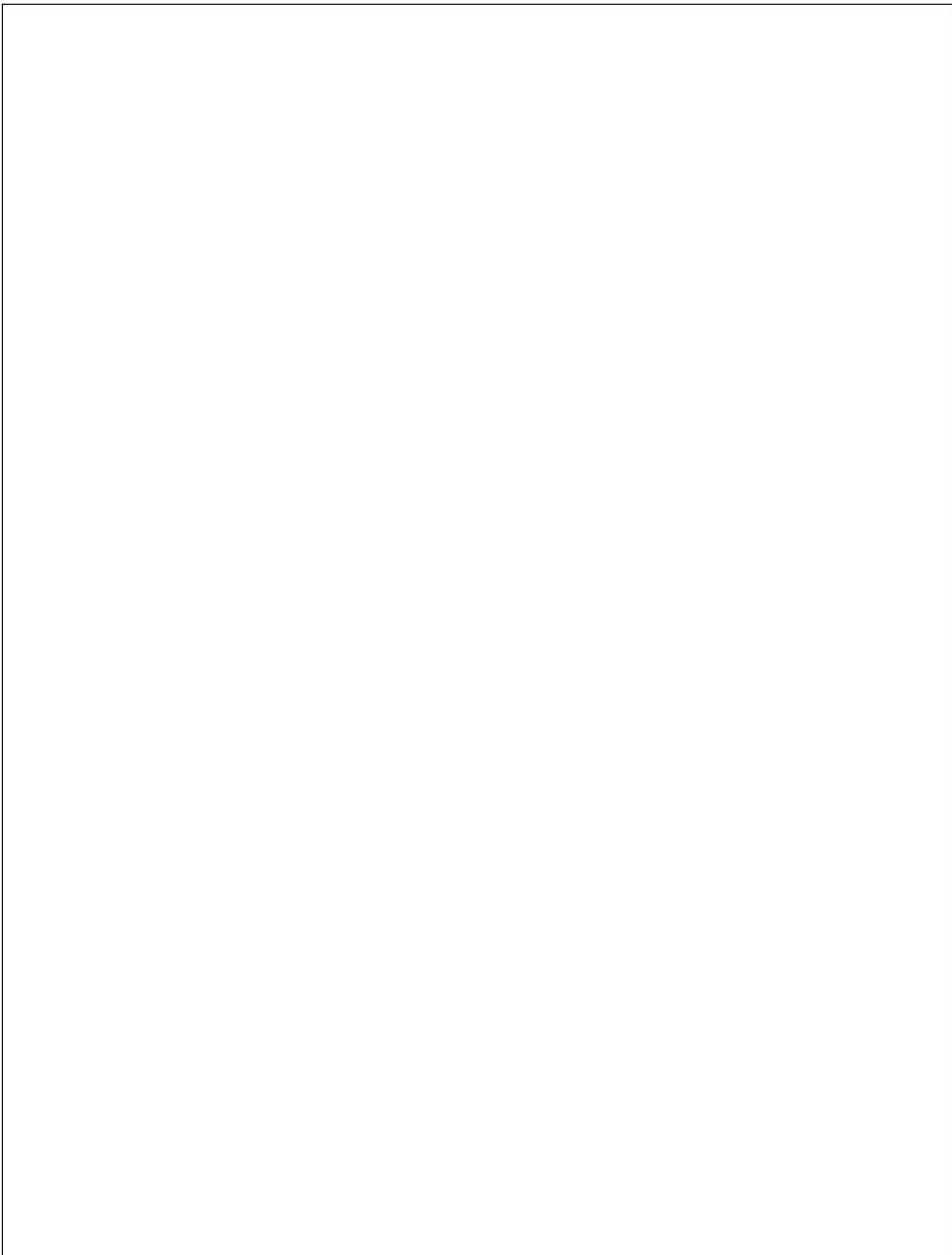




**MOREHOUSE**  
**SCHOOL OF MEDICINE**

Graduate Medical Education  
Policy Manual

June 2011



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## **Preface—Our Mission**

Morehouse School of Medicine 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.

“We are on a mission.”

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

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

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

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

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

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

- 1) To obtain the clinical knowledge, competencies, and skills required for the effective treatment and management of patients;
- 2) To prepare them for licensure and specialty certification;
- 3) To obtain the skills to become fully active participants within the United States healthcare system;
- 4) To provide for teaching and mentoring of MSM medical students and Residents;
- 5) To directly support the school's mission of providing service and support to disadvantaged communities.

**Knowledge  
Wisdom  
Excellence  
Service**

## **The Scope of This Manual**

The Graduate Medical Education (GME) Policy Manual is an outline of the basic GME policies, practices and procedures at Morehouse School of Medicine ("MSM" or "School"). The Policy Manual is intended only as an advisory guide.

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

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

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

The MSM Policy Manual supersedes any and all prior GME Policy Manuals, policies and employee handbooks of MSM. The effective date of each Policy indicates the current policy and practice in effect for the School.





## **MSM Graduate Medical Education Policies**



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-01
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	9
	<b>SUBJECT</b> ADVERSE ACADEMIC DECISIONS AND DUE PROCESS POLICY	SUPERSEDES	N/A

## 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 behaviors 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.** 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.

**5.7.3.** 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.

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

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

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

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

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

**5.7.7.** 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 Department, 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.



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME 02
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	05
	<b>SUBJECT</b> DISASTER PREPAREDNESS AND RESIDENCY	SUPERSEDES	04/07/2009

## 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](http://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 ACGME will post information from the form on its website.

