in addition to preparation for the session that new Residents receive during orientation.

VIII. COUNSELING:

In the event that a Resident is reported as one who appears to be persistently sleepy or fatigued during service, the Program Director and faculty member mentor to the Resident 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 finding during that interview.

IX. EVALUATION:

The effectiveness of this policy will be measured by:

a) The number of Residents who report that they have received the training (ACGME Resident survey)

b) The number of Residents who comply with the Duty Hour requirements

c) 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's fatigue

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, in a normal appointment cycle, is 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 Assistant 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.

Resident Selection 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. THE RESIDENCY LEARNING AND WORKING ENVIRONMENT:

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-I) 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, personal characteristics, and the ability to communicate effectively shall be considered in the selection process. **It is important to note that the MSM enrollment of non-eligible Residents may be cause for withdrawal of residency program accreditation*.

3.4. Every Morehouse School of Medicine ("MSM" or "School") employee, Resident and student has the right to work and study in an environment free from discrimination and harassment and should be treated with dignity and respect. MSM prohibits discrimination and harassment against applicants, students, Residents and employees on the basis of protected characteristics, including 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. MSM also prohibits retaliation against members of the MSM community raising concerns about discrimination and harassment.

3.5. MSM's policy against discrimination, harassment, and retaliation incorporates protections afforded under local, state, and federal laws, including Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. Any individual whose conduct violates the Policy will be subject to disciplinary action up to and including termination for employees and expulsion for students

IV. RESIDENT ELIGIBIIITY:

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."

4.1. Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:

4.1.1. 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)

4.1.2. 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)—OR—have a full and unrestricted license to practice medicine in a United States licensing jurisdiction

4.1.3. 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

4.1.4. 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 paragraph 4.1.3 above

4.1.5. The fifth pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical undergraduate abroad, and passed Step 1 of the United States Medical Licensing Examination. 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. The Fifth Pathway program is not supported by the American Medical Association after December 2009.

4.1.6. All applicants must have passed USMLE Steps 1 and 2—Clinical Knowledge (CK) and Clinical Skills (CS)—of the United States Medical Licensing Examination (USMLE) or have a full, unrestricted license to practice medicine issued by a United States State licensing jurisdiction. Selectees cannot begin MSM residency programs prior to passage of the Step 2—Clinical Skills (CS) examination. This expectation is to be met by MSM-GME Incoming Resident orientation.

V. SCREENING AND SELECTION CRITERIA:

5.1. Available MSM Resident positions are dependent upon the following criteria:

5.1.1. The current number of residency program positions authorized [by the Accreditation Council for Graduate Medical Education (ACGME)]

5.1.2. The space available in the post graduate year

5.1.3. 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 One (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. Residency program directors and their Residency Advisory Committees shall have program standards to review MSM residency program applications 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.

5.2.5. 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.

5.2.6. Selectees from an LCME or AOA accredited United States 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.

5.2.7. 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.

5.2.8. Residents are considered as 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.

5.2.9. 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." *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).

5.2.10. 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.

5.2.11. Applicants who have <u>not</u> 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.

5.2.12. 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.

5.2.13. All selectees shall complete a MSM Non-Faculty Employment Application. The Human Resources Department is available for assistance.

5.2.14. 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.

5.2.14.1. As a part of credentials authentication, documents shall be screened for authenticity and must be void of alterations.

5.2.14.2. Program administrators shall screen for signatures, seals, notarization, and other official stamps as being original.

5.2.15. 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.

5.2.15.1. If telephone interviews are done, the same standards and documentation criteria must be used to record the interview.

5.2.15.2. In MSM programs, the applicant's credentials and the faculty interview summary are formally presented to the Residency Program Advisory Committee (RAC), or equivalent.

5.2.16. 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 U.S. Department of State. The ECFMG is the sponsoring institution for Alien Physicians in GME programs under the Exchange Visitor Program. Applicants may be considered for selection by the residency program based upon their academic qualifications and eligibility for sponsorship by the ECFMG. The MSM-GME office is the school liaison for processing applications for ECFMG sponsorship of non immigrants for **J-1** status.

