Graduate Medical Education Policy Manual

Academic Year 2023-2024

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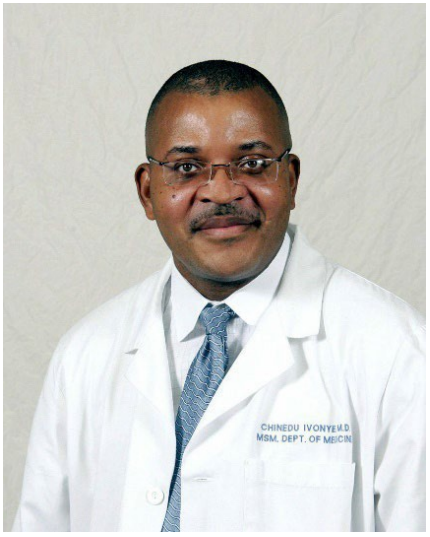
Welcome from the GME Office



Dear New and Continuing Residents and Fellows:

Welcome to the 2023-24 academic year of training! The Graduate Medical Office supports and provides oversight to all its ACGME-accredited residency and fellowship programs. As the Designated Institutional Official (DIO), I am committed to ensuring that our residents and fellows receive quality educational experiences and the necessary resources to successfully complete residency training.

MSM GME provides a very competitive fringe benefits package to residents. Our resident stipend amounts rank above the 75th percentile nationally, and the benefits package includes excellent health coverage. Our programs provide vacation and sick leave benefits that are generous compared to other national training programs.

All Morehouse School of Medicine residency and fellowship programs provide and pay for the following resources:

- Board review preparation for seniors
- Yearly book allowance
- iPhones
- Life support certification and recertification
- Marketing collateral—t-shirts, lunchboxes, coffee cups, etc.
- Paging system
- Resident/fellow travel to conferences
- Temporary state medical licenses
- White lab coats

As a previous program director, I enjoy interacting with residents and, in that interaction, strive to acquire resident input and feedback on improving our institution and programs. My expectations for MSM GME residents and fellows are that you:

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

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

Chinedu Ivonye, MD, FACP
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official

The GME Office is located in the 1C suite at Grady Hospital.

Preface—Our Vision and Mission

MSM Vision

Leading the creation and advancement of health equity by:

- Translating discovery into health equity
- Building bridges between health care and health
- Preparing future health learners and leaders

MSM Mission

We exist to:

- Improve the health and well-being of individuals and communities;
- Increase the diversity of the health professional and scientific workforce;
- Address primary 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, the nation, and the world.

"We Are on a Mission"

Morehouse School of Medicine (MSM) is like no other medical school in the country. Although, like other schools, we attract students who want to be great doctors, scientists, and health care professionals, who want to make a lasting difference in their communities, MSM proudly ranks number one in the first-ever study of all United States medical schools in the area of social mission.

This ranking is a result of MSM's dynamic focus on primary care and from its mission to address the needs of underserved communities, a commitment 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 health care system, by addressing, head on, the issues of diversity, access, and misdistribution.

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; and those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague communities and the nation.

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

Graduate Medical Education (GME)

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

The five MSM residency education goals and objectives for residents are to:

- Obtain the clinical knowledge, competencies, and skills required for the effective treatment and management of patients;
- Prepare for licensure and specialty certification;
- Obtain the skills to become fully active participants within the United States health care system;
- Provide teaching and mentoring of MSM medical students and residents;
- Support in a direct way the school's mission of providing service and support to disadvantaged communities.

Graduate Medical Education Institutional Aim

GME at MSM aims to train focused and well-balanced physicians who will broaden the diversity in health care and the scientific health workforce in order to eliminate health disparities and to advance health equity in urban and rural populations in Georgia, the nation, and throughout the world.

Graduate Medical Education Institutional Diversity Statement

GME at MSM recruits trainees from diverse backgrounds and perspectives and trains them to make a positive impact on health care while offering culturally competent and compassionate care. We strive to develop leaders who provide this culturally sensitive care to a diverse patient population and who will develop innovative approaches to widen the pipeline for quality health care and promote the advancement of health equity.

Graduate Medical Education Institutional Wellness Statement

MSM creates, nurtures, and sustains a diverse and inclusive culture and work environment in which all employees are encouraged to bring their best and authentic selves to work and who are empowered to do so in support of creating and advancing health equity.

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 GME Policy Manual is intended only as an advisory guide. The term *resident* in this document refers to both specialty residents and subspecialty fellows.

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

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

Policy updates will be communicated to the MSM community via email 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 is available as a download from the MSM website.

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

Welcome from the Resident Association

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

Membership in the Resident Association is extended to all residents. The bylaws included here outline the structure and purpose of the association. Residents are encouraged to become involved in the Morehouse School of Medicine Resident Association and to use it as a vehicle for communication regarding policymaking, institutional administration, and interdepartmental coordination.

Resident Association Mission

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

Bylaws of the Morehouse School of Medicine Resident Association

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

ARTICLE I

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

ARTICLE II

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

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

Section 1: Officers

A. The officers of the Morehouse School of Medicine Resident Association shall be the President, the President-Elect, and the Secretary-Treasurer.
B. The President and GMEC Representative shall call and preside at all meetings and shall be a member ex-officio of all committees. He or she shall represent the Association on the Graduate Medical Education Committee as a voting member. He or she shall have the authority to correspond and communicate resident concerns and to address confidential matters as necessary. This position is filled by the previous year’s President-Elect and holds a one-year term.

C. The President-Elect, in the absence of the President, shall assume all his or her duties and shall have all his or her authority. He or she shall represent the Resident Association on the Graduate Medical Education Committee as a voting member. He or she shall have the authority to correspond and communicate resident concerns, and to address confidential matters as necessary. The President-Elect serves a second year on the RA Executive Board as the RA President.

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

Voting of Officers

The President-Elect and Secretary-Treasurer shall be elected annually by all current residents in good standing from all Morehouse School of Medicine Residency Programs. The President (of the Executive Committee) and Resident Representative to the GMEC is elected as President-Elect in the previous year.

Section 2: Committees

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

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

C. **Members-at-Large**—These members must be peer-selected on an annual basis with one (1) resident designated as the RA voting representative of the Executive Committee, therefore ensuring one (1) vote per program.

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

E. **Standing and Special Committees of the Resident Association**—All committee representatives shall be appointed by the President. Standing committees shall be appointed for one (1) year. Special committees shall retain their appointments until discharged by the President. Committees shall be reconstituted annually. Appointed representatives to committees are responsible for providing a brief written summary to the RA Officers within seven (7) days of attending a committee meeting.

Standing Committees

Representatives from the Resident Association membership shall be appointed by the President to sit as members on the following committees as requested by MSM and hospital affiliates, and as deemed necessary by the Resident Association:

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

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

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

Members-at-large (MaL) are responsible for representing the residents of their program and communicating information from the RA council meetings. Additional responsibilities of a MaL are to attend quarterly RA Council meetings and participate as a member on at least one (1) institution/hospital committee as requested/appointed by the RA President.

ARTICLE IV
MEETINGS

Section 1: Regular Meetings—RA Council

Regular meetings of the Resident Association Council shall be held at least quarterly, with the exception of July, and at the discretion of the President of the RA. All members-at-large will be notified at least one (1) month in advance. All meetings shall be open to any member of the Resident Association unless otherwise specified.

Section 2: Special Meetings—Executive Committee

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

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

Section 3: Quorum

Any five (5) members of the RA Council present at any given meeting shall constitute a quorum. All officers must be present at Executive Committee meetings for a quorum.

Section 4: Meeting Agendas

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

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

ARTICLE V
AMENDMENTS

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

ARTICLE VI
ADOPTION

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

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General Information for Faculty Members

The Graduate Medical Education Committee (GMEC) highly values the contributions of our faculty members. The GMEC agrees with, supports, and adheres to the ACGME requirements and standards as related to faculty members as follows (reference: ACGME Common Program Requirements July 1, 2023):

Faculty members are a foundational element of graduate medical education—faculty members teach residents/fellows how to care for patients. Faculty members provide an important bridge allowing residents and fellows to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents and fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the wellbeing of the residents, fellows and themselves.

Per Section II.B. of the ACGME Common Program Requirements

At each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all residents/fellows at that location.

<u>Responsibilities of Faculty Members</u>

Faculty members must:

- Be role models of professionalism.
- Demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, and patient-centered care.
- Demonstrate a strong interest in the education of residents/fellows, including devoting sufficient time to the educational program to fulfil their supervisory and teaching responsibilities
- Administer and maintain an educational environment conducive to educating residents/fellows.
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.
- Pursue faculty development designed to enhance their skills at least annually:
    - As educators,
    - In quality improvement and patient safety,
    - In fostering their own well-being and that of their residents/fellows, and
    - In patient care based on their practice-based learning and improvement efforts.

Faculty Qualifications

Faculty members must:

- Have appropriate qualifications in their field and hold appropriate institutional appointments;
- Have current certification by the American Board of the specific specialty or the American Osteopathic Board of the specific specialty, or possess qualifications judged acceptable to the Review Committee; and

Core faculty members must:

- Be designated by the program director;
- Have a significant role in the education and supervision of residents and fellows;
- Devote a significant portion of their entire effort to resident education and/or administration;
- Teach, evaluate, and provide formative feedback to residents and fellows as a component of their activities; and
- Complete the annual ACGME Faculty Survey.

or .

ACGME Specialty Review Committee Requirements Related to Faculty:

- May further specify either requirements regarding dedicated time and support for core faculty members' non-clinical responsibilities related to resident education and/or administration of the program
- May further specify requirements regarding the role and responsibilities of core faculty members, inclusive of both clinical and non-clinical activities, and the corresponding time commitment required to meet those responsibilities
- May further specify additional physician and non-physician faculty member qualifications;
- Must specify the minimum number of core faculty and/or the core faculty-to-resident/fellow ratio; and
- May specify requirements specific to associate program director(s).

General Information for Residents and Fellows

Access to Information

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

Compensation

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

Eligibility for Specialty Board Examination

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

Email Requirement

All residents are required to utilize Morehouse School of Medicine email addresses for all business and educational email communication. MSM email addresses are provided or assigned at the beginning of residency training.

Exposures to Blood, Body Fluids, and Biohazardous Materials

- Workers' Compensation Insurance provides compensation and/or medical care for workers who are injured or become ill as a direct result of their job. Coverage begins on the resident's first day of employment.
- In addition to contacting required person(s) at the hospital or site, residents must also contact Marla Thompson, MSM Human Resources, Employee Relations, Clinical Services at (404) 752-1871 mthompson@msm.edufor all work-related injuries and/or exposures including: blood, body fluids, needle sticks, and biohazardous exposures.
- Prior to evaluation and/or treatment, residents MUST be assigned a Workers' Compensation number and choose from an MSM Panel of Health care providers. For additional information, refer to MSM's Workers' Compensation Policy (HR 6.03).

Fringe Benefits and Resources for Residents and Fellows

- **Benefits**: In addition to salary, Morehouse School of Medicine offers health insurance benefits to residents and their eligible dependents.
    - Residents are also provided disability insurance benefits, confidential counseling and psychological services, vacation, parental, sick or other leave, with coverage starting the first recognized day of the training program.
    - These offerings are uniform for all residents and administered by MSM Human Resources in accordance with the vendor programs and/or policies in force at the time of this agreement.
    - Detailed information on fringe benefits for residents can be provided by the MSM Human Resources Department at (404) 752-1607; benefits@msm.edu.
    - Residents and fellows can also log in to MSM connect at: https://msmconnect.msm.edu/group/mycampus/89.
- **Counseling**: Short term counseling is available from MSM Counseling Services, Shawn Garrison, PhD at (404) 752-1789; sgarrison@msm.edu.
- **Cigna Employee Assistance Program (EAP), CARE 24/7/365**: This benefit is available for residents as a self-referral or for family assistance.
    - Residents are briefed on these programs by the Human Resources Department during in-coming orientation.
    - Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.
    - More information regarding these programs is available in the Human Resources Department at (404) 752-1600, or by calling Cigna EAP directly at (877) 622- 4327, and online at www.CignaBehavioral.com using the employer ID MSM as the login.
- **Equipment**: iPhones, iPads, and/or laptops must be returned by residents who do not complete their program.
- **Laboratory (White) Coats**: Clinical laboratory coats are provided to residents free of charge but are subject to the requirements of MSM and the rules of the affiliates.
- **Leave**: As addressed in the resident/fellow leave policy, residents and fellows are cautioned that to fulfill the program requirements and that of the specialty certification board, it may be necessary for the resident or fellow to spend additional time in the program to make up for time lost when utilizing the various leave options. See section Resident and Fellow Leave Policy below for more information on ACGME requirements on leave.
    - **Early Exit:** Residents/fellows who need to depart their training programs early to prepare for their next stage in training must follow a multi-step process that includes approval by the Program Director, the DIO, and HR.
        - The resident/fellow must submit a letter requesting an early exit departure, which indicates the reason for leaving early and anticipated early exit date.
            - The letter must be signed by the resident/fellow and submitted to the Program Director
            - Documentation of the fellowship start date that necessitates early exit must accompany the resident's/fellow's letter.
        - The Program Director must confirm and attest that the resident/fellow will have completed the required training time, case minimums, etc. by the proposed exit date before approving an early exit.
        - The DIO must review the justification of early exit and the Program

Director's attestation and approval and provide an approval of the early exit before the trainee may proceed to the early exit interview.