- 4.9.1.3.** The ACGME will expedite the processing of requests for increases in Resident complement from non-disaster-affected programs to accommodate Resident transfers from disaster-affected programs. The Residency Review Committee will expeditiously review applications, and make and communicate decisions as quickly as possible.
- 4.9.2.** The ACGME will establish a fast track process for reviewing (and approving or denying) submissions by programs related to program changes to address disaster effects, including, without limitation:
  - 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.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-03
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	29
	<b>SUBJECT</b> INTERNAL REVIEW POLICY	SUPERSEDES	07/01/2002 10/01/1993

## Internal Review Policy

### I. PURPOSE:

- 1.1. This protocol has been developed by the Graduate Medical Education Committee (GMEC) to conduct the internal review of residency education programs at Morehouse School of Medicine (MSM).
- 1.2. The process for internal review will be activated at midpoint intervals between Residency Review Committee (RRC) surveys for each program.
  - 1.2.1. The GMEC chair notifies the Program Director and the department chair of the time-line for review, and the identification, notification, and charging of an Internal Review Committee (a subcommittee of the GMEC).
  - 1.2.2. This notification is submitted in writing through GME Administration.
- 1.3. The program is responsible to:
  - a) Collect and collate the required background documents (see Appendix A)
  - b) Perform and collate surveys of departmental leadership, faculty, and Residents
  - c) Use this information to prepare a narrative self-assessment and complete a departmental leadership survey
- 1.4. The Internal Review Committee and the Graduate Medical Education Office will provide a written report of this departmental self-assessment and the investigative information gathered by the internal review team along with interviews of leadership, faculty, and residents. This report is to be submitted to the Graduate Medical Education Committee (GMEC) and to the Dean's Office.
- 1.5. These guidelines are intended to allow investigative flexibility while establishing an acceptable evaluation framework. The ultimate goal of these guidelines is to promote the continuous quality improvement of the program under review.

### II. SCOPE:

- 2.1. Internal reviews by selected individuals without bias affect the academic and administrative evaluations of Morehouse School of Medicine Residency Education Programs. The objectives of these reviews include:
  - 2.1.1. To provide residency education programs the opportunity to assess or reassess their compliance with the ACGME Institutional Requirements and specialty program requirements
  - 2.1.2. To ensure the program's compliance with institutional goals and objectives for graduate medical education and to gauge its adherence to established standards and policies

- 2.1.3. To reaffirm the institution's commitment to graduate medical education (residency) programs and to support comprehensive institutional planning to meet the educational needs of physicians-in-training (Residents)
- 2.1.4. To examine the degree to which the residency education program aligns its efforts in graduate medical education with other residency programs and with undergraduate medical education programs and provides the opportunity for faculty and residents to participate in scholarly activities
- 2.1.5. To evaluate participating educational affiliates and their suitability and support for the institution and/or residency program
- 2.2. The curriculum, faculty teaching, supervision, and evaluation system must ensure that Residents can demonstrate general competencies that can be evaluated and measured by both the faculty and the Residents, themselves. The following parameters are essential to ensure the compliance of an internal review of a program with these objectives:
  - 2.2.1. Assess whether each program, in accordance with relevant program requirements, has defined the specific knowledge, skills, and attitudes required and provided educational experiences for the Residents to demonstrate competency in:
    - a) Patient care skills
    - b) Medical knowledge
    - c) Interpersonal and communication skills
    - d) Professionalism
    - e) Practice-based learning
    - f) Systems-based practice
  - 2.2.2. Provide evidence of the program's use of evaluation tools to ensure that Residents demonstrate competence in each of the six areas
  - 2.2.3. Appraise the development and use of dependable outcome measures by the program for each of the general competencies
  - 2.2.4. Appraise the effectiveness of each program in implementing educational outcomes with program improvement

### **III. APPOINTMENT OF THE INTERNAL REVIEW COMMITTEE:**

- 3.1. The Internal Review Committee is selected by the appointed Chair of the GMEC, through the GME office in consultation with the GMEC.
  - 3.1.1. An Internal Review Committee Chair shall be designated and will work closely with the GME administration to ensure that the process moves forward in accordance with the protocol and schedule.
  - 3.1.2. The Chair (leader) of the Internal Review Committee and GME administration are responsible for the resulting report.
  - 3.1.3. The GME administration will schedule initial meetings and act as staff to the committee as required.
  - 3.1.4. The Internal Review Committee slate is subject to review by the GMEC.

- 3.2.** A typical Internal Review Committee will consist of the following members (implicitly from a variety of programs/departments):
- 3.2.1.** The appointed Internal Review Committee chair (a Residency Program Director, or associate director, from a program not under review)
  - 3.2.2.** A member of the faculty who is not a participant of the program under review (who may be selected by the Internal Review team leader)
  - 3.2.3.** A Resident from a program that is not under review
  - 3.2.4.** The Associate Director of GME who shall be responsible for internal review records and for interviewing program administrative staff
    - 3.2.4.1.** Program managers may also be asked to fill this role when the review administrator is unavailable for a meeting.
    - 3.2.4.2.** Staff from the GME administration shall fulfill this assignment when the review administrator is unavailable for a meeting.
  - 3.2.5.** Additional members of the general faculty or staff as determined by the Internal Review Team Leader
  - 3.2.6.** GME Director as an ex officio member of the Internal Review committee

**IV. CHARGE OF THE INTERNAL REVIEW COMMITTEE:**

The Internal Review Committee will be responsible for conducting a comprehensive, unbiased evaluation of a residency education program, always with the expectation of continued accreditation of the program. In this regard, the team will conduct its review in relation to the following major areas:

- 4.1. Program and Curriculum** and its relationship to institutional goals and objectives and to ACGME institutional and program accreditation requirements, including:
- 4.1.1.** Appropriate curricular elements, including the incorporation of the six (6) general competencies
  - 4.1.2.** Sufficient faculty (numbers, time commitment, availability, variety of areas)
  - 4.1.3.** Program/department support of scholarly activity by faculty and Residents
  - 4.1.4.** Appropriate educational formats and experiences
  - 4.1.5.** Appropriate and timely evaluation and feedback including evaluation of both the teaching and learning of the six (6) general competencies
  - 4.1.6.** The broad scope of program education modules, including:
    - Program objectives
    - Curriculum
    - Progression criteria
    - Interdepartmental educational responsibilities
    - Scholarly activities
  - 4.1.7.** Use of a variety of evaluation approaches to determine educational effectiveness

#### **4.2. Educational Process and Schedule**

- 4.2.1. Resident selection process (according to ACGME and MSM policy)
- 4.2.2. The duration and levels of training (appointments, assignments, evaluations, progression)
- 4.2.3. Appropriate supervision and evaluation based on accreditation requirements and institutional standards
- 4.2.4. Duty schedules that are consistent with institutional and accreditation requirements
- 4.2.5. Appropriate program policies for supporting Residents' academic progress and for remediation and dealing with educational and disciplinary problem issues
- 4.2.6. Appropriate program documentation of Resident evaluation and progress including the maintenance of the Resident's educational record
- 4.2.7. Problem issues appropriately documented and addressed in accordance with MSM and program policies
- 4.2.8. Adherence to program and institutional policies and guidelines (including those of educational affiliates)