6.4. Applicants who submit a petition for MSM sponsorship for a **H-1B, Non Immigrant Temporary Worker Visa** may only be considered for selection if the residency program is unable to select quality candidates from LCME, AOA, Canadian medical schools, or J-1 Exchange Visitors.

6.4.1. Each request for an H-1B petition shall be reviewed by the Assistant Dean, for Graduate Medical Education or the Director of Graduate Medical Education, on a case-by-case basis.

6.4.2. *Applicants considered for this visa category must have completed all USMLE licensure examination requirements*.

6.5. 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.

VII. RESIDENT APPOINTMENTS:

7.1. Morehouse School of Medicine Resident appointments shall be for a maximum of 12 months from July to June, year to year.

7.1.1. At MSM, a "Resident Appointment" is defined as a non-faculty position granted to an individual based upon his or her academic credentials and the meeting of other eligibility criteria as stated in MSM and residency program policies and standards.

7.1.2. This position is also that of a "physician in training."

7.2. 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).

7.3. 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-One year from the date the Resident started. There are no provisions for "shared" or "part-time" positions in MSM Residency programs.

7.4. 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).

7.4.1. This agreement signed by the residency program director and department chairperson shall constitute a recommendation for an academic non faculty appointment to the Dean.

7.4.2. Approval of the selection shall be by the Director of Graduate Medical Education as the Dean's designated approval authority.

7.5. Residents shall not perform any clinical duties until they

7.5.1. Process through the MSM Human Resources Department and they officially become a part of the MSM personnel system; and

7.5.2. Have obtained a Georgia Temporary Resident Postgraduate Training Permit or possess a permanent physician's license.

7.6. References to support this policy are available in the GME Office.

Appendix C: MSM Institutional Policies

Accommodation of Disabilities Policy

I. PURPOSE:

1.1. 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").

1.2. 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. 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.

3.1.2. MSM prohibits discrimination and/or harassment against any qualified individual with a disability in its employment practices, such as job application procedures, hiring, promotion, discharge, compensation, training, benefits, and other conditions of employment.

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:

a) Restructuring a job

b) Modifying work schedules

c) Providing interpreters

d) Redesigning work areas and equipment or acquiring new equipment

e) Ensuring facility accessibility to those with physical disabilities

3.2.4. 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.

3.2.4.1. An accommodation need not be the most expensive or ideal accommodation, or the specific accommodation requested by the individual, as long as it is reasonable and effective.

3.2.4.2. 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.

3.2.4.3. 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.

3.2.5. 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. Please see below for information on how to request a reasonable accommodation.

IV. <u>GUIDELINES</u>:

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.

4.1.1.1. 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.

4.1.1.2. In addition, if the initial information provided by an individual's health care 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 health care provider of the School's choice.

4.1.1.3. Employees or applicants requesting a reasonable accommodation are expected to work cooperatively with MSM throughout the accommodation process.

4.1.2. All information submitted about a disability will be maintained separately from personnel records and kept confidential in accordance with the ADA, except that

a) Supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and necessary accommodations.

b) First aid and safety personnel may be informed, to the extent appropriate, if and when a condition might require emergency treatment.

c) 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.

4.1.3. 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.

4.2. Internal grievance procedure

4.2.1. 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.

4.2.2. 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.

4.3. Retaliation

4.3.1. 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.

4.3.2. 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.

4.3.3. If an employee or applicant believes that he or she has been retaliated against, he or she should immediately request assistance from his or her 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. 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.

1.2.2. For that reason, along with the principle of nondiscrimination, MSM is mindful of its affirmative action commitment of ensuring that groups specified by the U.S. 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.

II. PROCEDURE:

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, you should contact MSM's Human Resources Department at (404) 752-1600 or the Chief Compliance and Internal Audit Officer at (404) 756-8919.