- The trainee must complete the early exit interview on the early exit date or the last business day before the exit date if it falls on a weekend.
- HR must confirm whether the resident/fellow will have enough vacation remaining to be compensated during the balance of the time between the early exit date and the final day of the current contract year; if the resident/fellow does not have enough vacation time remaining, then the resident/fellow will be categorized as "Leave Without Pay" (LWOP) and will not be compensated for any time for which no time is available.

- **Resident/Fellow Vacation Leave**: Residents are allotted 15 days compensated leave per academic year (from July through June).
- Vacation leave is not accrued from year to year.
- Each residency program is responsible for the administration of residents' leave to include scheduling, tracking, approving, and reporting leave to the department, GME, and the MSM Human Resources Department.
- Vacation blocks shall be designed within the structure of the residency program schedules.

- **Resident/Fellow Sick Leave**: Residents are allotted 20 days compensated sick leave per academic year (from July through June)
  - Sick leave is not accrued from year to year.
  - Each residency program is responsible for the administration of residents' leave to include scheduling, tracking, approving, and reporting leave to the department, GME, and the MSM Human Resources Department.
  - <u>One time during the course of a resident/fellow's training</u>**,** trainees may be allotted six (6) weeks of approved medical, parental, and caregiver leave of absence for qualifying reasons that are consistent with applicable laws. This leave is available to the resident once at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report.
    - When this six (6) weeks of approved compensated medical, parental, or caregiver leave is used, the resident/fellow will be provided with one (1) additional week of paid time off reserved for use outside of the six weeks for illness, injury, and medical appointments for the trainee or for the care of an immediate family member.
    - Documentation from a treating clinician indicating the duration of medically indicated leave needed must be provided to the Office of Disability Services in order for this six weeks of compensated leave to be approved.
    - Sick and vacation leave not used within the current academic year at the time that this six weeks of approved medical, parental, or caregiver leave is taken will be used towards the six weeks.
    - When these two (2) leave categories and the balance of the six weeks plus the one week reserved for illness, injury, and medical appointments for the trainee or for the care of an immediate family member are exhausted, any additional leave will be

uncompensated (leave without pay).

- Refer to your program-specific Resident/Fellow Leave Policy for additional terms.
- The resident/fellow is required to meet with the Program Director for guidance on how leave will impact duration in the program and any potential need to extend training.

- **Family and Medical Leave Act (FMLA)**: Program requirements and specifications of the program specialty board apply to the time required to make up absences. For guidance and questions about FMLA, all residents and fellows can contact Marla Thompson in the Human Resources Department (HRD) and the Office of Disability Services and Leave Management at (404) 752-1871; ods@msm.edu.
- **Leave of Absence Without Pay (LWOP)**: When possible, requests for leaves of absence without pay shall be submitted by residents in writing to the residency program director for disposition far in advance of any planned leave.
    - All requests shall identify the reason for the leave and its duration.
    - Residents and fellows should discuss the impact of the leave on a possible delay in program completion with the program director.
    - The MSM Human Resources Department shall determine the feasibility and all applicable criteria prior to a resident or fellow being granted LWOP and shall advise both the resident and the corresponding residency/fellowship program regarding details and procedures.
- **Other Leave Types**: All leave types are explained in detail in the Morehouse School of Medicine Human Resource Policy Manual, available by contacting Marla Thompson at (404) 752-1871.
- **Library Services and Multimedia Services**: These services are available at Morehouse School of Medicine to include electronic media search access.
    - Libraries are available at inpatient facilities but vary in the content and services available.
    - Ambulatory care facilities have limited libraries. All residents and fellows have online search access capability through the MSM network.
- **Nepotism Policy** (See MSM Human Resources Policy 2.04): MSM permits the employment and/or enrollment for academic purposes of qualified relatives of employees as long as such employment or academic pursuit does not, in the opinion of the school, create actual conflicts of interest. The MSM Human Resources Nepotism policy states:
    - No direct reporting or supervisor-to-subordinate relationship may exist between individuals who are related by blood or marriage, or who reside in the same household.

  - For academic purposes, no direct teaching or instructor-to-resident/fellow or instructor-to-student relationship can exist. No employee is permitted to work within "the chain of command" when one relative's work responsibilities, salary, hours, career progress, benefits, or other terms and conditions of employment could be influenced by the other relative.
  - Each employee, student, resident, or fellow has a responsibility to keep his or her supervisor, the appropriate associate dean or residency/fellowship program director and Human Resources Department informed of changes relevant to this policy.
- **Office of Disability Services**: For information regarding disabilities, contact Marla Thompson at (404) 756-1871; mailto: ods@msm.edu.
- **Parking Facilities**: Parking is available at each clinical affiliate and may require payment of a reasonable fee.

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Adverse Academic Decisions and Due Process Policy

I. PURPOSE:

I.1. Morehouse School of Medicine (MSM) shall provide residents and fellows with an educational environment that MSM believes is fair and balanced.

I.2. This policy outlines the procedures which govern adverse academic decisions and due process procedures relating to residents and fellows during their appointment periods at Morehouse School of Medicine regardless of when the resident or fellow matriculated.

I.3. Actions addressed within this policy shall be based on an evaluation and review system tailored to the specialty in which the resident or fellow is matriculating.

II. SCOPE:

II.1. All MSM administrators, faculty, staff, residents, fellows, and administrators at participating affiliates shall comply with this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

II.2. Residents and fellows shall be given a copy of this Adverse Academic Decisions and Due Process Policy at the beginning of their training.

III. DEFINITIONS:

III.1. Academic Deficiency

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

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

3.1.2.1. Having an insufficient fund of medical knowledge

3.1.2.2. Inability to use medical knowledge effectively

3.1.2.3. Lack of technical skills based on the resident or fellow's level of training

3.1.2.4. Lack of professionalism, including timely completion of administrative functions such as medical records, work hours, and case logging

3.1.2.5. Unsatisfactory written evaluation(s)

3.1.2.6. Failure to perform assigned duties

3.1.2.7. Unsatisfactory performance based on program faculty's observation

3.1.2.8. Any other deficiency that affects the resident or fellow's academic performance

III.2. **Opportunity to Cure** occurs when a resident or fellow is provided the opportunity to correct an academic deficiency and corrects the academic deficiency to the satisfaction of the faculty, program director, department chairperson, and Clinical Competency Committee of the program in which the resident is enrolled.

III.3. **Day**—a calendar business day from 8:30 a.m. to 5:00 p.m., Monday-Friday; weekends and MSM-recognized holidays excluded.

III.4. **Corrective Action**

3.4.1. Corrective action is defined as written formal action taken to address a resident's or fellow's academic, professional, and/or behavioral deficiencies and any misconduct.

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

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

III.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. This includes conduct described in section 4.2 of this policy.

III.6. **Due Process**

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

3.6.1.1. Providing notice to the resident of the deficient performance issue(s), which should be in the form of a letter or email.

3.6.1.2. Offering the resident or fellow a reasonable opportunity to cure the academic deficiency; and

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

III.7. **Due Process Disciplinary Actions** include suspension, non-renewal, non-promotion, or dismissal.

III.8. **GME**—Graduate Medical Education

III.9. **GME Office**—Graduate Medical Education Office of Morehouse School of Medicine

III.10. Mail—to place a notice or other document in the United States mail or other courier or delivery service

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

3.10.2. Unless otherwise indicated, it is not necessary to hand-deliver the notice or use certified or registered mail in order to comply with the notice requirements in this policy. However, such methods of delivery, when documented, will verify actual notice. It is the resident or fellow's responsibility to ensure that his or her program and the GME office possess the resident or fellow's most current mailing address.

3.10.3. Email Notification—Morehouse School of Medicine email addresses (@msm.edu) are the official email communication for all employees including residents and fellows. Emailing information to the resident or fellow's official MSM email address is sufficient to meet MSM's notification and mail obligations except where otherwise indicated. Residents and fellows are responsible for ensuring that they are receiving and checking email communication.

III.11. Meeting

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

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

III.12. Misconduct

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

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

III.13. Non-Renewal of Appointment—if the residency program determines that a resident or fellow's performance is not meeting the academic or professional standards of MSM, the program, the ACGME program requirements, the GME requirements, or the specialty board requirements, the resident will not be reappointed for the next academic year. It is the responsibility of the program to determine the criteria for resident/fellow reappointment and non-renewals.

3.13.1. Reappointment in a residency/fellowship program is not automatic.

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

III.14. Non-Promotion

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

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

III.15. Notice of Deficiency—the residency/fellowship program director may issue a written warning to the resident or fellow to give notice that academic deficiencies exist that are not yet severe enough to require a formal corrective action plan or disciplinary action, but that do require the resident to take immediate action to cure the academic deficiency. It is at the program director's discretion whether to require a written remediation.

III.16. CCC—The Clinical Competency Committee:

3.16.1. Reviews all resident and fellow evaluations at least semi-annually;

3.16.2. Determine each resident/fellows' progress on achievement of the specialty-specific Milestones; and

3.16.3. Meet prior to the resident/fellows' semi-annual evaluations and advise the program director regarding resident or fellow's progress.

III.17. Probation—a residency/fellowship program may use this corrective action when a resident or fellow's violations include but are not limited to:

3.17.1. Providing inappropriate patient care;

3.17.2. Lacking professionalism in the education and work environments;

3.17.3. Failing to cure notice of academic deficiency or other corrective action;

3.17.4. Impacting negatively on health care team functioning; or

3.17.5. Causing residency/fellowship program dysfunction.

III.18. Remediation

3.18.1. Remediation allows the resident or fellow to correct an academic deficiency(ies) that would adversely affect the resident or fellow's progress in the program.

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

III.19. Suspension

3.19.1. Suspension is the act of temporarily removing a resident from all program activities for a specified period of time because the resident or fellow's performance or conduct negatively impacts the provision of quality patient care or is not consistent with the best interest of the patients or other medical staff.

3.19.2. While a faculty member, program director, chairperson, clinical coordinator, administrative director, or other professional staff of an affiliate may remove a resident from clinical responsibility or program activities, only the program director makes the determination to suspend the resident or fellow from the program and the duration of the suspension.

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

III.20. Reportable Adverse Actions—probation, suspension, non-renewal, and dismissal are reportable actions by the program or MSM for state licensing, training verifications, and hospital/insurance credentialing, depending upon the state and entity.

IV. POLICY:

IV.1. When a resident or fellow fails to achieve the standards set forth by the program, decisions must be made about notice of academic deficiency, probation, suspension, non-promotion, non-renewal of residency appointment agreement, and in some cases, dismissal. MSM is not required to impose progressive corrective action but may determine the appropriate course of action to take regarding its residents and fellows depending on the unique circumstances of a given issue.

IV.2. Residents or fellows 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 be dismissed depending on the nature of the offense.

4.2.1. Such misconduct will be considered a breach of the Resident/Fellow 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.

IV.3. A resident who exhibits unethical or other serious behaviors that do not conform to achieving the skills required for the practice of medicine may be summarily dismissed.

V. PROCEDURES:

V.1. If any clinical supervisor deems a resident or fellow's academic or professional performance to be less than satisfactory, the residency/fellowship program director will review the identified concerns and may require the resident to take actions to cure the deficiencies. The Clinical Competency Committee may be engaged to review the clinical supervisor's evaluation in the context of the trainee's global performance metrics and provide a recommendation of whether to require remediation.

V.2. Notice of Academic Deficiency

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

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

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

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

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

V.3. Probation

5.3.1. A residency/fellowship program may use this corrective action when a resident or fellow's actions are associated with:

5.3.1.1. Providing inappropriate patient care;

5.3.1.2. Lacking professionalism in the education and work environments;

5.3.1.3. Negatively impacting healthcare team functioning; or

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

5.3.1.5. Causing residency/fellowship program dysfunction.

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

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

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

5.3.3.2. A probationary period must have a definite beginning and ending date and be designed to specifically require the resident or fellow to correct identified deficiencies through remediation.

5.3.3.3. The length of the probationary period will depend on the nature of the infraction and be determined by the program director. However, the program director should set a timed expectation of when improvement should be attained. The duration will allow the resident or fellow reasonable time to correct the violations and deficiencies.

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

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

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

5.3.6. A remediation plan must be a part of probation as a tool for curing the deficiency that warranted the probation. Developing a viable remediation plan consists of the following actions:

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

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

5.3.6.3. The resident or fellow must prepare a written remediation plan, with the expressed approval of the program director regarding form and implementation. The program director may require the participation of the resident or fellow's advisor in this process.

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

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

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

5.3.8. If the deficiency persists during the probationary period and is not cured, the residency program director may initiate further corrective or disciplinary action including but not limited to continuation of probation with or without non-promotion, non-renewal of residency/fellowship appointment agreement, or dismissal.