#### **4.3. Evaluation of Program Affiliations**

- 4.3.1. Facilities, sites, and demographics (patient/case variety and numbers) appropriate to the educational program
- 4.3.2. Institutional agreements or program letters of understanding (for limited rotations) to support ACGME requirements (at the minimum)
- 4.3.3. Affiliate's current accreditation and certification status, e.g., JCAHO and CMS
- 4.3.4. Participation of the residency program and Residents in Quality Assurance in affiliate quality management programs
- 4.3.5. Appropriate availability of ancillary support, including facilities, security, systems, and personnel
- 4.3.6. Appropriate financial support of the program

#### **V. DEVELOPMENT OF A PROGRAM SELF-ASSESSMENT DOCUMENT:**

- 5.1. At the naming and charging of the Internal Review Committee, the GMEC Chair and GME administration will direct (in writing) the Program Director to complete their Program Information Form not later than three (3) months from the date of notification (see Section VI: Schedule and Timeline for Reviews).
- 5.2. The basic structure of the review document will address the ACGME Institutional Requirements and highlight major areas within the program according to the Essentials for Accredited Residencies in Graduate Medical Education.
  - 5.2.1. A sample Residency Program Self Assessment document format is included in Appendix A.
  - 5.2.2. Residency Program Directors are encouraged to discuss this document with the Director of GME Administration concerning its content and the preparation of the document.

**VI. SCHEDULE AND TIMELINE FOR REVIEWS:**

- 6.1. Each residency education program should be reviewed at least once before an official accreditation visit at midpoint between visits.
- 6.2. The Director of GME Administration will maintain a schedule of accreditation visits and when internal reviews are to be conducted. *The timetable for internal reviews may vary and this process may be adjusted according to a specialized timetable developed by the GME Administration to ensure that all reviews are completed on time.* However, the following sequence of events should serve as a model.

**6.2.1. Month One:**

- 6.2.1.1. GMEC Chair provides written notification through GME administration to the residency Program Director and department chair that an internal review is to commence. This should include a timeline and due dates for the internal review report (three months from notification).
- 6.2.1.2. GMEC Chair/GMEC names and charges an Internal Review Committee. GME administration schedules the initial meeting. Core program documents for review by the Internal Review committee should be submitted to the committee within one (1) month of notification.

**6.2.2. Month Two:**

- 6.2.2.1. Residency program reviews requirements, internal meetings, and discussions.
- 6.2.2.2. Program Residents meet with non-faculty facilitator (such as program coordinator) to discuss program strengths and opportunities for improvement as a group. Residents prepare a brief narrative including a list of key strengths and key areas for improvement along with their suggestions for implementing needed changes.
- 6.2.2.3. Program collects and collates background documents and submits core residency program documents to the Internal Review Committee.
- 6.2.2.4. Program residency advisory committee (or equivalent) performs a survey of leadership, faculty, and Residents.
- 6.2.2.5. Residency program administration prepares Program Information Form.
- 6.2.2.6. Program faculty and Residents complete the Internal Review Surveys (Appendices C and D) and through the GME administration submit follow-up documentation to the Internal Review Committee.
- 6.2.2.7. GME administration schedules and holds meetings of the Internal Review Committee as necessary to review:
  - a) Institutional requirements
  - b) Program requirements
  - c) Residency Review Committee (RRC) reports
  - d) Institutional policies
  - e) Core Competencies Survey
  - f) Core documents submitted by the program

**6.2.2.8.** GME administration schedules the calendar (in month 3) for the Internal Review Committee to meet with Program Director, Department Chair, faculty, and Residents (in separate meetings) and program site visit.

**6.2.2.9.** When the Department identifies systemic and institutional core issues that significantly and adversely impact the program's compliance with requirements, the Program Director and chair shall notify the GME office in writing of these issues as they prepare the self review document.

**6.2.3. Month Three:**

**6.2.3.1.** Department submits the Program Information Form and the Residency Program Self Assessment document to the GME office three months from date of notification.

**6.2.3.2.** Department begins the internal review of the program, including interviews with Residents, faculty, program staff, and others, as necessary.

**6.2.3.3.** Team conducts a site visit to program facilities and to affiliates, as needed.

**6.2.3.4.** Internal Review Committee prepares the draft of the Internal Review Report.

**6.2.3.5.** Internal Review Committee submits the draft of the Internal Review Report to the GME office.

**6.2.3.6.** GME office submits final Internal Review Report to the Graduate Medical Education Committee.

**6.2.3.7.** If the Internal Review Committee identifies systemic and institutional core issues that significantly and adversely impact the program's compliance with requirements, the chair of the committee shall notify the Assistant Dean of Graduate Medical Education.

**6.2.4. Month Four:**

**6.2.4.1.** Internal Review Committee chair submits the report to the GMEC (due date is set at four months from date of initiation of process).

**6.2.4.2.** GMEC submits report to Program Director and chair.

**6.2.4.3.** These groups review the report; the report is recorded into the GMEC minutes after review and comment.

**6.2.5. Month Five-Six:**

**6.2.5.1.** GMEC conducts post-review follow-up with Program Director on recommended corrective action, if required.

**6.2.5.2.** GME Director revises the Internal Review Report and submits to GMEC, if necessary.

**6.2.5.3.** Dean and Senior Vice President for Academic Affairs submit the report to the Academic Policy Council (APC); the report is recorded into the APC minutes.

**6.2.5.4.** Administration and/or GMEC initiate a follow-up plan when necessary.

**VII. INTERNAL REVIEW PROCEDURES:**

- 7.1. At the initial meeting scheduled by GME administration, the Internal Review Committee chair will review the core documents received from the residency program and/or the GME office. These documents are listed in Appendix A.
- 7.2. Upon receipt of the Program Information Form, the Residency Program Self Assessment document, and pertinent supporting information from the residency Program Director, the chair of the Internal Review Committee will meet with the review team to perform a preliminary review of the submitted documents.
  - 7.2.1. The date(s) will also be set for interviews and site visits.
  - 7.2.2. These visits should be set in the second month as described above.
- 7.3. Special areas of focus or additional information to be available within the scheduled review will be identified and conveyed to the residency Program Director for action. It will also be determined at this time if additional site visits (other than at primary site) are required by the team.
- 7.4. The team will meet with the residency Program Director, the department chair, select faculty members, program administrative staff, and at least one Resident from each postgraduate year (PGY). Some of these visits may be scheduled prior to the site visit.
- 7.5. At the conclusion of the program review, the internal review team will schedule a follow-up meeting to compile information and record their findings. A draft report will be submitted to the residency Program Director and department chair for review and comments.