Discrimination, Harassment, and Retaliation Policy

I. PURPOSE:

1.1. Every Morehouse School of Medicine ("MSM" or "School") employee, Resident, and student has the right to work and study in an environment free from discrimination and harassment and should be treated with dignity and respect.

1.2. MSM prohibits discrimination and harassment against applicants, students, Residents, and employees on the basis of protected characteristics, including race, color, citizenship status, national origin, ancestry, gender (sex), sexual orientation, age, religion, creed, disability[1], marital status, veteran status, political affiliation, genetic information, HIV/AIDS status, or any classification protected by local, state, or federal law.

1.3. MSM also prohibits retaliation against members of the MSM community raising concerns about discrimination and harassment.

1.4. MSM's policy against discrimination, harassment and retaliation incorporates protections afforded under local, state, and federal laws, including Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. Any individual whose conduct violates the Policy will be subject to disciplinary action up to and including termination for employees and expulsion for students.

II. APPLICABILITY:

This policy applies to all students, Residents, faculty, staff, volunteers, patients, and all other persons on any premises subject to the control of MSM, including contractors, vendors, and those engaged to further the interests of MSM. This Policy applies to all areas of MSM programs and activities both on and off premises.

III. POLICY:

3.1. Discrimination Prohibited

3.1.1. MSM provides equal opportunities to all individuals without regard to their protected characteristics, including 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] In accordance with applicable federal and state law protecting qualified individuals with known disabilities, MSM will attempt to reasonably accommodate those individuals unless doing so would create an undue hardship on MSM's business.

3.1.2. Consequently, all employment and academic decisions, including but not limited to the following practices, must be based on job-related or academic-related criteria:

a) Recruitment

b) Hiring

c) Placement

d) Compensation

e) MSM-sponsored training

f) Transfer

g) Promotion

h) Demotion

i) Termination

j) Other terms and conditions of employment

3.1.3. Making employment or academic decisions based on protected characteristics is strictly prohibited.

3.2. Harassment Prohibited

3.2.1. MSM abides by the principle that its faculty, Residents, staff, volunteers, and patients have a right to be free from unlawful harassment.

3.2.2. Harassment is the creation of a hostile or intimidating environment where verbal or physical conduct is directed at someone because of an individual's protected characteristics or beliefs and is severe or persistent enough to interfere significantly with an individual's work or education, or enjoyment of other School opportunities or activities.

3.2.3. Harassment also includes coercive or threatening behavior based on one's protected characteristics or beliefs.

3.3. Definition of Sexual Harassment

3.3.1. Sexual harassment—both overt and subtle—is a form of employee misconduct that is demeaning to others and undermines the integrity of the employment relationship and learning environment.

3.3.2. Sexual harassment consists of:

a) Making sexual advances, requesting sexual favors, or engaging in other verbal or physical conduct of a sexual nature

b) Conditioning any aspect of an individual's employment on his or her response to sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature

c) Creating an intimidating, hostile or offensive working environment by sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.

3.3.3. Sexual harassment is unlawful and prohibited regardless of whether it is between or among members of the same sex or opposite sex.

3.3.4. Sexual harassment also may consist of inappropriate gender-based comments.

3.3.5. The following non-exhaustive list sets forth examples of the conduct which violates MSM's Policy against sexual harassment:

a) Physical assaults of a sexual nature, such as rape, sexual battery, molestation, or other unwelcome physical contact (e.g., touching, pinching, patting, grabbing, rubbing, or brushing against someone's body)

b) Unwelcome sexual advances, propositions, or other sexual comments, such as sexually-oriented gestures, sounds, remarks, jokes, or comments about a person's sex, sexuality, or sexual experiences

c) Preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct; or subjecting or threatening to subject an employee to more onerous terms or conditions of employment because of that employee's sex or rejection of sexual advances, propositions or comments

d) Sexual or discriminatory displays or publications anywhere in the workplace, such as displays of pictures, posters, calendars, graffiti, objects, books, or other materials that are sexually suggestive, demeaning, or pornographic

e) Making inappropriate gender-based comments (e.g., women cannot do "x"; all men are "y") or gender-based slurs