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

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

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

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

V.4. Suspension

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

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

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

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

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

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

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

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

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

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

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

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

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

5.4.8.2.1. Return the resident or fellow to normal work with a Notice of Academic Deficiency;

5.4.8.2.2. Place the resident or fellow on probation; or

5.4.8.2.3. Initiate the resident or fellow's dismissal from the program.

V.5. **Failure to Cure Academic Deficiency**—if a resident or fellow fails to cure academic deficiencies through an approved corrective action, formal corrective action plan (remediation), probation, or other forms of academic support, the program director may take an action, including, but not limited to, one or more of the following actions:

5.5.1. Probation or continued probation

5.5.2. Non-promotion to the next PGY level

5.5.3. Repeat of a rotation or other education block module

5.5.4. Non-renewal of residency/fellowship appointment agreement

5.5.5. Dismissal from the residency/fellowship program

V.6. The resident or fellow shall have the right to appeal only the following disciplinary actions:

5.6.1. Dismissal or termination from the residency/fellowship program

5.6.2. Non-renewal of the resident or fellow's appointment

V.7. **Appeal Procedures**—Program and Department

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

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

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

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

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

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

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

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

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

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

5.7.3.8. Appeal meetings may not be recorded.

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

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

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

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

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

V.8. Appeal to the Dean

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

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

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

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

5.8.5. The Dean shall instruct the GME office to convene an Institutional Appeal Committee to review the case and provide an advisory opinion regarding whether the residency/fellowship program afforded the resident or fellow due process in its decision to dismiss or not renew the resident or fellow's appointment. This review is program protocol and required documentation in each case. MSM's Designated Institutional Officer, or his or her designee, shall chair the Institutional Appeal Committee.

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

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

5.8.5.3. The Institutional Appeal Committee will notify the resident or fellow and program director of the meeting date, time, place, and the committee members' names and titles.

5.8.5.4. The program director shall provide the training documents and record of the departmental appeal proceedings.

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

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

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

5.8.5.8. The resident or fellow may bring to the meeting an advocate, such as a faculty member, staff member, or other resident or fellow.

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

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

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

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

5.8.7.1. That the resident or fellow is returned to the residency/fellowship program without penalty;

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

5.8.7.3. Other determination as deemed appropriate by the dean.

5.8.8. If a recommendation for dismissal/termination/non-renewal is confirmed, the resident or fellow is removed from the payroll effective the day of the dean's decision.

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Concern and Complaint (Grievance) Policy for Residents and Fellows

I. PURPOSE:

1.1. The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident or fellow grievances at the program and institutional level that minimizes conflicts of interest (ACGME Institutional Requirements IV.E.).

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

1.3. For purposes of this policy, a concern or complaint involves issues relating to personnel, patient care, and matters related to the program or hospital training environment, including professionalism and adherence to clinical and educational work (Work Hour) standards.

II. SCOPE:

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

2.2. All residency and fellowship programs must have a program-level Concern and Complaint (Grievance) Policy that aligns with this GMEC policy and is included in the program's policy manual.

2.3. Residents, fellows, and faculty agree to work in good faith to resolve any problems or issues that distract from optimal training.

III. POLICY:

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

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

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

3.4. A grievance is defined as a complaint that directly and adversely affects a residents' and fellows' education, training, or professional activities as a result of an arbitrary or capricious act, or failure to act, or a violation of School policy or procedure, by the School or anyone acting officially on behalf of the School.

3.5. Matters that are not grievable include probation and corrective actions, as detailed in the GME Adverse Academic Decisions and Due Process Policy, salary and benefits, and issues not relating to personnel, patient care, program or hospital training environment, including professionalism and adherence to clinical and educational work (work hour) standards.

3.6. If the complaint is to formally notify the institution of an incident involving harassment or discrimination, see the Morehouse School of Medicine Sex/Gender, Non-Discrimination, Anti-Harassment, and Retaliation Policy for procedures to be followed. The contact person for this policy is Marla Thompson, Title IX Coordinator for MSM, (404) 752-1871; mthompson@msm.edu.

IV. PROCEDURE:

4.1. **Reporting Structure** "chain of command" for resident and fellow concerns and complaints (grievances)

4.1.1. Step 1: Residents and fellows should first talk to program-level persons to resolve problems and concerns.

4.1.1.1. The program's chief resident(s) should be the first point of contact.

4.1.1.2. If the resident or fellow believes their concern is not adequately addressed or there is a conflict of interest, then the individual should discuss their concerns with the program director or associate program director.

4.1.2. Step 2: If the resident or fellow is not satisfied with the program-level resolution, the individual should discuss the matter with the department chair, service director, or chief of a specific hospital.

4.1.3. Step 3: If no solution is achieved, the resident or fellow may seek assistance from the Graduate Medical Education (GME) Designated Institutional Official (DIO), Dr. Chinedu Ivonye, at civonye@msm.edu.

4.2. **Other Grievance Resources and Options**

4.2.1. If for any reason the resident or fellow does not want to discuss concerns or complaints with the chief resident, program director, associate program director, department chair, service director or chief, or Designated Institutional Official (DIO), the following resources are available:

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

4.2.1.2. For problems involving interpersonal issues, the resident or fellow may be more comfortable discussing confidential informal issues apart and separate from the resident or fellow's parent department with the Resident Association president or president elect.

4.2.1.2.1. Any resident or fellow may directly raise a concern to the Resident Association Forum.

4.2.1.2.2. Resident Association Forums and meetings may be conducted without the DIO, faculty members, or other administrators present.

4.2.1.2.3. Residents and fellows have the option to present concerns that arise from discussions at Resident Association Forums to the DIO and GMEC.

4.2.2. Residents and fellows can provide anonymous feedback, concerns, and complaints by completing the GME Feedback Form at http://www.msm.edu/Education/GME/feedbackform.php.

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

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

4.2.3. MSM Office of Compliance and Corporate Integrity is at http://www.msm.edu/Administration/Compliance/index.php.

4.2.3.1. The MSM Compliance Hotline, 1 (855) 279-7520, is an anonymous and confidential mechanism for reporting unethical, noncompliant, and/or illegal activity.

4.2.3.2. Call the Compliance Hotline or email www.msm.ethicspoint.com to report any concern that could threaten or create a loss to the MSM community including:

4.2.3.2.1. Harassment—sexual, racial, disability, religious, retaliation

4.2.3.2.2. Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical, and waste management safety issues

4.2.3.2.3. Other reporting purposes:

4.2.3.2.3.1. Misuse of resources, time, or property assets

4.2.3.2.3.2. Accounting, audit, and internal control matters

4.2.3.2.3.3. Falsification of records

4.2.3.2.3.4. Theft, bribes, and kickbacks

4.3. Refer to the current version of the MSM GME Policy Manual for detailed information regarding the Adverse Academic Decisions and Due Process Policy for matters involving resident/fellow suspension, non-renewal, non-promotion, or dismissal.

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Disaster Preparedness Policy

I. PURPOSE:

1.1. The purpose of this policy is to provide guidelines for communication with and assignment/allocation of resident physician manpower in the event of disaster, and the policy and procedures for addressing administrative support for Morehouse School of Medicine (MSM) Graduate Medical Education (GME) programs and residents in the event of a disaster or interruption in normal patient care.

1.2. 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.

2.3. 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 (1) or more residency programs.

3.2. This policy and procedures document acknowledges that there are multiple strata or types of disaster:

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

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

3.2.3. Insidious disruption or disaster (e.g., avian flu)

3.3. This document addresses disaster or disruption in the broadest terms.

IV. DISASTER POLICIES AND PROCEDURES:

4.1. In accordance with ACGME, the Sponsoring Institution must maintain a policy consistent with ACGME policies and procedures that addresses administrative support for each of its ACGME-accredited programs and residents in the event of disaster or interruption of patient care.

4.2. Every effort will be taken to minimize the interruption in continuation of salary, benefits, and resident and fellow assignments.

4.3. A Resident's Duties in Disasters

4.3.1. 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.

4.3.2. In the immediate aftermath, the resident is expected to attend to personal and family safety and then render humanitarian assistance where possible.

4.3.3. 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.

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

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

4.3.4.2. 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.

4.4. Manpower/Resource Allocation during Disaster Response and Recovery

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

4.4.1.1. 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.

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

4.4.2. 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.

4.4.2.1. This shall supersede departmental team plans for manpower management.

4.4.2.2. 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.

4.4.3. The DIO and Associate Dean for Clinical Affairs will then communicate with the chief medical officers of affiliated institutions as necessary to provide updated information throughout the disaster recovery and response period.

4.4.4. 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.

4.5. Communication

4.5.1. 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 a minimum the resident's:

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

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

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

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

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

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

4.6.1. 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.

4.6.2. 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.

4.7. Payroll

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

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

4.8. Administrative Information Redundancy and Recovery

4.8.1. 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.

4.8.2. 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 New Innovations Residency Management Suite:

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

4.9. ACGME Disaster Policy and Procedures

4.9.1. 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.

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

4.9.2.1. Program directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

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

4.9.3. 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 exchanging resident email information on WebAds.

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

4.10. Communication with the ACGME

4.10.1. When a Sponsoring Institution or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.

4.10.2. 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.

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

- Program reconfigurations to the ACGME, or
- Residency transfer decisions.

4.10.4. 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.

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

4.10.5.1. The progress of patient care activities returning to normal status, and

4.10.5.2. The functional status of all training programs to fulfill their educational mission during a disaster and its recovery phase.

4.10.6. These individuals will work with the ACGME and the respective Residency Review Committee to determine if the impacted Sponsoring Institution and/or its programs:

4.10.6.1. Are able to maintain functionality and integrity,

4.10.6.2. Require a temporary transfer of residents to alternate training sites until the home program is reinstated, and

4.10.6.3. Require a permanent transfer of residents.

4.10.7. 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.

4.10.8. 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.

4.11. Closures and Reductions (Disaster and Non-disaster)

4.11.1. The GMEC has oversight of reductions in size or closure of the Sponsoring Institution and all residency and fellowship programs.

4.11.2. The Sponsoring Institution will inform the GMEC, DIO, and affected residents and fellows as soon as possible when it intends to reduce the size of or close one (1) or more ACGME-accredited programs, or when the Sponsoring Institution intends to close.

4.11.3. The Sponsoring Institution must allow residents and fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in another ACGME-accredited program in which they can continue their education.

4.12. Resident Transfer

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

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

4.12.1.2. Subject to authorization by an offering institution, the AGCME will post information from the form on its website.

4.12.1.3. 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 review applications expeditiously and make and communicate decisions as quickly as possible.

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

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

4.12.3. 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.

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Educational Program Requirements Policy

I. PURPOSE:

In compliance with ACGME Common Program Requirements Section IV., accredited programs are expected to define their specific program aims to be consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

II. SCOPE:

The curricula for all MSM GME programs must contain the following educational components:

2.1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; the program's aims must be made available to:

- Program applicants
- Residents and fellows
- Faculty members

2.2. Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed and made available to residents and fellows and faculty members to review.

2.3. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision

2.4. A broad range of structured didactic activities

2.5. Residents and fellows must be provided with protected time in which to participate in core didactic activities.

2.6. Advancement of residents' and fellows' knowledge of ethical principles foundational to medical professionalism

2.7. Advancement in the residents' and fellows' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care

III. ACGME Competencies:

3.1. The term resident refers to both specialty residents and subspecialty fellows. After the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms resident and fellow will be used respectively.

3.2. In compliance with ACGME Common Program Requirements IV.B.1, "The program(s) must integrate the following ACGME Competencies into the curriculum (Core):"

3.3. Professionalism

3.3.1. The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a culture of professionalism that supports patient safety and personal responsibility IR III.B.6.a)

3.3.2. The Sponsoring Institution, in partnership with the ACGME-accredited program(s), must educate residents, fellows, and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide care required by their patients IR III.B.6.b)

3.3.3. The Sponsoring Institution must ensure that its ACGME-accredited programs provide a professional, equitable, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents and fellows, other learners, faculty members, and staff members. (Core)

3.3.3.1. Residents must demonstrate a commitment to professionalism and an adherence to ethical principles (CPR IV.B.1.a)

3.3.3.2. Residents must demonstrate competence in:

3.3.3.2.1. Compassion, integrity, and respect for others;

3.3.3.2.2. Responsiveness to patient needs that supersedes self-interest;

3.3.3.2.3. Cultural humility

3.3.3.2.4. Respect for patient privacy and autonomy;

3.3.3.2.5. Accountability to patients, society, and the profession;

3.3.3.2.6. Respect and responsiveness to diverse patient populations, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;

3.3.3.2.7. Ability to recognize and develop a plan for one's own personal and professional well-being; and

3.3.3.2.8. Appropriately disclosing and addressing conflict or duality of interest.

3.4. Patient Care and Procedural Skills (IV.B.1.b)

3.4.1. Residents must be able to provide patient care that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health.

3.4.2. Residents must be able to perform all medical, diagnostic, and surgical

procedures considered essential for the area of practice.

3.5. Medical Knowledge (IV.B.1.c)

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care.