**VIII. INTERNAL REVIEW REPORT:**

- 8.1. The final Internal Review Report should be prepared within 30 days following the review.
  - 8.1.1. Copies of the report should be forwarded to the Chair of the Graduate Medical Education Committee (GMEC) before the next scheduled GMEC meeting (first Tuesday of the month).
  - 8.1.2. GME office forwards copies to the Program Director and Department Chair.
- 8.2. The Chair of the GMEC will include the report on the agenda.
  - 8.2.1. The Internal Review Committee chair and the residency Program Director will present the report and will ask for committee discussion and comments.
  - 8.2.2. The GMEC chair will call for acceptance of the report by the GMEC.
  - 8.2.3. Within one month, progress reports or corrections may be added. If there are substantial changes, the GMEC will review the document again. If not, copies will be forwarded to the Dean as chair of the Academic Policy Council (APC). Follow-up plans will be made as necessary.

**8.3.** The Report should include the following sections:

**8.3.1. Executive Summary**

- 8.3.1.1.** This section lists the members of the Internal Review Committee, schedule of events, and names of all program participants.
- 8.3.1.2.** This section also includes an overview of the most recent RRC accreditation letter and previous internal review documents.

**8.3.2. Program Evaluation**

- 8.3.2.1.** This section addresses each residency program component included in the review document (see Appendix A). The Internal Review Committee will evaluate compliance with ACGME Institutional Requirements, residency program requirements, and MSM policies and procedures.
- 8.3.2.2.** New applications will meet the same scrutiny as existing programs.
- 8.3.2.3.** The team will complete the same composite questionnaire (leadership) provided to the program for self assessment, and will rate each component using the following legend:
  - 1:** Noncompliant, completely inadequate
  - 2:** Partial compliance, key issues must be addressed
  - 3:** Compliant but needs improvement
  - 4:** Compliant
  - 5:** Exemplary
  - N/A:** Not applicable

**8.3.3. Recommendations/Commendations**

- 8.3.3.1.** This section provides narrative elaboration and addresses the ratings in the program evaluation.
- 8.3.3.2.** Specific recommendations for program improvement must be based on requirements.
- 8.3.3.3.** Findings by the Internal Review Committee and issues highlighted in the last RRC review that may cause an adverse accreditation action should be significantly emphasized. Past items that have not been corrected must be highlighted in the report for immediate action by the program and the MSM administration. Exemplary findings within the program are also to be recognized in a narrative.

**8.3.4. Appendices**—This section includes the following documents:

- 8.3.4.1.** The original Residency Program Self Assessment document submitted by the residency Program Director
- 8.3.4.2.** Any other evaluation documents used in the review

**IX. POST REVIEW FOLLOW-UP:**

- 9.1.** After the Dean and the Academic Policy Council have reviewed the final report, the Dean may choose to meet with the chair of the Graduate Medical Education Committee (GMEC), the residency Program Director, and the department chair to discuss strategies for addressing any major deficiencies.
  - 9.1.1.** There may be institutional, other departmental, or affiliate deficiencies involved that require broad-based efforts towards correction.
  - 9.1.2.** There may also be particular program strengths that can be shared across residency programs.
  - 9.1.3.** Post-review follow-up should stimulate an institution-supported planning process to ensure the continuous quality improvement of all MSM residency programs.

## APPENDIX A

### RESIDENCY PROGRAM SELF ASSESSMENT Program Data Collection

Program \_\_\_\_\_ Director \_\_\_\_\_

Last RRC Review Date \_\_\_\_\_ Current Status \_\_\_\_\_

Next Anticipated Site Visit Date \_\_\_\_\_

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#### **BACKGROUND DOCUMENTS**

The purpose of data collection and a materials review is to enable the program to conduct a self assessment. The following information should be collected and reviewed by the program administration to develop the **Residency Program Self Assessment** document.

The following materials are to be collected by the program and provided to the Internal Review Committee upon receipt of notification of review:

- ACGME accreditation notification letter after the last site visit
- Previous Internal Review Report
- Copies of all correspondence from ACGME to the Program and from the Program to ACGME since the last visit
- Recruiting materials and general program descriptions
- General rotation and educational session schedules
- Residency Program Handbook and Resident activity schedules (didactic and clinical)

The following background documents are to be collected, collated, and retained for review by the program and department:

- Records of didactic sessions, including dates, instructor, and records of Resident and faculty attendance
- Minutes of Program Residency Advisory Committee meetings
- Records of faculty teaching/supervisory assignments, including time actually spent teaching and supervising residents
- Evaluations of all Residents by the Program Director (required at least every six months)
- Evaluations of rotations and didactic sessions by Residents (analysis expected to be used for the annual Residency Advisory Committee review)
- Composite Annual Resident Survey of Program

**PROGRAM MEETINGS/INTERVIEWS TO BE HELD**

Notes or minutes on the meeting are to be kept and synopses provided as appendices to the Internal Review Report to the following personnel:

- Department chair and Program Director and with associate Program Directors, when appropriate
- Faculty, including residency advisory committees, individually or as a group; a dated record of meeting content should be included
- Residents, individually or as a group; a dated record of meeting content should be included

**DATA TO BE COLLECTED**

The following data should be collected for use in the self assessment:

- Leadership self-assessment forms completed by the Program Director, Associate Directors, and chair
- Self assessment questionnaires from at least 60% of the full-time faculty
- Self assessment questionnaires from at least 60% of the Residents
- Narrative of strengths and areas for improvement by program Residents
- Core competencies summary surveys completed by program/departmental leadership

**CONCLUDING/SUMMARY MEETING**

A departmental meeting should be held between the residency Program Director and/or chairman and the residency advisory committee to report outcomes, observations, concerns, and recommendations.