3.4. Definition of Other Forms of Harassment

3.4.1. Unlawful harassment, other than sexual harassment, is conduct that denigrates or shows hostility or aversion to a person on the basis of a protected characteristic or belief (as listed above in Section I of this Policy) when such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive environment for working, learning, or enjoying other MSM opportunities, programs, and activities

3.4.2. However, harassing conduct can take many forms including, but not limited to:

a) Epithets, slurs, derogatory remarks, jokes, gestures, pictures, cartoons, or other expressions whether communicated verbally, electronically or in writing

b) Hostile or intimidating gestures, expressions, or acts, such as demeaning pranks, mocking someone, or stalking someone

c) Negative stereotyping based on a protected characteristic

d) Excluding someone from common work-related activities, information, and assistance.

IV. DISCRIMINATION, HARASSMENT, AND RETALIATION COMPLAINT PROCEDURE:

4.1. Any member of the MSM community who believes that he or she has been subjected to discrimination or harassment in violation of this Policy may pursue redress through the appropriate complaint procedure.

4.2. This complaint procedure is provided for the prompt and equitable resolution of complaints alleging discrimination, harassment, or retaliation by members of the MSM community, including faculty, Residents, staff, students, and also other persons.

4.3. Any employee who feels that he or she has been subjected to or has witnessed unlawful discrimination or harassment in the workplace should immediately report the matter—preferably in writing—to the following designated individuals:

4.3.1. **Student** complaints should be directed to any one of the following individuals:[2]

a) Associate Dean of Student Affairs (404) 752-1651

b) Senior Associate Dean for Educational and Faculty Affairs (404) 752-1881

c) Dean and Senior Vice President of Academic Affairs (404) 752-1728

d) Chief Compliance and Internal Audit Officer (404) 756-8919

e) Associate Vice President for Human Resources (404) 752-1713

4.3.2. **Resident** complaints should be directed to any one of the following individuals:

a) Senior Associate Dean for Educational and Faculty Affairs (404) 752-1881

b) Director of Graduate Medical Office (404) 752-1011

c) Chief Compliance and Internal Audit Officer (404) 756-8919

d) Associate Vice President for Human Resources (404) 752-1713

4.3.3. **Staff** complaints should be directed to any one of the following individuals:

a) Chief Compliance and Internal Audit Officer (404) 756-8919

b) Associate Vice President for Human Resources (404) 752-1713

4.3.4. **Faculty** complaints should be directed to any one of the following individuals:

a) Dean and Senior Vice President of Academic Affairs (404) 752-1728

b) Senior Associate Dean for Educational and Faculty Affairs (404) 752-1881

c) Chief Compliance and Internal Audit Officer (404) 756-8919

d) Associate Vice President for Human Resources (404) 752-1713

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[2] Claims of mistreatment that allege a violation of the law, like sexual harassment, certain forms of discrimination, or retaliation, are excluded from MSM's Mistreatment/Teacher-Learner Relationship Policy and will be handled in accordance with this Policy.

4.3.5. **Students**, **Residents**, **staff**, and **faculty** may also lodge complaints by contacting the Compliance Hotline at (888) 756-1364.

4.4. These individuals will work to promptly investigate the matter.

4.4.1. The investigation may include, but is not necessarily limited to, interviewing the complaining employee, the alleged harasser/discriminator/retaliator, managers, and other personnel, and to reviewing documentation or other information.

4.4.2. In all cases, the investigation will be conducted by the Office of Compliance and Internal Audit or the appropriate designee.

4.4.3. Confidentiality will be maintained to the extent it is consistent with MSM's obligation to conduct an appropriate investigation; however, MSM cannot guarantee complete confidentiality.