3.6. Practice-based Learning and Improvement (IV.B.1.d)

3.6.1. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

3.6.2. Residents must demonstrate competence in:

3.6.2.1. Identifying strengths, deficiencies, and limits in one's knowledge and expertise;

3.6.2.2. Setting learning and improvement goals;

3.6.2.3. Identifying and performing appropriate learning activities;

3.6.2.4. Systematically analyzing practice, using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement;

3.6.2.5. Incorporating feedback and formative evaluation feedback into daily practice;

3.6.2.6. Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and,

3.6.2.7. Using information technology to optimize learning.

3.7. Interpersonal and Communication Skills (IV.B.1.e)

3.7.1. Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

3.7.2. Residents must demonstrate competence in:

3.7.2.1. Communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

3.7.2.2. Communicating effectively with physicians, other health professionals, and health-related agencies;

3.7.2.3. Working effectively as a member or leader of a health care team or other professional group;

3.7.2.4. Educating patients, families, students, residents, and other health professionals;

3.7.2.5. Acting in a consultative role to other physicians and health professionals; and

3.7.2.6. Maintaining comprehensive, timely, and legible medical records, if applicable.

3.7.3. Residents must learn to communicate with patients and families to partner with them in order to assess their care goals, including, when appropriate, end-of-life goals.

3.8. Systems-based Practice (IV.B.1.f)

3.8.1. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

3.8.2. Residents must demonstrate competence in:

3.8.2.1. Working effectively in various health care delivery settings and systems relevant to their clinical specialty;

3.8.2.2. Coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty;

3.8.2.3. Advocating for quality patient care and optimal patient care systems;

3.8.2.4. Working in interprofessional teams to enhance patient safety and improve patient care quality;

3.8.2.5. Participating in identifying system errors and implementing potential systems solutions;

3.8.2.6. Incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; and

3.8.2.7. Understanding health care finances and the impact those finances have on individual patients' health decisions.

3.8.3. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

Refer to your program's ACGME specialty/subspecialty common program requirements for specific details on patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and systems-based practice.

IV. Curriculum Organization and Resident Experiences:

MSM GME programs must:

4.1. Ensure that the program curriculum is structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.

4.2. Provide instruction and experience in pain management, if applicable, for the specialty, including recognition of the signs of addiction.

V. Scholarship:

5.1. Program responsibilities include:

5.1.1. Demonstration of the evidence of scholarly activities consistent with its mission and aims;

5.1.2. Allocation of adequate resources, in partnership with its Sponsoring Institution, to facilitate resident and faculty involvement in scholarly activities;

5.1.3. Advancement of residents' knowledge and practice of the scholarly approach to evidence-based patient care.

5.2. Programs must demonstrate faculty scholarly activity accomplishments, for both core and non-core faculty, in at least three (3) of the following domains:

5.2.1. Research in basic science, education, translational science, patient care, or population health;

5.2.2. Peer-reviewed grants;

5.2.3. Quality improvement and/or patient safety initiatives;

5.2.4. Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports;

5.2.5. Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials;

5.2.6. Contribution to professional committees, educational organizations, or editorial boards; and

5.2.7. Innovations in education.

5.3. All MSM GME programs must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

5.3.1. Faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor

5.3.2. Peer-reviewed publication

5.4. **Resident and Fellow Scholarly Activity**—Residents and fellows must participate in scholarship activity.

5.5. The GME DIO and GMEC will provide oversight of programs' compliance with required educational components during the annual institutional and program review process and procedures.

VI. Documentation:

All MSM GME residency and fellowship programs are required to:

6.1. Track and document scholarly activity data annually, for residents, fellows, and all core and non-core faculty involved in teaching, advising, and supervising as part of the Annual Program Evaluation (APE) process; and

6.2. Document and implement program-level scholarly requirements and guidelines that are distributed and reviewed with the residents, fellows, and faculty members on an annual basis.

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Graduate Medical Education Committee (GMEC)
Policies, Procedures, Processes, and Program Templates

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-07
		EFFECTIVE DATE	07/01/2023
		PAGE(S)	04
	SUBJECT GRADUATE MEDICAL EDUCATION COMMITTEE PURPOSE AND STRUCTURE POLICY	SUPERSEDES	06/01/2014

Graduate Medical Education Committee Purpose and Structure Policy

I. PURPOSE:

The purpose of this policy is to establish the purpose and structure of the Morehouse School of Medicine (MSM) Graduate Medical Education Committee (GMEC) to comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, effective July 1, 2022.

II. GMEC MEMBERSHIP:

2.1. The GMEC is comprised of members representing all key areas of the institution:

- Associate dean and Designated Institutional Official (DIO) who is the chair of the GMEC;
- Program directors and program managers representing each residency and fellowship program;
- Three (3) resident representatives of the Resident Association (RA); peer selected
- A Grady/MSM Patient Safety/Quality Improvement Officer;
- GME director and office staff; and
- Representatives from the MSM Office of the President, Office of Medical Education, Office of Student Affairs, the Human Resources Department, Compliance, the library, Finance, Marketing and Communications, and Information Services and Technology.

2.2. Representatives from major affiliates (Grady, VAMC, and CHOA) are invited to attend at least one (1) GMEC meeting and the annual GMEC Retreat to share institutional and hospital information and updates.

2.3. The following voting members of the GMEC are designated one (1) vote for a total of 15 voting members:

- DIO/chair
- All program directors
- One (1) representative from the Resident Association
- One (1) PSQI officer
- One (1) representative from Human Resources
- One (1) representative from the Office of the President
- One (1) representative from Student Affairs
- One (1) program manager chair

2.4. MSM GMEC adheres to the ACGME institutional requirements for GMEC subcommittees (SC):

2.4.1. Each sub-committee that addresses required GMEC responsibilities must include a peer-selected resident or fellow.

2.4.2. The Resident Association fulfils this requirement for subcommittees with either RA leadership serving on subcommittees and/or resident leadership selecting other residents.

2.4.3. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

2.4.4. All GMEC members are required to participate on at least one (1) subcommittee as needed.

2.4.5. Each subcommittee has a chair who provides verbal and/or written information to the GMEC on behalf of the subcommittee.

2.5. The GMEC Subcommittee includes members from the following areas:

- Patient Safety/Quality Improvement
- Faculty Development
- Resident Wellness
- GME Office/GMEC Event and Activities
    - Chief Resident Leadership Academy
    - Graduation
    - Compact
    - Orientation
    - Research Day
    - Other

III. GMEC Meetings and Attendance:

3.1. The GMEC meets 11 months of each year.

3.1.1. No meeting is convened during the month of July.

3.1.2. GMEC meetings occur in-person, on the first Tuesday of the month from August through June, from 3:00 p.m. to 5:00 p.m.

3.1.3. Attendees at each meeting of the GMEC include at least one (1) resident or fellow member from the MSM Resident Association.

3.2. These meetings are designed to allow for the exchange of ideas, problem-solving, engagement among members, and updates on future planning initiatives. They are vital, and the expectation is that all members will be in attendance unless an emergency demands otherwise.

3.3. On behalf of the GMEC, the GME Office maintains meeting agendas and minutes that document execution of all required GMEC functions and responsibilities.

3.4. The GME Office is also responsible for planning and hosting the annual GMEC retreat.

IV. GMEC Responsibilities and Oversight:

4.1. The GMEC is charged with the following responsibilities and oversight:

4.1.1. ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs;

4.1.2. The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites;

4.1.3. The quality of educational experiences in each ACGME-accredited program that leads to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements and Common and Specialty

4.1.4. Subspecialty-specific Program Requirements;

4.1.5. The annual program evaluation and self-study of each ACGME-accredited program;

4.1.6. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution, and

4.1.7. The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

4.2. GMEC must review and approve the following items:

- Institutional GME policies and procedures
- Annual recommendations to the Sponsoring Institution's administration regarding resident and fellow stipends and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in the resident and fellow complement
- Major changes in the structure or duration of education for each of its ACGME-accredited programs
- Additions and deletions of participating sites for each of its ACGME-accredited programs
- Appointment of new program directors
- Progress reports requested by a review committee
- Responses to Clinical Learning Environment Review (CLER) reports
- Requests for exceptions to clinical and educational Work Hour requirements
- Voluntary withdrawal of ACGME program accreditation
- Requests for appeal of an adverse action by a review committee
- Appeal presentations to an ACGME appeals panel

4.3. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). See the GME/GMEC Annual Institution and Program Review Policy.

4.4. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:

4.4.1. The most recent ACGME institutional letter of notification;

4.4.2. Results of ACGME surveys of residents, fellows, and core faculty members; and

4.4.3. ACGME accreditation information for each of its ACGME-accredited programs, including accreditation statuses and citations.

4.5. The DIO must submit an annual written executive summary of the AIR to the Sponsoring Institution's governing body. The written executive summary must include:

4.5.1. Summary of institutional performance on indicators for the AIR and

4.5.2. Action plans and performance monitoring procedures resulting from the AIR.

4.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a special review process.

4.7. The special review process must include a protocol that:

4.7.1. Establishes criteria for identifying underperformance and

4.7.2. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

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Annual Institution and Program Review Policy

I. PURPOSE:

The purpose of this policy is to provide guidelines for the Accreditation Council of Graduate Medical Education (ACGME) Next Accreditation System (NAS) required Graduate Medical Education Committee (GMEC) oversight of institutional- and program-level annual review procedures and processes, effective July 1, 2022

II. SCOPE:

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

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

III. GLOSSARY OF ANNUAL REVIEW TERMS:

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

3.2. **Annual Institutional Review (AIR)**—ACGME-required process to review and assess performance indicators, quality improvement goals and metrics, monitoring procedures, and action plans.

3.3. **Annual Program Review (APR)**—GMEC- and GME-required process to ensure program maintenance of ACGME accreditation.

3.4. **Special Review (SR)**—ACGME process to identify and assist in the improvement of underperforming programs.

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

3.6. **Annual Program Evaluation (APE)**—Written documentation that through their PECs, programs are documenting formal, systematic, annual evaluation of the curriculum according to ACGME requirements.

IV. ANNUAL INSTITUTION AND PROGRAM REVIEW POLICIES AND PROCEDURES:

4.1. Responsibilities of the GMEC include effective oversight of the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs, through the following measures.

4.1.1. Annual Institutional Review (AIR)—Oversight of the Sponsoring Institution's accreditation is performed through the Annual Institutional Review (AIR) at a minimum:

4.1.1.1. Institutional Performance Indicators: the GMEC must identify institutional performance indicators for the AIR to include, at a minimum:

4.1.1.1.1. The most recent ACGME institutional letter of notification,

4.1.1.1.2. Results of ACGME surveys of residents, fellows, and core faculty members, and

4.1.1.1.3. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

4.1.1.2. Executive Summary: The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's governing body. The written executive summary must include:

4.1.1.2.1. A summary of the institutional performance on indicators for the AIR, and

4.1.1.2.2. Action plans and performance monitoring procedures resulting from the AIR.

4.1.2. Annual Program Review Process (APR)—Oversight of the residency programs' accreditation through an Annual Program Review Process (APR) will include review of:

4.1.2.1. The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites,

4.1.2.2. The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and Specialty/Subspecialty-Specific Program Requirements, and

4.1.2.3. The programs' annual evaluation and improvement activities and self-study/studies.

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

4.1.4. ACGME Annual Accreditation Data System (ADS)—Programs must track and monitor required data and information to accurately complete the ACGME Annual Accreditation Data System (ADS) update, including:

4.1.4.1. Changes in program and participating sites,

4.1.4.2. Progress of addressing any citations,

4.1.4.3. Educational environment: curriculum, clinical work hours, supervision, etc.,

4.1.4.4. Faculty and resident scholarly activity,

4.1.4.5. Faculty development activities, and

4.1.4.6. Resident and faculty participation in Patient Safety and Quality Improvement activities.

4.1.5. Other Annual Reviews—Programs must annually review and monitor their compliance with the following program performance indicators:

4.1.5.1. ACGME resident and faculty survey results,

4.1.5.2. Program Board pass rates,

4.1.5.3. Semi-annual resident evaluation—Milestone-based evaluation reporting, and

4.1.5.4. Clinical experience—case/patient/procedure logs.

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

4.2.1. The annual program scorecards create the Institutional Dashboard for monitoring programs' compliance with APR requirements.