**WRITTEN REPORT TO GRADUATE MEDICAL EDUCATION COMMITTEE**

The self assessment document will consist of a comprehensive narrative report to be completed by the Program Director. This report is to be submitted to the Internal Review chair along with the Residency Internal Review Questionnaire for Departmental Leadership (Appendix B). These documents are a composite of the residency program requirements and a program self assessment.

Elaborate on the strengths, weaknesses, opportunities, and threats of the program as they correspond to the ACGME Institutional and Program requirements, MSM policies and procedures, and any other documents and events pertinent to the review.

In addition, include a discussion of previous citations and their remedies or the impediments to correcting the existing citations.

**APPENDIX B**

**RESIDENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE**

**Residency Program Leadership  
(Program Director, Associate Directors, Department Chair)**

***THIS SELF ASSESSMENT IS DESIGNED TO BE USED IN CONJUNCTION WITH THE ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS.***

**Use the following scale to evaluate and score the level of program compliance:**

- 1: Noncompliant, completely inadequate**
- 2: Partial compliance, key issues must be addressed**
- 3: Compliant but needs improvement**
- 4: Compliant**
- 5: Exemplary**
- N/A: Not Applicable**

**I. INSTITUTIONAL RESOURCES AND RESPONSIBILITIES**

**MSM Sponsorship**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. School commitment	<input type="checkbox"/>					
B. Resources allocated by school	<input type="checkbox"/>					
C. Governance of GMEC	<input type="checkbox"/>					
D. Policies and procedures (MSM GME)	<input type="checkbox"/>					

**Faculty Support (from MSM)**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Faculty number and types	<input type="checkbox"/>					
B. Faculty policies	<input type="checkbox"/>					

**Participating Institutions** (repeat for every key education affiliate and answer specifically for the specialty program)

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Agreement to support program exists	<input type="checkbox"/>					
B. Program quality improvement at affiliate	<input type="checkbox"/>					
C. Affiliate appropriately supports program	<input type="checkbox"/>					

**Administrative Support Services**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Academic administration of MSM	<input type="checkbox"/>					
B. Business and finance of MSM	<input type="checkbox"/>					
C. Personnel/benefits of MSM	<input type="checkbox"/>					

**Education Facilities Support**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. General (adequacy of facilities)	<input type="checkbox"/>					
B. Inpatient facilities	<input type="checkbox"/>					
C. Ambulatory care facilities	<input type="checkbox"/>					
D. Other facilities as needed for training	<input type="checkbox"/>					
E. Availability of autopsies	<input type="checkbox"/>					
F. Medical library (campus—Westview)	<input type="checkbox"/>					
G. Medical library (training site)	<input type="checkbox"/>					

**Resident Working Environment**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient population/cases per	<input type="checkbox"/>					
B. Variety of cases	<input type="checkbox"/>					
C. Ancillary support (medical records, lab, etc.)	<input type="checkbox"/>					
D. On call quarters	<input type="checkbox"/>					
E. Food availability on call	<input type="checkbox"/>					
F. Security	<input type="checkbox"/>					

**Selection and Appointment of Residents**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Accordance with MSM policy	<input type="checkbox"/>					
B. Appropriate to program academic standards	<input type="checkbox"/>					
C. Appropriateness of compensation and benefits	<input type="checkbox"/>					

**Availability of Counseling Services**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Impairment programs	<input type="checkbox"/>					
B. General counseling	<input type="checkbox"/>					
C. Employee Assistance Program	<input type="checkbox"/>					

**II. CURRICULUM AND TRAINING PROGRAM**

**General Program Assessment**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Organization and structure	<input type="checkbox"/>					
B. Presence of other program(s) Residents	<input type="checkbox"/>					
C. Peer interaction	<input type="checkbox"/>					
D. Patient responsibility	<input type="checkbox"/>					
E. Progressive responsibilities	<input type="checkbox"/>					
F. Resident duty hours (explain below)	<input type="checkbox"/>					
G. Resident supervision (explain below)	<input type="checkbox"/>					

Comments:

F. \_\_\_\_\_  
\_\_\_\_\_

G. \_\_\_\_\_  
\_\_\_\_\_

**Specific Training Experiences**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Sub-specialty care	<input type="checkbox"/>					
B. Other disciplines	<input type="checkbox"/>					
C. Consultation experience	<input type="checkbox"/>					
D. Inpatient care	<input type="checkbox"/>					
E. Ambulatory care	<input type="checkbox"/>					
F. Emergency care/treatment	<input type="checkbox"/>					
G. Critical care units	<input type="checkbox"/>					

**Other Educational Requirements**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Humanistic qualities	<input type="checkbox"/>					
B. Preventive medicine	<input type="checkbox"/>					
C. Laboratory studies	<input type="checkbox"/>					
D. Rehabilitation	<input type="checkbox"/>					
E. Medical ethics	<input type="checkbox"/>					
F. Cost-effective medicine	<input type="checkbox"/>					
G. Medical information sciences	<input type="checkbox"/>					

**Formal Didactic Program Effectiveness**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Lecture series	<input type="checkbox"/>					
B. Teaching rounds	<input type="checkbox"/>					
C. Conferences and seminars	<input type="checkbox"/>					
D. Other formal training	<input type="checkbox"/>					

**Basic Sciences and Research Activities Available**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Basic sciences	<input type="checkbox"/>					
B. Clinical research	<input type="checkbox"/>					
C. Other	<input type="checkbox"/>					

**Written Curriculum**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Comprehensive and complete	<input type="checkbox"/>					
B. Provided to faculty	<input type="checkbox"/>					
C. Provided to all Residents	<input type="checkbox"/>					
D. Reviewed and updated yearly	<input type="checkbox"/>					

**Specialty Programs** (evaluate the following areas specifically according to the specialty program)

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Procedures and technical skills	<input type="checkbox"/>					
B. Special educational experiences	<input type="checkbox"/>					
C. Geriatric experiences	<input type="checkbox"/>					
D. Child/adolescent experiences	<input type="checkbox"/>					
E. Pharmacology	<input type="checkbox"/>					

**III. EVALUATION PROCESS**

**Evaluation of Residents**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Evaluation is completed, reviewed, and documented	<input type="checkbox"/>					
B. Evaluation uses appropriate tools	<input type="checkbox"/>					
C. Evaluation is used to guide progression	<input type="checkbox"/>					
D. Residents receive feedback in a timely manner	<input type="checkbox"/>					
E. Evaluation is completed with appropriate frequency	<input type="checkbox"/>					
F. Evaluation includes competencies	<input type="checkbox"/>					