V. RETAILIATION:

5.1. MSM's policy prohibits retaliation against anyone who lodges a good faith complaint of unlawful discrimination or harassment in the workplace, who files a charge regarding the same, or who participates in any related investigation or proceeding.

5.2. Conduct violating this policy can be based on behavior occurring inside or outside the MSM workplace and can include, but not be limited to, intimidation, threats, coercion, or other conduct directed against the person making the complaint and/or others supporting or participating in the complaint or investigation process.

5.3. Students, faculty, residents, and staff should use the complaint procedure referenced above to report incidents of alleged retaliation. The same guidelines will be followed in investigating and responding to such reports.

VI. FALSE ACCUSATIONS:

6.1. Anyone who knowingly makes a false accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions.

6.2. However, failure to prove a claim of discrimination, harassment, or retaliation does not, in and of itself, constitute proof of a knowing false accusation.

VII. ENFORCEMENT:

7.1. While all conduct reported under this Policy may not rise to the level of discrimination, harassment, or retaliation, it may still constitute inappropriate behavior warranting discipline. To that end, there is a range of corrective actions and penalties available to the School for violations of this Policy.

7.2. Faculty, Residents, staff, or students who are found to have violated this Policy, following applicable disciplinary and other proceedings (if timely pursued), are subject to various penalties, including termination of employment and/or student (including Resident) expulsion from MSM.

Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy

I. OVERVIEW:

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 health-care 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, 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.

1.5. 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 assure that their interactions result in optimal benefit to clinical care, education and research, and maintenance of the public trust. This policy is designed to affect the behavior and practices of Industry, as much as the behavior of MSM personnel.

1.6. 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.

1.7.

II. PURPOSE:

2.1. This policy is established to provide guidelines for interactions with industry representatives for medical staff, faculty, staff, Residents, students, and trainees of MSM.

2.2. Interactions with industry occur in a variety of contexts, including:

a) Marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site

b) On-site training of newly purchased devices

c) The development of new devices, educational support of medical students and trainees, and continuing medical education.

2.3. 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 the faculty member or the school.

III. SCOPE OF POLICY:

3.1. This policy applies to all medical staff, faculty, staff, Residents, interns, students, and trainees of MSM.

3.2. 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:

a) Institutional Conflicts of Interest

b) Individual Conflicts of Interest

c) Research Conflicts of Interest

3.3. In all cases where this policy is more restrictive than other MSM conflict of interest policies, this policy shall control.

3.4. 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.”

IV. STATEMENT OF POLICY:

4.1. 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.

4.2. 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.

4.3. 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.

4.4. These general principles should guide all potential relationships or interactions between MSM personnel and Industry representatives.

4.4.1. 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.

4.4.2. 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.

V. SPECIFIC ACTIVITIES:

5.1. Gifts and Provision of Meals

5.1.1. 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***.

5.1.2. 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.

5.1.3. 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.

5.1.4. 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 5.5 below. MSM personnel may not accept meals or other hospitality funded by Industry, whether on or off campus.

5.1.5. MSM personnel may not accept complimentary tickets to sporting or other events or other hospitality from Industry.

5.1.6. Modest meals provided incidental to attendance at an off-campus event that complies with the provisions of subsection 5.6 below may be accepted.

5.1.7. Industry wanting 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.

5.2. Consulting Relationships

5.2.1. MSM recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, and recognizes as well the potential value to the faculty member and MSM.

5.2.2. 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.

5.2.3. In order to avoid gifts disguised as consulting contracts, where MSM personnel have been engaged by Industry to provide consulting services:

5.2.3.1. The consulting contract must provide specific tasks and deliverables and must be restricted to scientific issues.

5.2.3.2. 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.

5.2.4. 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.

5.2.5. 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.

5.2.6. 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.

5.2.7. For employees of MSM who are not faculty, prior written approval of the appropriate supervisor is required for any outside consulting. 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.