4.2.2. Oversight of underperforming programs is performed through a Special Review process.

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

4.3.1. Program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, Probation, and adverse accreditation statuses as described by ACGME policies,

4.3.2. ACGME letters of warning, concern, complaint, and/or focused or full site visit announcements,

4.3.3. Underperformance in five (5) or more of the Annual GME Program Scorecard Metrics, including the following ACGME program performance indicators:

4.3.3.1. Annual ADS updates

4.3.3.2. APE Report

4.3.3.3. GMEC/GME program compliance

4.3.3.4. Citations/progress reports

4.3.3.5. Match fill rate

4.3.3.6. Program policies

4.3.3.7. ITE results

4.3.3.8. Resident PSQI involvement

4.3.3.9. Faculty PSQI involvement

4.3.3.10. Resident scholarly activities

4.3.3.11. Faculty scholarly activities

4.3.3.12. Case/procedure/patient logs

4.3.3.13. Semi-annual resident evaluation

4.3.3.14. Faculty evaluation of residents

4.3.3.15. Duty Hour monitoring and oversight

4.3.3.16. Milestone data/reporting

4.3.3.17. Faculty development

4.3.4. Failure to comply with ACGME Common and Specialty Specific program requirements not stated or listed in this policy, and

4.3.5. Noncompliance with ACGME Resident Survey in two (2) or more of the seven (7) content areas below the compliance rate:

4.3.5.1. Work hours

4.3.5.2. Faculty

4.3.5.3. Evaluation

4.3.5.4. Educational content

4.3.5.5. Resources

4.3.5.6. Patient safety/teamwork

4.3.5.7. Overall evaluation of program

4.3.6. I.B.4.b).(11) requests for exceptions to clinical and educational Work Hour requirements;

4.3.7. I.B.4.b).(12) voluntary withdrawal of ACGME program accreditation or recognition;

4.3.8. I.B.4.b).(13) requests for appeal of an adverse action by a Review Committee;

4.3.9. I.B.4.b).(14) appeal presentations to an ACGME Appeals Panel; and,

4.3.10. I.B.4.b).(15) exceptionally qualified candidates for resident or fellow appointments who do not satisfy the Sponsoring Institution's resident or fellow eligibility policy and/or the resident or fellow eligibility requirements in the Common Program Requirements

4.4. Oversight of underperforming programs is performed through a Special Review process.

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

4.4.1.1. ACGME letters of warning, concern, complaint, and/or focused or full site visit announcements

4.4.1.2. Underperformance in five (5) or more of the 18 Annual GME Program Scorecard Metrics, including the ACGME program performance indicators:

- Annual ADS updates
- APE Report
- GMEC/GME program compliance
- Accreditation status
- Citations/progress reports
- Match fill rate
- Program policies
- ITE results
- Resident PSQI involvement
- Faculty PSQI involvement
- Resident scholarly activities
- Faculty scholarly activities
- Case/procedure/patient logs
- Semi-annual resident evaluation
- Faculty evaluation of residents
- Work hour monitoring and oversight
- Milestone data/reporting
- Faculty development

4.4.1.3. Failure to comply with ACGME Common and Specialty Specific program requirements not stated/listed in this policy

4.4.1.4. Noncompliance with Specialty Board pass rates

4.4.1.5. Noncompliance with ACGME Resident Survey in two (2) or more of the seven (7) content areas below the compliance rate:

- Work hours
- Faculty
- Evaluation
- Educational content
- Resources
- Patient safety/teamwork
- Overall evaluation of program

4.4.2. Special Review Protocol

4.4.2.1. The GME Office will schedule a special review of a program.

4.4.2.2. Separate meetings with program stakeholders will include:

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

4.4.2.3. The number of faculty and residents that need to attend will be determined by the GME Office based on the size of the program.

4.4.2.4. Members of the special review committee will include the MSM dean (as necessary), Designated Institutional Official, Director of GME, a program director and program manager from another program, and a member of the Resident Association who is not in the program being reviewed.

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

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

V. <u>Special Review Report, Institutional Decisions, and GMEC Monitoring:</u>

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

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

5.3. Period of time for Special Review status

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

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

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

5.3.4. The dean, DIO, and chair will meet to discuss the GMEC recommendations.

5.3.5. At the discretion of the DIO, programs may be added from the Special Review Process queue.

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Evaluation of Residents, Fellows, Faculty, and Programs Policy

I. PURPOSE:

1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory under the heading, "Essentials of Accredited Residencies in Graduate Medical Education" (AMA, current edition).

1.2. This policy also ensures that MSM GME residents, fellows, faculty, and training programs are evaluated as required in the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common, and Specialty/Subspecialty-Specific Program Requirements.

II. SCOPE:

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

2.2. Each MSM residency and fellowship program must:

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

2.2.2. Employ the MedHub database system for all required evaluation components.

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

III. FACULTY EVALUATION AND FEEDBACK OF RESIDENTS AND FELLOWS:

3.1. Faculty members must directly observe, evaluate, and provide frequent feedback on residents' and fellows' performance during each rotation or similar educational assignment.

3.2. Evaluation must be documented at the completion of the assignment.

3.2.1. For block rotations of more than three (3) months in duration, evaluation must be documented at least every three (3) months.

3.2.2. Continuity clinic and other longitudinal experiences, in the context of other clinical responsibilities, must be evaluated at least every three (3) months and at the completion of the experience.

3.3. Clinical Competency Committee (CCC)

3.3.1. A Clinical Competency Committee must be appointed by the program director.

3.3.2. At a minimum, the Clinical Competency Committee must include three (3) members of the program faculty, at least one (1) of whom is a core faculty member.

3.3.3. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents or fellows.

3.3.4. The Clinical Competency Committee must:

3.3.4.1. Review all residents and fellows evaluations at least semi-annually;

3.3.4.2. Determine each residents' and fellows' progress on achievement of the specialty-specific Milestones; and

3.3.4.3. Meet prior to the residents' and fellows' semi-annual evaluations and advise the program director regarding each resident/fellow's progress.

IV. RESIDENT/FELLOW ASSESSMENT AND EVALUATION:

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

4.2. A primary activity within a residency/fellowship program is to identify deficiencies in a resident or fellow's academic performance.

4.2.1. The purpose of this requirement is to provide the resident or fellow with notice of deficiencies and the opportunity to cure.

4.2.2. This requires ongoing monitoring for early detection, before serious problems arise.

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

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

4.5. The resident or fellow must have the opportunity to review evaluations with supervisors and to attach a written response, preferably in the form of reflection and planning for improvement.

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

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

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

4.7. In addition to the global assessment evaluation by faculty members, multisource methods and evaluators will be used to provide an overall assessment of the resident or fellow's competence and professionalism.

4.8. The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones.

4.8.1. This performance evaluation must use multiple methods and evaluators including:

- Narrative evaluations by faculty members and non-faculty evaluators
- Evaluations from other professional staff members
- Clinical competency examinations
- In-service examinations
- Oral examinations
- Medical record reviews
- Peer evaluations
- Resident self-assessments
- Patient satisfaction surveys
- Direct observation evaluation

4.8.2. This information must be provided to the CCC for its synthesis of progressive resident and fellow performance and improvement toward unsupervised practice data.

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

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

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

4.12. Semi-Annual Evaluation

4.12.1. At least twice in each Post-Graduate Year, the residency/fellowship director, or their designee, with input from the Clinical Competency Committee, must:

4.12.1.1. Meet with each resident and fellow to review his or her documented semi-annual evaluation of performance.

4.12.1.1.1. This must include progress along the specialty-specific Milestones.

4.12.1.1.2. The resident or fellow must be provided a copy of the evaluation.

4.12.1.2. Assist residents and fellows in developing individualized learning plans to capitalize on their strengths and to identify areas for growth; and

4.12.1.3. Develop plans for residents and fellows failing to progress, following institutional policies and procedures.

4.13. Resident and Fellow Progression Evaluation

4.13.1. At least annually, each resident and fellow must be given a summative evaluation that includes her or his readiness to progress to the next year of the program.

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

4.14. Final Evaluation

4.14.1. At the end of a residency or fellowship, upon completion of the program, the program director must provide a final evaluation for each resident and fellow.

4.14.2. Specialty-specific Milestones, and, when applicable, the specialty-specific case logs, must be used as tools to ensure that residents and fellows are able to engage in autonomous practice upon completion of the program.

4.14.3. The final evaluation must:

4.14.3.1. Become part of the resident or fellow's permanent record maintained by the program with oversight of the Institution, and must be accessible for review by the resident or fellow in accordance with institutional policy;

4.14.3.2. Verify that the resident or fellow has demonstrated the knowledge, skills,and behaviors necessary to enter autonomous practice;

4.14.3.3. Consider recommendations from the CCC; and

4.14.3.4. Be shared with the resident or fellow upon completion of the program.

V. FACULTY EVALUATION:

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

5.2. The program director must establish and use a process to evaluate each faculty member's performance as it relates to the educational program.

5.2.1. This evaluation must occur at least annually.

5.2.2. The evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.

5.2.3. This evaluation must include written, anonymous, and confidential evaluations by the residents and fellows.

5.3. These faculty evaluations must be aggregated, made anonymous, and provided to faculty members annually in a summary report.

5.3.1. This summary may be released as necessary, with program director review and approval, in instances where evaluations are required for faculty promotions.

5.3.2. Programs must not allow faculty members to view individual evaluations by residents or fellows.

5.4. In order to maintain confidentiality of faculty performance evaluations, small programs with four (4) or fewer residents and fellows may use the following modification of evaluation submissions:

5.4.1. Generalized and grouped residents' and fellows' comments to avoid identifying specific resident or fellow feedback and

5.4.2. Aggregate faculty performance evaluations across multiple academic years.

5.5. Program directors must maintain continuous and ongoing monitoring of faculty performance. This may include:

5.5.1. Automated alerts regarding low evaluation scores on end-of-rotation evaluations by residents,

5.5.2. Regular surveillance of end-of-rotation evaluations, and

5.5.3. Regular verbal communication with residents regarding their experiences.

5.6. The program director should notify the appropriate department chair(s) when a faculty member receives unsatisfactory evaluation scores.

5.7. Faculty performance must be reviewed and discussed during the annual faculty evaluation review process conducted by the chair or division.

5.8. Faculty members must receive feedback on their evaluations at least annually.

5.9. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

VI. PROGRAM EVALUATION AND IMPROVEMENT:

6.1. Program directors must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.

6.2. The PEC must be composed of at least two (2) faculty members, at least one (1) of whom is a core faculty member, and should include at least one (1) resident or fellow.

6.3. PEC responsibilities must include:

6.3.1. Advising the program director, through program oversight;

6.3.2. Reviewing the program's self-determined goals and its progress toward meeting them;

6.3.3. Guiding ongoing program improvement, including development of new goals, based on outcomes; and

6.3.4. Reviewing the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

6.4. The PEC should consider the following elements in its assessment of the program:

6.4.1. Curriculum

6.4.2. Outcomes from prior APEs

6.4.3. ACGME LONs including citations, areas for improvement, and comments

6.4.4. Quality and safety of patient care

6.4.5. Aggregate resident and faculty:

- Well-being
- Recruitment and retention
- Workforce diversity
- Engagement in PSQI
- Scholarly activity
- ACGME Resident and Faculty Surveys
- Written evaluations of the program (annual GME survey)

6.4.6. Aggregate resident:

- Achievement of the Milestones
- In-training examinations
- Board pass and certification rates
- Graduate performance

6.4.7. Aggregate faculty:

- Evaluation
- Professional development

6.5. The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must be:

6.5.1. Distributed to and discussed with the members of the teaching faculty and the residents and fellows; and

6.5.2. Submitted to the DIO.

6.6. The program must complete a self-study prior to its 10-year accreditation site visit, a summary of which must be submitted to the DIO.

VII. ACGME BOARD PASS RATE REQUIREMENTS:

7.1. These requirements fulfill compliance with Section V.C.3.a-f. of the common program requirements.

7.2. The program director will encourage all eligible program graduates to take the certifying examination offered by the applicable member board of the American Board of Medical Specialties (ABMS) or the certifying board of the American Osteopathic Association (AOA).

7.3. Specialties Pass Rates

7.3.1. For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three (3) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

7.3.2. For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six (6) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

7.3.3. For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three (3) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

7.3.4. For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six (6) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

7.3.5. For each of the exams referenced above, any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty.

7.4. Programs must report board certification status in ADS annually for the cohort of board-eligible residents that graduated seven (7) years earlier.

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International Elective Rotations Policy and Application

I. PURPOSE:

1.1. The purpose of this policy is to provide guidelines and requirements for residents and fellows interested in international health rotations.

1.2. International elective rotations are defined as educational health experiences that occur outside the United States and which are not required by the Accreditation Council for Graduate Medical Education (ACGME) program requirements.

1.2.1. Residents and fellows are employees of Morehouse School of School of Medicine (MSM), and are governed by MSM policies, procedures, and regulations.

1.2.2. Educational rationale must be clearly demonstrable (goals and objectives, competencies, mentorship/preceptorship, outcome evaluation) and consistent with Residency Review Committee program requirements.

1.2.3. There must be a reasonable expectation of safety.

1.2.4. The Institution and its GMEC support trainees interested in international health experiences.

1.2.5. An international rotation will be counted as an elective rotation according to ACGME Residency Review Committee guidelines for elective experiences.

1.2.6. International tracks and rotations will not interfere with ACGME requirements for categorical or combined residency training programs.

II. SCOPE:

All Morehouse School of Medicine 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.

III. POLICY:

3.1. International elective rotations must align with and support the vision and mission of Morehouse School of Medicine.

3.2. International elective rotations must be approved by the program director (PD) and designated institutional official (DIO). MSM residency and fellowship program directors must notify the GME Office of residents and fellows requesting an international educational experience using the GME International Elective Rotations Request Form and application.

3.3. International educational experiences shall not interfere with the resident or fellow's ability to meet the ACGME Specialty-specific or applicable Board Certification eligibility requirements.

3.4. The international elective rotation must be in compliance with all ACGME Common Program and Specialty-Specific Requirements.

3.5. A resident or fellow completing an international rotation may not adversely affect the education of another MSM resident or fellow.

IV. PROCEDURES AND ELIGIBILITY REQUIREMENTS:

4.1. There must be a fully executed Program Letter of Agreement with rotation-specific, competency-based goals and objectives in place at least six (6) months prior to the start date of the international rotation.

4.2. Written contact information for the international rotation site director and/or supervising physician must be provided with a signed attestation that:

4.2.1. The resident will be supervised according to ACGME requirements.

4.2.2. The supervisor has appropriate academic credentials or their equivalent as determined by the program director and DIO.