**Residents' Evaluation of Faculty**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Residents regularly review faculty	<input type="checkbox"/>					
B. Evaluation is used to improve program	<input type="checkbox"/>					

**IV. OUTCOME ASSESSMENTS**

**Use of Assessments to Measure Program Effectiveness**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Criteria exists to measure outcomes	<input type="checkbox"/>					
B. Outcome parameters are regularly assessed	<input type="checkbox"/>					
C. Outcome measures are used to guide changes	<input type="checkbox"/>					

**Comments on Program Strengths and Weaknesses in Survey Areas**

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**APPENDIX C**

**RESIDENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE  
Residency Program Faculty**

***THIS SELF ASSESSMENT IS DESIGNED TO BE USED IN CONJUNCTION WITH  
THE ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS.***

**Use the following scale to evaluate and score the level of program compliance:**

- 1: Noncompliant, completely inadequate**
- 2: Partial compliance, key issues must be addressed**
- 3: Compliant but needs improvement**
- 4: Compliant**
- 5: Exemplary**
- N/A: Not Applicable**

**I. EDUCATIONAL ENVIRONMENT**

**Training Facilities**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. General (adequacy of facilities)	<input type="checkbox"/>					
B. Inpatient facilities	<input type="checkbox"/>					
C. Ambulatory care facilities	<input type="checkbox"/>					
D. Other facilities as needed for training	<input type="checkbox"/>					
E. Availability of autopsies	<input type="checkbox"/>					
F. Medical library (campus—Westview)	<input type="checkbox"/>					
G. Medical library (training site)	<input type="checkbox"/>					

**Resident Working Environment**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient population/cases per	<input type="checkbox"/>					
B. Variety of cases	<input type="checkbox"/>					
C. Working hours and supervisory support	<input type="checkbox"/>					
D. Ancillary support (medical records, lab, etc.)	<input type="checkbox"/>					
E. Quarters	<input type="checkbox"/>					
F. Food availability	<input type="checkbox"/>					
G. Security	<input type="checkbox"/>					

**Appointment of Residents**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Program academic standards	<input type="checkbox"/>					
B. Compensation/benefits	<input type="checkbox"/>					

**II. CURRICULUM AND TRAINING PROGRAM**

**Resident**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Responsibilities	<input type="checkbox"/>					
B. Duty hours and supervision	<input type="checkbox"/>					
C. Lines of supervision	<input type="checkbox"/>					

**Specific Training Experiences**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Sub-specialty care	<input type="checkbox"/>					
B. Other disciplines	<input type="checkbox"/>					
C. Consultation experience	<input type="checkbox"/>					
D. Inpatient care	<input type="checkbox"/>					
E. Ambulatory care	<input type="checkbox"/>					
F. Emergency care/treatment	<input type="checkbox"/>					
G. Critical care units	<input type="checkbox"/>					

**Other Educational Requirements**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Humanistic qualities	<input type="checkbox"/>					
B. Preventive medicine	<input type="checkbox"/>					
C. Laboratory studies	<input type="checkbox"/>					
D. Rehabilitation	<input type="checkbox"/>					
E. Medical ethics	<input type="checkbox"/>					
F. Cost-effective medicine	<input type="checkbox"/>					
G. Medical information sciences	<input type="checkbox"/>					

**Teaching of Core Competencies in the Following Areas**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient care	<input type="checkbox"/>					
B. Medical knowledge	<input type="checkbox"/>					
C. Practice-based learning and improvement	<input type="checkbox"/>					
D. Interpersonal and communication skills	<input type="checkbox"/>					
E. Professionalism	<input type="checkbox"/>					
F. Systems-based practice	<input type="checkbox"/>					

**Assessment and Feedback on the Core Competencies**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient care	<input type="checkbox"/>					
B. Medical knowledge	<input type="checkbox"/>					
C. Practice-based learning and improvement	<input type="checkbox"/>					
D. Interpersonal and communication skills	<input type="checkbox"/>					
E. Professionalism	<input type="checkbox"/>					
F. Systems-based practice	<input type="checkbox"/>					

**Formal Didactic Program Effectiveness**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Lecture series	<input type="checkbox"/>					
B. Teaching rounds	<input type="checkbox"/>					
C. Conferences and seminars	<input type="checkbox"/>					
D. Other formal training	<input type="checkbox"/>					

**Availability of Basic Sciences and Research Activities**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Basic sciences	<input type="checkbox"/>					
B. Clinical research	<input type="checkbox"/>					
C. Other	<input type="checkbox"/>					

**Written Curriculum**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Comprehensive and complete	<input type="checkbox"/>					
B. Provided to faculty	<input type="checkbox"/>					
C. Provided to all Residents	<input type="checkbox"/>					
D. Reviewed and updated yearly	<input type="checkbox"/>					

**Specialty Programs** (evaluate the following areas specifically according to the specialty program)

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Procedures and technical skills	<input type="checkbox"/>					
B. Special educational experiences	<input type="checkbox"/>					
C. Geriatric experiences	<input type="checkbox"/>					
D. Child/adolescent experiences	<input type="checkbox"/>					
E. Pharmacology	<input type="checkbox"/>					

**III. EVALUATION PROCESS**

**Evaluation of Residents**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Form and process for evaluation	<input type="checkbox"/>					
B. Evaluation is used to guide progression	<input type="checkbox"/>					
C. Evaluation includes core competencies	<input type="checkbox"/>					

**Residents' Evaluation of Faculty**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. I receive regular feedback on my teaching	<input type="checkbox"/>					
B. I can use this information to improve	<input type="checkbox"/>					





**APPENDIX D**

**RESIDENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE  
Residents in Specialty Programs**

***THIS SELF ASSESSMENT IS DESIGNED TO BE USED IN CONJUNCTION WITH  
THE ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS.***

**Use the following scale to evaluate and score the level of program compliance:**

- 1: Noncompliant, completely inadequate**
- 2: Partial compliance, key issues must be addressed**
- 3: Compliant but needs improvement**
- 4: Compliant**
- 5: Exemplary**
- N/A: Not Applicable**