5.3. Drug or Device Samples

5.3.1. 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.

5.3.2. Free samples also have been responsibly incorporated into the evidence-based decision making of some individual and group practices.

5.3.3. 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.

5.3.4. Therefore, with limited exceptions, sample medications are not permitted in MSM facilities. 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 from pharmaceutical samples.

5.3.5. Definitions:

5.3.5.1. **Drug Samples**: Prescription and non-prescription medications which are provided to the sites by pharmaceutical representatives for complimentary distribution to patients, as starter doses.

5.3.5.2. **MSM/MMA Sites**: Applicable to all MSM facilities where care is provided to patients.

5.3.5.3. **Pharmaceutical Sales Representative (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.

5.3.6. Standards:

5.3.6.1. Drug samples shall not be made available for use by inpatients.

5.3.6.2. Sample medications are not permitted in MSM facilities except as noted in section 5.3.6.5 and 5.3.7.3 below. This includes both patient care and non-patient care areas.

5.3.6.3. 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 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.

5.3.6.4. Non-approved vouchers may not be distributed by PSRs to MSM ambulatory care sites, nor dispensed by MSM personnel at MSM sites.

5.3.6.5. 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 an MSM clinic must be made on the Special Cause Sample Request Form, and be approved by the Committee and the MMA Associate Dean for Clinical Affairs.

5.3.6.6. Control of drug samples/vouchers shall be monitored jointly by the Clinical Compliance and Privacy Officer and the MMA Associate Dean for Clinical Affairs.

5.3.7. Procedure Actions:

5.3.7.1. Participating pharmaceutical companies may distribute the 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.

5.3.7.2. PSRs may not distribute non-approved vouchers or coupons within MSM sites or to MSM clinicians.

5.3.7.3. If a clinic medical director believes there is a clinical need to maintain some physical samples, a request will be made to the 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 steps below must be followed:

a) A formulary of approved sample products must be approved for the clinic and samples of only those products are permitted at the site.

b) The approved products must be reviewed annually by the Associate Dean for Clinical Affairs and the Clinical Compliance and Privacy Officer.

c) 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.

d) 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.

e) When samples are received from the manufacturer, they must be recorded on the Sample Drug Log-in Form.

f) 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.

g) 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.

h) Samples for prescription drugs are labeled and dispensed according to the same standardized method that MSM uses for non-sample prescription medications.

i) 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.

j) 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.

k) 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.

5.3.7.4. 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.

5.4. Site Access

5.4.1. MSM does not allow use of its facilities or other resources for marketing activities by Industry. MSM always reserves the right to refuse access to its facilities or to limit activities by Industry representatives consistent with MSM's non-profit mission.

5.4.2. 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.

5.4.3. 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.

5.4.3.1. 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.

5.4.3.2. 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.

5.4.4. Industry representatives should not be permitted in any patient care area unless ***each*** of the following exceptions is met:

a) 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.

b) The presence of the representative is expressly requested and approved in advance by a faculty member.

c) The device representative is certified by his or her employer to provide the requested device training.

5.4.5. Industry representatives should never provide direct patient care services at MSM.

5.4.6. 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.

5.4.7. 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.

5.4.8. All Industry personnel seeking sales or vendor relationships must work directly with the MSM Procurement Office.

5.4.9. 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.

5.4.10. 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.

5.5. Support of Continuing Medical Education or Graduate Medical Education

5.5.1. 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.

5.5.2. 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.

5.5.2.1. Funding may be restricted to a clinical department and must be overseen by the Department Chair.

5.5.2.2. Funding may not be restricted to a clinical division, a specific program, or an individual physician.

5.5.2.3. The CME Committee will oversee Industry sponsorship exceeding established thresholds (see below) to ensure that potential conflicts of interest are appropriately managed.

5.5.3. 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).

5.5.3.1. 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.

5.5.3.2. Industry funding may not be accepted for social events that do not have an educational component.

5.5.3.3. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus).