4.2.3. The resident will have reliable means of contact/communication.

4.3. The program must provide proof of funding for the resident or fellow's stipend and benefits for the international rotation.

4.3.1. Morehouse School of Medicine does not provide medical professional liability coverage outside of the United States.

4.3.2. The resident or fellow must provide proof of malpractice coverage for international work for the duration of the international elective rotation.

4.4. The resident or fellow's schedule must be approved by the program director and/or chief resident.

4.5. The resident or fellow may purchase supplemental medical travel and medical evacuation insurance additional to that provided by MSM.

4.6. Morehouse School of Medicine is not responsible for travel, living, and extra insurance expenses during the resident or fellow's international elective rotation.

4.7. A resident or fellow on a J-1 visa must receive clearance from the training program liaison in Human Resources prior to starting the application process for an international elective rotation.

4.8. The resident or fellow must meet the following international elective rotation requirement. The resident or fellow must:

4.8.1. Be in good standing with the program (no remediation or borderline performance, no outstanding medical records, etc.).

4.8.2. Be in training beyond the first year or before the last month of training.

4.8.3. Make all necessary travel arrangements and provide the final itinerary to the program and the GME office.

4.8.4. Obtain medical clearance and the appropriate immunization and/or prophylaxis as recommended by the CDC.

4.8.5. Sign the waiver holding MSM harmless for travel-related injury or harm.

4.8.6. Remain under the direct or indirect supervision of the site director and/or supervising Attending at all times.

4.8.7. Address medical liability adequately and obtain approvals from the Office of General Counsel.

V. APPROVAL PROCESS:

5.1. The resident or fellow must discuss the rotation with and obtain approval from the program director.

5.2. After obtaining approval from the program director, the resident or fellow and program director must complete the GME International Elective Rotations Request Form and application and submit to the GME Office no later than six (6) months prior to the start of the rotation.

5.3. The GME Office will review the submission and the DIO will determine if the rotation is granted final approval.

VI. INTERNATIONAL ELECTIVE ROTATION CHECKLIST

- ❒ Completed and signed application
- ❒ Submitted copy of Malpractice Insurance Policy
- ❒ Obtained approval from the Office of General Counsel
- ❒ Obtained approval from the Human Resources Office
- ❒ Submitted the completed and signed *Morehouse School of Medicine International Rotation Release*
- ❒ Submitted the signed program letter of agreement

For questions regarding international resident or fellow rotations, contact Jason Griggs, Director at (404) 752-1011; jgriggs@msm.edu.

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International Elective Rotations Release, Covenant Not to Sue and Waiver

Morehouse School of Medicine, a private, non-profit, educational organization, which operates a medical school located at 720 Westview Dr SW, Atlanta, GA 30310 (hereinafter referred to as "MSM"), has been advised that you have volunteered to further your medical training and experience by traveling to and spending time in a foreign country, specifically at

_____, a medical school located at_____ (hereinafter the "Foreign Training Program") beginning _____ and ending _____.

Read the following Release, Covenant Not to Sue, and Waiver ("Release") carefully, and when you have thoroughly read and agreed to its contents, sign where indicated below.

I understand and acknowledge that, while I have chosen to gain exposure to medicine in an international setting, an international training experience is not a requirement in my MSM residency program, nor does my MSM residency program require me to travel to

_____, nor does it require me to obtain experience in_____. I understand that I would be able to fulfill my residency requirements successfully and completely without participating in the Foreign Training Program. I acknowledge that my participation in the Foreign Training Program is elected solely by me.

I further understand that there are significant inherent risks involved with study, research, work, training, and living abroad, and I acknowledge and voluntarily accept all of these risks.These risks include, but are not limited to actual travel to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; foreign medical conditions; and foreign weather conditions. These risks also include the risk of criminal activity, violence, sexual battery, and terrorist activity.

I specifically acknowledge and I will abide by any warnings, travel alerts, and orders to evacuate that the United States Department of State has issued or may in the future issue to United States citizens traveling to the foreign location(s) where I have chosen to travel. I further agree to obtain medical advice about and receive current immunizations that are recommended by the United States Department of State and the Centers for Disease Control and Prevention for United States citizens traveling to the foreign location(s) where I have chosen to travel.

I understand that the MSM does NOT provide professional liability insurance coverage whileI participate in the Foreign Training Program. I agree to notify the program of this fact and understand that it is my responsibility to obtain such coverage if it is required.

I agree to indemnify and hold harmless Morehouse School of Medicine and its respective Trustees, medical staff, officers, employees, agents, and instrumentalities (the "Indemnified Parties") from any and all liability, losses, or damages, including attorneys' fees and costs of defense, which the Indemnified Parties may incur as a result of claims, demands, suits, causes

of actions or proceedings of any kind or nature arising out of, relating to, or resulting from my participation in the Foreign Training Program.

It shall be my obligation to obtain additional health insurance coverage during the term of my international residency. This insurance will be for the purpose of securing health care services in the international location of the international residency rotation. I understand that the current MSM health insurance provider does not provide regular insurance coverage outside the territorial United States. I further understand that if I currently have MSM family coverage, I will be responsible for all requisite payments to maintain the dependent coverage. Additionally, I agree to purchase and provide proof of Medical Repatriation insurance coverage which includes provisions for emergency medical evacuation to the United States. Proof of coverage will be submitted to the program director.

I understand that any and all travel expenses, fees, and costs shall be my financial responsibility, even if my rotation at the Foreign Training Program is cancelled or terminated for any reason.

I understand that either the MSM or the Foreign Training Program may unilaterally terminate my participation in the Foreign Training Program if it is determined that I have failed to abide by the terms of this Release, applicable policies, procedures, rules, regulations, or the instructions of any supervising clinician or I have, in any manner whatsoever, compromised patient care or endangered the safety of a patient. In the event of such termination, I may be required to immediately return to the MSM, and any costs for travel and any other costs associated with the termination will be my financial responsibility.

It shall be my responsibility to take into account travel time to and from the location of the Foreign Training Program and to make sure that it does not affect my clinical or other responsibilities at the MSM.

As part of the consideration for the MSM allowing me to participate in the Foreign Training Program, I hereby release, covenant not to sue, and forever discharge the MSM, Fulton County, a political subdivision of the State of Georgia, their past, present, or future commissioners, trustees, employees, agents, officers, servants, successors, heirs, executors,administrators, and all other persons, firms, corporations, associations, or partnerships of and from any and all claims, actions, causes or action, demands, rights, damages, costs, attorneys' fees, loss of service, expenses and compensation whatsoever, which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen events or circumstances during the course of my participation in the ForeignTraining Program and/or any travel incident thereto.

I further expressly agree that the terms of this Release shall be legally binding upon me, my heirs, executors and assigns, and all members of my family.

I expressly agree that this release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to its conflict of laws principles. I further consent, stipulate, and agree that the exclusive venue of any lawsuit and any other legal proceeding arising from or relating to this Release or my participation in or travel to the ForeignTraining Program shall be in a state or federal court located in Fulton County, Georgia, UnitedStates.

In the event that any clause or provision of this Release is held to be invalid by any court, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I further declare and represent that no promise, inducement, or agreement not herein expressed has been made to me, and that this Release contains the entire agreement between the MSM and me regarding my participation in the Foreign Training Program and/orany travel incident thereto, and that the terms of this Release are contractual and not a mere recital.

In signing this Release, I hereby acknowledge that I have carefully read this entire document,that I understand and agree to comply with its terms, and that I have signed it voluntarily.

_____
Signature

_____
Printed Name

_____
Date

_____
Notary Seal

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GRADUATE MEDICAL EDUCATION

Application for International Elective Rotations

The completed application and all required documentation must be completed and submitted no later than six (6) months prior to the start of the rotation. Submit via Postal Service mail to Jason Griggs, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310, or via email to jgriggs@msm.edu. Direct questions to the GME Office at (404) 752-1011.

REQUIREDSUPPORTING DOCUMENTATION/ATTACHMENTS

The following items are required to complete your application for an international elective rotation at Morehouse School of Medicine.

- ❒ Completed and signed application
- ❒ Program Letter of Agreement (PLA) with Rotation Competency-based Goals and Objectives
- ❒ Resident Application for Outside (External) Elective Rotations
- ❒ Curriculum Vitae
- ❒ Copy of Malpractice Insurance Policy
- ❒ Completed and signed *Morehouse School of Medicine International Rotations Release*
- ❒ Signed medical clearance

The resident or fellow applying for an international elective rotation must meet the following international elective rotation requirements:

- Be in good standing with the program (no remediation or borderline performance, nooutstanding medical records, etc.).
- Be in training beyond the first year and prior to the last month of training.
- Make all necessary travel arrangements and provide the final itinerary to the programand the GME office.
- Obtain medical clearance and the appropriate immunization and/or prophylaxis as recommended by the CDC.
- Sign the waiver holding MSM harmless for travel-related injury or harm.
- Remain under the direct or indirect supervision of the site director and/or supervising Attending at all times.
- Address medical liability adequately and obtain approvals from the Office of General Counsel.

Application for International Elective Rotations

The completed Application for International Elective Rotations must be submitted with all required documentation at least six (6) months in advance of the anticipated rotation start datefor processing.

RESIDENT/FELLOW INFORMATION

First Name: _____ Last Name: _____

Program Name: _____ PGY Level: _____

Passport #: _____ Date of Birth: _____

Date of Application: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Morehouse School of Medicine to contact the following person. List at least one (1) family member who is reachable during the time you are traveling.

Contact Name: _____

Address: _____

Relationship to Resident/Fellow: _____

Home Phone:_____ Cell Phone: _____

Email Address: _____

Contact Name: _____

Address: _____

Relationship to Resident/Fellow: _____

Home Phone:_____ Cell Phone: _____

Email Address: _____

ROTATION INFORMATION

Rotation Dates: _____ Name of Rotation: _____

Country of Rotation: _____ Training Site Name: _____

Supervising Faculty Name: _____

Is this elective rotation available at Morehouse School of Medicine or its affiliated institutions?
Yes ❒ No ❒

SITE DESCRIPTION

Type of Center (Governmental, non-governmental, private)

Demonstration of the requirement that the center has an established ongoing relationship with the program. Does the site have residents rotating from other United States institutions? If yes, list examples.
Yes ❒ No ❒

Describe the general patient population.

Describe the burden of disease.

Describe the anticipated work hours.

List educational resources available, including reliable access to web-based educational materials.

Identify reliable forms of communication (phone, email, fax, internet) between the rotation site and the training program.

ROTATION DESCRIPTION

Explain how the proposed rotation will provide experience not available at Morehouse School of Medicine or its current affiliate sites.

Provide verification that the rotation is an elective as described in the Residency Review Committee program requirements.

Describe the physical environment for the rotation including housing, transportation, communication,safety, and language.

_____

_____

_____

APPLICANT ATTESTATION

By applying for an international elective rotation, I acknowledge that I am responsible to:

- Make all travel arrangements and provide the program and the GME Office a copy of the final itinerary.
- Obtain medical clearance and appropriate immunization and/or prophylaxis as recommended by the CDC.
- Sign a waiver holding MSM harmless for travel related injury or harm.
- Obtain professional medical liability insurance adequate for and approved by Morehouse School of Medicine's Office of General Counsel.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL

I confirm that the resident or fellow applicant is in good standing and I am aware of the request to be away from residency/fellowship duties for the dates stated. I approve the rotation of the above-named resident or fellow specified. I confirm that the resident or fellow's completion of this international elective rotation will not adversely affect the educational experience of any Morehouse School of Medicine resident or fellow.

Program Director Signature: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE HUMAN RESOURCES APPROVAL

Human Resources Signature of Approval: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE GENERAL COUNSEL APPROVAL

General Counsel Signature of Approval: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL

Application Received: _____ Date: _____

DIO Signature of Approval: _____

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Moonlighting Policy

I. PURPOSE:

The purpose of this moonlighting policy is to ensure that MSM GME programs comply with ACGME requirements.

II. ACGME DEFINITIONS:

2.1. **Moonlighting**: Voluntary, compensated, medically-related work performed beyond a resident or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

2.2. **External Moonlighting**: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and at any of its related participating sites.

2.3. **Internal Moonlighting**: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

III. POLICY:

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

3.1. PGY-1 residents are not permitted to moonlight.

3.2. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident or fellow's fitness for work nor compromise patient safety.

3.3. Moonlighting must be approved in writing by the program director and designated institutional official (DIO).

3.4. Time spent by the resident or fellow in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly hour limit.

3.5. Each resident or fellow requesting entry into such activities shall have a State of Georgia physician's license.

3.6. Residents and fellows must complete the Moonlighting Request Form and sign the Professional Liability Coverage statement available from the GME office. Examples of these follow this policy.

3.7. Professional liability coverage provided by MSM does not cover any clinical activities not assigned to the resident or fellow by the residency/fellowship program.

3.8. Moonlighting activities shall not be credited as being part of the program structure or curriculum.

3.9. MSM shall not be responsible for these extracurricular activities. The resident or fellow must secure liability coverage for these outside activities from the respective institutions or through his or her own resources.