**I. EDUCATIONAL ENVIRONMENT**

**Training Facilities**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. General (adequacy of facilities)	<input type="checkbox"/>					
B. Inpatient facilities	<input type="checkbox"/>					
C. Ambulatory care facilities	<input type="checkbox"/>					
D. Other facilities as needed for training	<input type="checkbox"/>					
E. Availability of autopsies	<input type="checkbox"/>					
F. Medical library (campus—Westview)	<input type="checkbox"/>					
G. Medical library (training site)	<input type="checkbox"/>					

**Resident Working Environment**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient population/cases per	<input type="checkbox"/>					
B. Variety of cases	<input type="checkbox"/>					
C. Ancillary support (medical records, lab, etc.)	<input type="checkbox"/>					
D. Quarters	<input type="checkbox"/>					
E. Food availability	<input type="checkbox"/>					
F. Security	<input type="checkbox"/>					

**Appointment of Residents**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Program academic standards	<input type="checkbox"/>					
B. Compensation/benefits	<input type="checkbox"/>					

**II. CURRICULUM AND TRAINING PROGRAM**

**Resident**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Responsibilities	<input type="checkbox"/>					
B. Duty hours and supervision	<input type="checkbox"/>					
C. Supervision and academic support	<input type="checkbox"/>					

**Specific Training Experiences**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Sub-specialty care	<input type="checkbox"/>					
B. Other disciplines	<input type="checkbox"/>					
C. Consultation experience	<input type="checkbox"/>					
D. Inpatient care	<input type="checkbox"/>					
E. Ambulatory care	<input type="checkbox"/>					
F. Emergency care/treatment	<input type="checkbox"/>					
G. Critical care units	<input type="checkbox"/>					

**Other Educational Requirements**

How well does the program meet requirements for each of the following areas?

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Humanistic qualities	<input type="checkbox"/>					
B. Preventive medicine	<input type="checkbox"/>					
C. Laboratory studies	<input type="checkbox"/>					
D. Rehabilitation	<input type="checkbox"/>					
E. Medical ethics	<input type="checkbox"/>					
F. Cost-effective medicine	<input type="checkbox"/>					
G. Medical information sciences	<input type="checkbox"/>					

**Teaching of Core Competencies in the Following Areas**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient care	<input type="checkbox"/>					
B. Medical knowledge	<input type="checkbox"/>					
C. Practice-based learning and improvement	<input type="checkbox"/>					
D. Interpersonal and communication skills	<input type="checkbox"/>					
E. Professionalism	<input type="checkbox"/>					
F. Systems-based practice	<input type="checkbox"/>					

**Assessment and Feedback on the Core Competencies**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Patient care	<input type="checkbox"/>					
B. Medical knowledge	<input type="checkbox"/>					
C. Practice-based learning and improvement	<input type="checkbox"/>					
D. Interpersonal and communication skills	<input type="checkbox"/>					
E. Professionalism	<input type="checkbox"/>					
F. Systems-based practice	<input type="checkbox"/>					

**Formal Didactic Program Effectiveness**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Lecture series	<input type="checkbox"/>					
B. Teaching rounds	<input type="checkbox"/>					
C. Conferences and seminars	<input type="checkbox"/>					
D. Other formal training	<input type="checkbox"/>					

**Quality of Basic Sciences and Research Activities**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Basic sciences opportunities	<input type="checkbox"/>					
B. Clinical research opportunities	<input type="checkbox"/>					
C. Other interests (name below)	<input type="checkbox"/>					

Other Interests:

C. \_\_\_\_\_  
 \_\_\_\_\_

**Written Curriculum**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Comprehensive and complete	<input type="checkbox"/>					
B. Provided to faculty	<input type="checkbox"/>					
C. Provided to all Residents	<input type="checkbox"/>					
D. Reviewed and updated yearly	<input type="checkbox"/>					

**Specialty Programs** (evaluate the following areas specifically according to the specialty program)

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Procedures and technical skills	<input type="checkbox"/>					
B. Special educational experiences	<input type="checkbox"/>					
C. Geriatric experiences	<input type="checkbox"/>					
D. Child/adolescent experiences	<input type="checkbox"/>					
E. Pharmacology	<input type="checkbox"/>					

**III. EVALUATION PROCESS**

**Evaluation of Residents**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Form and process for evaluation	<input type="checkbox"/>					
B. Evaluation is used to guide Resident progression	<input type="checkbox"/>					
C. Feedback is regular and helpful	<input type="checkbox"/>					
D. Progress is clearly linked to evaluations	<input type="checkbox"/>					
E. Evaluation includes core competencies	<input type="checkbox"/>					

**Residents' Evaluation of Faculty**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. Faculty are regularly evaluated	<input type="checkbox"/>					
B. Evaluations of faculty are taken seriously	<input type="checkbox"/>					
C. Program curriculum is evaluated annually	<input type="checkbox"/>					

**V. OUTCOMES AND MEASUREMENTS**

<b>Compliance Metric</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
A. The program uses appropriate outcome measures	<input type="checkbox"/>					
B. The program uses outcomes to guide changes	<input type="checkbox"/>					





	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-04
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	06
	<b><u>SUBJECT</u></b> NIGHT FLOAT POLICY	SUPERSEDES	N/A

## Night Float Policy

### I. **PURPOSE:**

Management of hospitalized patients remains essential for the practice of medicine. The night float allows Residents to refine history and physical examination skills, develop experience in the selection of diagnostic tests, and learn the management of a wide variety of diseases.

### II. **BACKGROUND:**

- 2.1. Night Float provides exposure to common medical problems of hospitalized patients and allows Residents the opportunities to develop discharge care plans. Additionally, Residents encounter uncommon medical conditions and have the opportunity to interact with subspecialists while managing patients with complex conditions.
- 2.2. Night float is designed to give PGY-1 Residents more experience in initial evaluation and management of patients as well as experience in managing patients overnight in the hospital. There is a strong focus on effective hand-offs, teamwork, and shared responsibility for patient care.
- 2.3. In addition, there is increased autonomy for PGY-2 and PGY-3 learners, and therefore a need for the refinement of skills in practice-based learning and improvement.

### III. **SCOPE:**

This policy applies to all MSM physicians who are teachers or learners in a clinical environment and who have responsibility for patient care in that environment.

### IV. **POLICY:**

- 4.1. 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.
- 4.2. Night Float must be an educational experience for all Residents. It must have its own competency-based curriculum and evaluation system.
- 4.3. A *Sample Curriculum for Night Float* is attached to this policy as Appendix A.