5.5.4. Product Symposia by MSM exclusively for the education of MSM personnel, MMA patients, or the broader community are permissible.

5.5.4.1. Industry products directly related to an MSM educational event may be displayed and discussed as part of the educational event.

5.5.4.2. Industry funding to support these activities is acceptable, provided it is processed consistent with the guidelines in this section.

5.5.5. 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.

5.5.6. MSM facilities (clinical and 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.

5.5.7. 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.

5.6. Industry Sponsored Meetings or Industry Support for Off-Campus Meetings

5.6.1. 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, if the following stipulations are met:

a) The activity is designed to promote evidence-based clinical care and/or advance scientific research.

b) The financial support of Industry is prominently disclosed.

c) If the MSM representative is an attendee, Industry does not pay attendees' travel and attendance expenses.

d) Attendees do not receive gifts or other compensation for attendance.

e) 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.

5.6.2. MSM shall not market the event and MSM faculty shall not instruct or encourage participation in or attendance at the event.

5.6.3. In addition, if an MSM representative is participating as a speaker:

a) 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.

b) Compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed $2,500 per event.

5.7. Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees

5.7.1. 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:

a) 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. 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. Written documentation of the selection process will be maintained.

b) 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. Industry may not earmark contributions to fund specific recipients or to support specific expenses. 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. Approval of particular requests shall be at the discretion of the dean.

5.8. Frequent Speaker Arrangements (Speakers Bureaus) and Ghostwriting

5.8.1. 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 5.6 of this policy relating to Industry-Sponsored Meetings.

5.8.2. MSM personnel may not participate in, or receive compensation for, talks given through a speakers bureau or similar frequent speaker arrangements if:

a) The events do not meet the criteria of section 5.6; ***or***

b) 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***

c) The content of the presentation is not based on the best available scientific evidence; ***or***

d) The company selects the individuals who may attend or provides any honorarium or gifts to the attendees.

5.8.3. 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.

5.8.4. Speaking relationships with companies or company event planners are subject to review and approval by the participant's administrator, department chair, or dean as delineated in section 5.2, Consulting Relationships.

5.9. Other Industry Support for Research

5.9.1. 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 non-profit mission of MSM.

5.9.2. True philanthropic gifts from Industry may be accepted through the Office of Institutional Advancement.

VI. <u>REPORTING AND ENFORCEMENT</u>:

6.1. MSM personnel shall report their outside relationships with Industry using the Industry Conflict of Interest Disclosure Form, available online at the Office of Compliance and Internal Audit website. This must be done at least annually and more often as needed to disclose new relationships.

6.2. Alleged violations of this policy within MSM shall be investigated by the Office of Compliance and Internal Audit.

6.2.1. 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.

6.2.2. Violations of this policy by MSM employees may result in the following actions (singly or in any combination), depending upon 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:

a) Counseling of the individual involved

b) Written reprimand, entered into the violator's employment or faculty record

c) Banning the violator from any further outside engagements for a period of time

d) Requiring that the violator return any monies received from the improper outside relationship

e) Requiring the violator to complete additional training on conflict of interest

f) Removing the violator from supervision of trainees or students

g) Revoking the violator's MMA hospital privileges

h) Fines

i) Termination for cause

6.2.3. Any disciplinary action taken hereunder shall follow the established procedures of MSM.

6.2.4. 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 include the following:

6.2.4.1. Violation by representatives of any of the procedures stated above shall result in disciplinary action which may include, but shall not be limited to:

a) First violation: Verbal and written warning to representative; written notification to district manager or representative's supervisor

b) Second violation: Suspension of representative and all other company sales/marketing representatives from MSM for six months

c) Third violation: Suspension of representative and all other sales and marketing representatives of the company from MSM for one year or more. A review of multi-source products obtained from the company will be conducted.

6.2.4.2. Representatives found trespassing as defined in this policy will be escorted from the premises and their companies notified as appropriate.