IV. MOONLIGHTING CRITERIA:

4.1. Resident or fellow must be a PGY-2 or higher; PGY-1 residents may not moonlight.

4.2. J-1 visa sponsored residents may not moonlight.

4.3. A full Georgia Physician's license is required to moonlight.

4.4. The resident or fellow must have a good standing status in the program.

4.5. The resident or fellow must log all internal and external moonlighting hours which count toward the ACGME work hours.

4.6. Moonlighting must occur within the state of Georgia.

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Moonlighting Request Form

To be completed by the resident or fellow:

Program Name: _____ Academic Year: _____

Resident/Fellow Name: _____ PGY Level: _____

Georgia Medical License #: _____ Expiration Date: _____

Name of Malpractice Carrier: _____ Malpractice policy #: _____

Name of Moonlighting Site/Organization: _____

Address: _____ City: _____ Zip Code: _____

Moonlighting Supervisor Name: _____ Phone number:_____

Date Moonlighting Starts: _____ Date Moonlighting Ends: _____

Moonlighting Activities:

_____

_____

_____

Maximum hours per week: _____ Number of weeks: _____

Check One:

- ❒ External moonlighting: Voluntary, compensated, medically-related work performed outside the site of your training and any of its related participating sites.
- ❒ Internal moonlighting: Voluntary, compensated, medically-related work performed within the site of your training or at any of its related participating sites.

Resident/Fellow Acknowledgement of Moonlighting Policy and Procedures

I _____ attest that I meet and will comply with the moonlighting criteria. I understand that moonlighting activities are not credited toward my current training program requirements. I understand that I cannot moonlight during regular program Work Hours. I agree to submit another moonlighting approval form if there are any changes in location, activity, hours, supervisor, etc.

I understand that violation of the GME moonlighting policy is a breach of the Resident/Fellow Appointment Agreement and may lead to corrective action. I attest that the moonlighting activity is outside of the course and scope of my approved training program.

I understand that Morehouse School of Medicine assumes no responsibility for my actions as relate to this activity. I will also inform the organization that is employing me and will make no representation which might lead that organization or its patients to believe otherwise. While employed in this activity, I will not use or wear any items which identify me as affiliated with Morehouse School of Medicine, nor will I permit the moonlighting organization to represent me as such.

I give my program director permission to contact this moonlighting employer to obtain moonlighting hours for auditing purposes.

I am not paid by the military or on a J-1 visa.

By signing below, I attest and agree to all the above statements:

Resident/Fellow Signature: _____ Date: _____

To be completed by the Program Director:

I attest that the resident or fellow is in good standing and meets all the moonlighting criteria. Moonlighting time does not conflict with the training program schedule. Moonlighting duties/procedures are outside the course and scope of the training program. I agree to monitor this resident for Work Hour compliance and the effect of this moonlighting activity on overall performance. My approval will be withdrawn if adverse effects are noted.

Approved ❒ Not Approved ❒

Program Director Signature: _____ Date: _____

Associate Dean and Designated Institutional Official (DIO) or Designee:

Approved ❒ Not Approved ❒

Program Director Signature: _____ Date: _____
Chinedu Ivonye, MD

Professional Liability Coverage—Moonlighting Request

This letter shall be completed upon appointment to an 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 ❑

Signature: _____ Date: _____

Social Security Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Return Signed Original to Office of Graduate Medical Education.

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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 residents exposure to common medical problems of hospitalized patients and allows residents to develop discharge care plans. Additionally, residents encounter uncommon medical conditions and have the opportunity to interact with subspecialists while managing patients with complex conditions.

2.2. Night float is designed to give PGY-1 residents more experience in initial evaluation and management of patients as well as experience in managing patients overnight in the hospital. There is a strong focus on effective hand-offs, teamwork, and shared responsibility for patient care.

2.3. In addition, there is increased autonomy for PGY-2 and PGY-3 learners, and therefore a need for the refinement of skills in practice-based learning and improvement.

III. SCOPE:

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

IV. POLICY:

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

4.2. Night float must be an educational experience for all residents. It must have its own competency-based curriculum and evaluation system.

4.3. A sample night float curriculum is included at the end of this policy.

V. HOW LEARNING OBJECTIVES ARE MET:

Learning objectives are met by including the following elements:

5.1. Direct patient care on the inpatient wards, both admitting to and covering medicine teams at night

5.2. Interaction with consultants and support staff

5.3. Participation in morning report

5.4. Participation in daily night float rounds, typically at the bedside with the accepting Attending physician and team

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

5.6. Interaction with the interdisciplinary health care team

5.7. Chart stimulated recall exercise (at least one per night float rotation)

VI. REQUIRED READING/RESOURCES:

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

6.2. In addition, it is expected that residents read articles that are relevant to the patients they see, including articles generated through literature searches and distributed at morning report or at rounds.

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

VII. EVALUATION:

7.1. Supervising Attendings will evaluate residents.

7.1.1. These evaluations must be discussed in person with the residents.

7.1.2. There should be regular informative feedback from supervising Attendings regarding performance.

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

7.3. Resident peers (interns and residents) shall evaluate each other using the resident peer evaluation.

Sample Night Float Curriculum

Learning Objectives
At the end of the rotation, residents will be expected to become more proficient in:

Patient Care:

- **History taking**: Residents at all levels of training will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion.
    - History taking will be hypothesis-driven.
    - Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient.
    - The resident or fellow will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
- **Physical Examination**: Residents at all levels of training will perform a comprehensive physical exam, describing the physiological and anatomical basis for normal and abnormal findings.
- **Charting**: Residents at all levels of training will record data in a legible, thorough,systematic manner. Upper-level residents will communicate clinical information in succinct resident admit notes, focusing on the communication of assessment and plan, and the thought process behind both.

Procedures:

- PGY-1 residents will demonstrate knowledge of:
    - Procedural indications
    - Contraindications
    - Necessary equipment
    - Specimen handling
    - Patient after-care
    - Risk and discomfort minimization
- PGY-1 residents will participate in informed consent and assist patients with decision making. They will correctly identify the meaning of test results.
- PGY-2 and PGY-3 residents will demonstrate extensive knowledge and facility in the performance of procedures while minimizing risk and discomfort to patients. They will assist their junior peers in skill acquisition.

Medical Decision Making, Clinical Judgment, and Management Plans:
All residents will demonstrate improving their skill in assimilating information that they have gathered from the history and physical exam.

- PGY-2 residents will:
    - Regularly integrate medical facts and clinical data while weighing alternatives and keeping patient preference in mind.
    - Regularly incorporate consideration of risks and benefits when considering testing and therapies.
    - Present up-to-date scientific evidence to support their hypotheses.
    - Consistently monitor and follow up appropriately with patients.
    - Develop plans to avoid or delay known treatment complications and be able to identify when illness has reached a point where treatment no longer contributes to improved quality of life.

- PGY-3 residents will demonstrate all the skills listed above for PGY-2 residents and in addition, will:
    - Demonstrate appropriate reasoning in ambiguous situations while continuing to seek clarity.
    - Rely on tests and procedures not unduly.
    - Continuously revise assessments in the face of new data.

Medical Knowledge:

- PGY-1 residents will demonstrate knowledge of:
    - Common disease states encountered while admitting to the inpatient services. They will also demonstrate an ability to acquire new knowledge based on the patient problems encountered nightly.
    - The differential diagnosis, appropriate evaluation and management of common night-time issues encountered on inpatient medicine services, including shortness of breath, chest pain, disorientation, fever, and acute renal failure.
- PGY-2 residents will demonstrate a progression in knowledge and analytical thinking in order to develop well-formulated differential diagnoses for multi-problem patients.
- PGY-3 residents will demonstrate the skills listed above for PGY-1 and PGY-2 residents and will also demonstrate appropriate habits to stay current with new medical knowledge and will exhibit knowledge of effective teaching methods.

Practice-Based Learning and Improvement:

- PGY-2 and PGY-3 residents will be able to investigate and evaluate their own inpatient care practices and identify areas for improvement. They will demonstrate critical evaluation of their individual medical decisions through documentation of chart reviews on selected patients followed for diagnostic and therapeutic learning points after initial admission by the night float resident.
- PGY-2 and PGY-3 residents will also demonstrate the ability to formulate well- designed clinical questions, initiate electronic literature searches, and critically appraise search results for validity and usefulness in accessing best evidence for clinical decisions. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual patients.
- PGY-2 and PGY-3 residents will also demonstrate the ability to teach resident colleagues during morning report with appropriate preparation and research for assigned topics.

Interpersonal and Communication Skills:

- PGY-1 residents will demonstrate an ability to communicate pertinent clinical information regarding a patient's history, physical examination, evaluation and management plan both in writing and orally to accepting medicine teams. They will also demonstrate effective communication styles with families, patients, andhospital staff.
- PGY-2 residents will exhibit team leadership skills through effective communication as manager of a team. PGY-2 residents are expected to assist junior peers, medical students, and other hospital personnel to form professional relationships with support staff. Residents will respond to feedback in an appropriate manner and make necessary behavioral changes. PGY-2 residents will be able to communicate with patients concerning end-of-life decisions.
- PGY-3 residents should additionally be able to successfully negotiate nearly all "difficult" patient encounters with minimal direction. Third year residents should function as team leaders with decreasing reliance upon Attending physicians.

Professionalism:

- All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest.
- Residents will demonstrate a commitment to excellence and continuous professional development.
- Residents will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentially of patient information, and informed consent.
- Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender, and disabilities. Residents will be punctual and prepared for teaching sessions.

Systems-Based Practice:

- PGY-2 residents will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators, and social workers to coordinate and improve patient care and outcomes.
- PGY-3 residents will also 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.

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Patient Hand-Off—Transitions of Care Policy

I. PURPOSE:

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

II. BACKGROUND:

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

2.2. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift.

2.3. In summary, the primary objective of a hand-off is to provide complete and accurate information about a patient's clinical status, including current condition and recent and anticipated treatment. The information communicated during a hand-off must be complete and accurate to ensure safe and effective continuity of care.

III. SCOPE:

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

IV. POLICY:

4.1. **Transitions of Care**—The Sponsoring Institution must facilitate professional development for core faculty members and residents and fellows regarding effective transitions of care and in partnership with its ACGME-accredited program(s), and ensure and monitor effective structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

4.2. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

4.3. Programs and clinical sites must maintain and communicate schedules of Attending physicians and residents currently responsible for care.

4.4. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in ACGME Common Program Requirement VI.C.2 (Resident Well-Being), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

4.5. Programs must ensure that residents are competent in communicating with team members in the hand-off process.

4.6. Programs in partnership with their Sponsoring Institutions must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.

4.6.1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.

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

- Move to a new unit
- Transport to or from a different area of the hospital for care. e.g., diagnostic/treatment area
- Assignment to a different physician temporarily, e.g., overnight/ weekend coverage or longer (e.g., rotation change)
- Discharge to another institution or facility

4.6.3. Each of the situations above requires a structured hand-off with appropriate communication.

V. CHARACTERISTICS OF A HIGH-QUALITY HAND-OFF:

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

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

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

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

VI. HAND-OFF PROCEDURES:

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

- Shift changes
- Meal breaks
- Rest breaks
- Changes in on-call status
- Contacting another physician when there is a change in the patient's condition
- Transfer of patient from one care setting to another

6.2. Forms and guidelines physicians use in hand-off procedures and information transfer are developed and implemented by each service according to the needs of that service. The hand-off forms and 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 coming onto the service. Telephonic hand-off is not acceptable.

VII. STRUCTURED HAND-OFF:

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

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

- Patient name, location, age/date of birth
- Patient diagnosis/problems, impression
- Important previous medical history
- DNR status and advance directives
- Identified allergies
- Medications, fluids, diet
- Important current labs, vitals, cultures
- Past and planned significant procedures
- Specific protocols, resources, and treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
- Plan for the next 24+ hours
- Pending tests and studies which require follow up
- Important items planned between time of hand-off and discharge

VIII. FORMATTED PROCEDURE:

8.1. A receiving physician shall:

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

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

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

- **Situation**: What is the problem?
- **Background**: Pertinent information to problem at hand
- **Assessment**: Clinical staff's assessment
- **Recommendation**: What do you want done and/or think needs to be done?

8.3. The following document is a suggested format for programs to document information with a sign-out process.

A SAMPLE FORMAT

Shift Date: _____/____/_____ **Shift Time (24 hour):** _____

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

- ❒ Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.
- ❒ Up-to-date information regarding the patient's care, treatment and services,condition, and any recent or anticipated changes was communicated.
- ❒ A process for verification of the received information, including repeat-back or read-back, as appropriate, was used.
- ❒ 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.
- ❒ 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 Signature Date/Time

_____
Printed Name

_____ _____
Departing Resident's Signature Date/Time

_____
Printed Name

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Professionalism Policy

(Resident Code of Conduct, Dress Code, and Social Media Guidelines)

I. PURPOSE:

1.1. Residents are responsible for fulfilling all obligations that the GME Office, hospitals, and residency programs deem necessary for them to begin and continue duties as a resident, including but not limited to:

1.1.1. Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training and badging procedures (all of which may be prior to appointment start date)

1.1.2. Completing required GME, hospital, and program administrative functions in a timely fashion and before deadlines such as medical records, mandatory on-line training modules, and surveys or other communications

1.2. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.

1.3. All GME program directors and faculty are responsible for educating, monitoring, and providing exemplary examples of professionalism to residents.