**V. How Learning Objectives Are Met:**

- 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

**VI. Required Reading/Resources:**

- 6.1. Specific readings will be assigned by supervising clinical faculty members and fellows.
- 6.2. In addition, it is expected that Residents read articles that are relevant to the patients they see, including articles generated through literature searches and distributed at morning report or at rounds.
- 6.3. Residents should become familiar with national and hospital guidelines for care of common medical disease states.

**VII. Evaluation:**

- 7.1. Supervising Attendings will evaluate Residents. These evaluations must be discussed in person with the Residents. There should be regular informative feedback from supervising Attendings regarding performance.
- 7.2. Residents will log their performed procedures. The Attendings, or other supervising physicians, shall document satisfactory performance through the electronic procedure logger.
- 7.3. Resident peers (interns and Residents) shall evaluate each other using the Resident peer evaluation.

**APPENDIX A**  
**SAMPLE NIGHT FLOAT CURRICULUM**

**Learning Objectives:**

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

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. Medical Decision Making, Clinical Judgment, and Management Plans:**

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. Medical Knowledge:**

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. Practice-Based Learning and Improvement:**

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. Interpersonal and Communication Skills:**

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. Professionalism:**

All Residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. Residents will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentiality 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. Systems-Based Practice:**

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.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-05
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	04
	<b>SUBJECT</b> PATIENT HAND-OFF POLICY	SUPERSEDES	N/A

## 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

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-06
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	01
	<b>SUBJECT</b> PROFESSIONAL LIABILITY COVERAGE LETTER OF UNDERSTANDING	SUPERSEDES	N/A

Professional Liability Coverage Letter of Understanding

This letter shall be completed upon appointment to a MSM Residency program and at the time a Resident enters into moonlighting activities.

This is to certify that I, \_\_\_\_\_, am a Resident Physician at Morehouse School of Medicine. As a Resident in training, I understand that all professional activities that are sanctioned by Morehouse School of Medicine and related to, or are a part of, the Residency Education Program are covered by the following professional liability coverage:

\$1 million per/occurrence and; \$3 million annual aggregate;

and

Tail coverage for all incidents that occur during my tenure as a Resident in accordance with the above.

In addition, I understand that the above professional liability insurance coverage does not apply to professional activities in which I become involved outside of the residency program, and that upon written approval by the Residency Program Director to moonlight, I am personally responsible for securing adequate coverage for these outside activities from the respective institutions or through my own resources.

Check appropriate box:      Resident Agreement       Moonlighting Request

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Return Signed Original to Office of Graduate Medical Education



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-07
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	03
	<b>SUBJECT</b> RESIDENCY EDUCATION EVALUATIONS POLICY	SUPERSEDES	10/01/1992

## 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.

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**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



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-08
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	06
	<b>SUBJECT</b> RESIDENT LEARNING AND WORKING ENVIRONMENT POLICY	SUPERSEDES	N/A

## 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:

- d) For incapacity due to pregnancy, prenatal medical care or child birth;
- e) To care for the employee’s child after birth, or placement for adoption or foster care;
- f) To care for the employee’s spouse, son, daughter, or parent, who has a serious health condition; or
- g) 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. LEAVE OF ABSENCE WITHOUT PAY:**

**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.



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-09
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	03
	<b><u>SUBJECT</u></b> RESIDENT PROMOTION	SUPERSEDES	07/01/2004 10/01/1992

## 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



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-10
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	04
	<b><u>SUBJECT</u></b> SLEEPINESS AND FATIGUE	SUPERSEDES	09/07/2009

## 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.I)
- 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](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

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-11
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	03
	<b>SUBJECT</b> SUPERVISION OF RESIDENTS POLICY	SUPERSEDES	10/01/1992

## 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.



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-12
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	02
	<b>SUBJECT</b> USMLE STEP 3 REQUIREMENT POLICY	SUPERSEDES	N/A

## 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.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-13
		EFFECTIVE DATE	03/01/2011
		PAGE (S)	06
	<b>SUBJECT</b> RESIDENT SELECTION POLICY	SUPERSEDES	10/01/1992

## 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 ELIGIBILITY:**

The following information is extracted from the Accreditation Council of Graduate Medical Education (ACGME) “Institutional Requirements” of the “Essentials of Accredited Residencies in Graduate Medical Education.”

- 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 education 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 not graduated from a United States or Canadian accredited medical school shall request certification of completion (by seal) by an official of the medical school. If the medical school is not in the United States, such official letters shall be in English and/or have a certified or notarized English translation of the content.
- 5.2.12.** 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.



## **MSM Institutional Policies**



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	HR 1.04
		EFFECTIVE DATE	03/01/2010
		PAGE (S)	03
	<b><u>SUBJECT</u></b> ACCOMMODATION OF DISABILITIES POLICY	SUPERSEDES	09/21/2009

## 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. GUIDELINES:**

- 4.1.** Procedures for requesting an accommodation
- 4.1.1.** The Human Resources Department has been designated to coordinate applicant and employee requests for workplace accommodations. A person with a disability may request a reasonable accommodation by contacting the Human Resources Department.
- 4.1.1.1.** 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.



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	HR 1.02
		EFFECTIVE DATE	06/22/2009
		PAGE (S)	01
	<b>SUBJECT</b> AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY POLICY	SUPERSEDES	N/A

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.



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	HR 1.03
		EFFECTIVE DATE	06/22/2009
		PAGE (S)	05
	<b><u>SUBJECT</u></b> DISCRIMINATION, HARASSMENT, AND RETALIATION POLICY	SUPERSEDES	05/1997 02/1997 03/1986

## 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<sup>1</sup>, 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.

<sup>1</sup> 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:<sup>2</sup>
    - 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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<sup>2</sup> 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.



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	COMPLIANCE
		EFFECTIVE DATE	07/03/2009
		PAGE (S)	12
	<b>SUBJECT</b> POLICY AND GUIDELINES FOR INTERACTIONS WITH PHARMACEUTICAL, BIOTECHNOLOGY, MEDICAL DEVICE, AND HOSPITAL AND RESEARCH EQUIPMENT SUPPLY INDUSTRY	SUPERSEDES	05/01/1997

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.



- 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. REPORTING AND ENFORCEMENT:**

**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.