1.4. Refer to the GME Concern and Complaint (Grievance) Policy for Residents and Fellows policy regarding confidential professionalism reporting systems and resources.

II. SCOPE:

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

2.2. Each program must have a program-level professionalism policy which describes how the program provides professionalism education to residents.

2.3. The program director will ensure that all program policies relating to professionalism are distributed to residents and faculty. A copy of the program policy on professionalism must be included in the official program manual and provided to each resident upon matriculation into the program.

III. POLICY:

3.1. Professionalism—Residents and faculty members must demonstrate an understanding of their personal role in the:

3.1.1. Provision of patient- and family-centered care

3.1.2. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events

3.1.3. Assurance of their fitness for work, including:

3.1.3.1. Management of their time before, during, and after clinical assignments; and

3.1.3.2. Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team

3.1.4. Commitment to lifelong learning

3.1.5. Monitoring of their patient care performance improvement indicators; and

3.1.6. Accurate reporting of clinical and educational Work Hours, patient outcomes, and clinical experience data

3.2. Professionalism—Code of Conduct

Residents are responsible for demonstrating and abiding by the following professionalism principles and guidelines.

3.2.1. Physicians must develop habits of conduct that are perceived by patients and peers as signs of trust. Every physician must demonstrate sensitivity, compassion, integrity, respect, and professionalism, and must maintain patient confidentiality and privacy.

3.2.2. A patient's dignity and respect must always be maintained.

3.2.3. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

3.2.4. Residents are responsible for completing hospital, program, and GME educational and administrative assignments by given deadlines that include:

3.2.4.1. Timely completion of evaluations and program documentation;

3.2.4.2. Logging of work hours, cases, procedures, and experiences; and

3.2.4.3. Promptly arriving for educational, administrative, and service activities.

3.2.5. A medical professional consistently demonstrates respect for patients by his or her performance, behavior, attitude, and appearance.

3.2.6. Commitment to carrying out professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors:

3.2.6.1. Respect patient privacy and confidentiality.

3.2.6.2. Knock on the door before entering a patient's room.

3.2.6.3. Appropriately drape a patient during an examination.

3.2.6.4. Do not discuss patient information in public areas, including elevators and cafeterias.

3.2.6.5. Keep noise levels low, especially when patients are sleeping.

3.2.7. Respect patients' autonomy and the right of a patient and a family to be involved in care decisions.

3.2.7.1. Introduce oneself to the patient and his or her family members and explain their role in the patient's care.

3.2.7.2. Wear name tags that clearly identify names and roles.

3.2.7.3. Take time to ensure patient and family understanding and informed consent of medical decisions and progress.

3.2.8. Respect the sanctity of the healing relationship.

3.2.8.1. Exhibit compassion, integrity, and respect for others.

3.2.8.2. Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.

3.2.8.3. Respond promptly to phone messages, pages, email, and other correspondence.

3.2.8.4. Provide reliable coverage through colleagues when not available.

3.2.8.5. Maintain and promote physician-patient boundaries.

3.2.9. Respect individual patient concerns and perceptions.

3.2.9.1. Comply with accepted standards of dress as defined by each hospital.

3.2.9.2. Arrive promptly for patient appointments.

3.2.9.3. Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

3.2.10. Respect the systems in place to improve quality and safety of patient care.

3.2.10.1. Complete all mandated on-line tutorials and public health measures (e.g., TB skin testing) within designated timeframe.

3.2.10.2. Report all adverse events in a timely fashion.

3.2.10.3. Improve systems and quality of care through critical self-examination of care patterns.

3.2.11. A professional consistently demonstrates respect for peers and co-workers.

3.2.11.1. Demonstrate respect for colleagues by maintaining effective communication.

3.2.11.2. Inform primary care providers of patient's admission, the hospital content, and discharge plans.

3.2.11.3. Provide consulting physicians all data needed to provide a consultation.

3.2.11.4. Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.

3.2.11.5. Inform all members of the care team, including non-physician professionals, of patient plans and progress.

3.2.11.6. Provide continued verbal and written communication to referring physicians.

3.2.11.7. Understand a referring physician's needs and concerns about his or her patients.

3.2.11.8. Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.

3.2.11.9. Acknowledge, promote, and maintain the dignity and respect of all healthcare providers.

3.2.12. Respect for diversity of opinion, gender, and ethnicity in the workplace.

3.2.12.1. Maintain a work environment that is free of harassment of any sort.

3.2.12.2. Incorporate the opinions of all health professionals involved in the care of a patient.

3.2.12.3. Encourage team-based care.

3.2.12.4. In addition, professionals are held accountable to specialty-specific board and/or society codes of medical professionalism.

3.3. Professionalism—Dress Code

3.3.1. Residents must adhere to the following dress code elements to reflect a professional appearance in the clinical work environment; residents are also held accountable to relevant individual hospital, site, and MSM institution policies.

3.3.2. **Identification**: Unaltered ID badges must be worn and remain visible at all times. If the badge is displayed on lanyard, it should be a break-away variety.

3.3.3. **White Coats**: A long white coat that specifies the physician's name and department should be worn.

3.3.4. **Personal Hygiene**:

3.3.4.1. Hair must be kept clean and well groomed. Hair color or style may not be extreme. Long hair must be contained as so to not drape or fall into work area.

3.3.4.2. Facial hair must be neat, clean, and well-trimmed.

3.3.4.3. Fingernails must be kept clean and of appropriate length.

3.3.4.4. Scent of fragrance or tobacco should be limited or minimized.

3.3.5. Shoes/Footwear: Footwear must be clean, in good repair, and of a professional style appropriate to work performed.

3.3.5.1. No open-toed shoes may be worn.

3.3.5.2. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.

3.3.6. Jewelry: Any jewelry worn must not interfere with job performance or safety.

3.3.7. Inappropriate Items not Permitted: Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message may not be worn.

3.3.8. Tattoos: Every effort must be made to cover visible tattoos.

3.3.9. Clothing: Clothing must reflect a professional image: dress-type pants and collared shirts; appropriate skirt and dress length; clothing should cover back, shoulders, and midriff; modest neckline (no cleavage).

3.3.10. Scrubs: Residents may wear scrubs in any clinical situation where appropriate.

3.3.11. When not in a work area, a white coat should be worn over scrubs.

3.4. Professionalism—Social Media Guidelines

Because social media blurs the line between personal voice and institutional voice, these guidelines were created to clarify how best to protect personal and professional reputations when participating.

3.4.1. In both professional and institutional roles, employees must adopt a common sense approach and follow the same behavioral standards as they would in real life, and are responsible for anything they post to social media sites either professionally or personally.

3.4.2. For these purposes, “social media” includes but is not limited to social networking sites, collaborative projects such as wikis, blogs, and microblogs, content communities, and virtual communities.

3.4.3. Best practices for all social media sites, including personal sites follow:

3.4.3.1. **Think before posting**—There is no such thing as privacy in the social media world. Before publishing a post, the residents must consider how it would reflect on them, their department or unit, and on the institution.

3.4.3.2. **Search engine databases** store posts years after they were published, so posts could be found even if they were deleted; and comments may be forwarded or copied.

3.4.3.3. **Be accurate**—Verify information for accuracy, spelling, and grammatical errors before posting. If an error or omission ends up being posted, post a correction as quickly as possible.

3.4.3.4. **Be respectful**—The goal of social media is to engage an audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way that will not alienate, harm, or provoke.

3.4.3.5. **Remember the audience**—Though the resident may have a target audience, he or she must be aware that anything posted on their social media account is also available to the public at large, including prospective students, current students, staff, faculty, and peers.

3.4.3.6. **Be a valuable member**—Contribute valuable insights in posts and comments. Self-promoting behavior is viewed negatively and can lead to the resident being banned from a website or group they are trying to participate in.

3.4.3.7. **Ensure account security**—A compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were from the account's owner. If a resident administers the social media account for a hospital, school, college, department, or unit, the resident must be sure to use a different password than for his or her personal accounts. Follow best practices in selecting and protecting university account passwords.

3.4.4. Guidelines for all social media sites, including personal sites:

3.4.4.1. Protect confidential and proprietary information—Do not post confidential information about MSM, students, faculty, staff, patients, or alumni; nor should the resident post information that is proprietary to an entity other than themself.

3.4.4.2. Employees must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA. Failure to do so comes at the risk of disciplinary action and/or termination.

3.4.4.3. Respect copyright and fair use—When posting, be aware of the copyright and intellectual property rights of others and of the university. Refer to MSM system policies on copyright and intellectual property for more information and guidance.

3.4.4.4. Do not imply MSM endorsement—The MSM logo, its word mark, iconography, or other imagery shall not be used on personal social media channels. Similarly, the MSM name shall not be used to promote a product, cause, or political party or candidate.

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	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-13
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	SUBJECT RESIDENT AND FELLOW ELIGIBILITY, SELECTION, AND APPOINTMENT POLICY	SUPERSEDES	06/01/2019

Resident and Fellow Eligibility, Selection, and Appointment Policy

I. PURPOSE:

1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) complies with the Accreditation Council for Graduate Medical Education (ACGME) requirements and meet standards outlined in the Graduate Medical Education Directory under the heading, “Essentials of Accredited Residencies in Graduate Medical Education” (AMA, current edition).

1.2. The processes for the selection of residents and fellows at MSM shall adhere to ACGME requirements, the standards outlined in the “Essentials of Accredited Residencies in Graduate Medical Education” and in 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 and fellow appointments at Morehouse School ofMedicine.

III. POLICY:

3.1. This policy is bound by the parameters of residency and fellowship education and complies with MSM Human Resources policies.

3.2. Applicants to Morehouse School of Medicine (MSM) residency and fellowship programs must be academically qualified to enter into a program.

3.3. The institution shall participate in the National Resident Matching Program (NRMP).

3.3.1. All MSM Post-Graduate Year One (PGY-1) resident positions shall be made available for application to all students graduating from United States and Canadian accredited medical schools as determined by the NRMP.

3.3.2. Other applicants eligible to enter the “match,” including International Medical School Graduates (Non-LCMEs), may also apply.

3.4. MSM residency and fellowship 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.

3.5. Aptitude, academic credentials, the ability to communicate effectively, personal characteristics such as motivation and integrity, and the ability to function within parameters expected of a practitioner in the specialty shall be considered in the selection process.

3.6. Programs must include the following GME Programs' Technical Standards and Essential Functions for Appointment and Promotion information:

3.6.1. Introduction

3.6.1.1. Medicine is an intellectually, physically, and psychologically demanding profession. All phases of medical education require knowledge, attitudes, skills, and behaviors necessary for the practice of medicine throughout a professional career.

3.6.1.2. Those abilities that residents and fellows must possess to practice safely are reflected in the technical standards that follow. These technical standards and essential functions are to be understood as requirements for training in all Morehouse School of Medicine residencies and are not to be construed as competencies for practice in any given specialty.

3.6.1.3. Individual programs may require more stringent standards or more extensive abilities as appropriate to the requirements for training in that specialty.

3.6.1.4. Residents and fellows in Graduate Medical Education programs must be able to meet these minimum standards with or without reasonable accommodation.

3.6.2. Standards—Observation

3.6.2.1. Observation requires the functional use of vision, hearing, and somatic sensations. Residents and fellows must be able to observe demonstrations and participate in procedures as required.

3.6.2.2. Residents and fellows must be able to observe a patient accurately and completely, at a distance as well as closely.

3.6.2.3. Residents and fellows must be able to obtain a medical history directly from a patient, while observing the patient's medical condition.

3.6.3. Standards—Communication

3.6.3.1. Communication includes speech, language, reading, writing, and computer literacy.

3.6.3.2. Residents and fellows must be able to communicate with patients effectively and sensitively in both oral and written form to elicit information as well as be able to perceive non-verbal communications.

3.6.4. Standards—Motor

3.6.4.1. Residents and fellows must possess sufficient motor function to elicit information from the patient examination by palpation, auscultation, tapping, and other diagnostic maneuvers.

3.6.4.2. Residents and fellows must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients.

3.6.5. Standards—Intellectual: Conceptual, Integrative, and Quantitative Abilities

3.6.5.1. Residents and fellows must be able to measure, calculate, reason, analyze, integrate, and synthesize technically detailed and complex information in a timely fashion to effectively solve problems and make decisions which are critical skills demanded of physicians.

3.6.5.2. In addition, residents and fellows must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures.

3.6.6. Standards—Behavioral and Social Attributes

3.6.6.1. Residents and fellows must possess the psychological ability required for the full utilization of their intellectual abilities for:

3.6.6.1.1. The exercise of good judgment;

3.6.6.1.2. The prompt completion of all responsibilities inherent to diagnosis and care of patients; and

3.6.6.1.3. The development of mature, sensitive, and effective relationships with patients, colleagues, and other healthcare providers.

3.6.6.2. Residents and fellows must be able to tolerate physically and mentally taxing workloads and be able to function effectively under stress.

3.6.6.3. Residents and fellows must be able to adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients.

3.6.6.4. Residents and fellows must be able to work effectively and collaboratively as team members.

3.6.6.5. Residents and fellows must demonstrate ethical behavior consistent with professional values and standards, as a component of their education and training.

3.6.7. Standards—Reasonable Accommodation

3.6.7.1. A reasonable accommodation is designed to assist an employee in the performance of the essential functions of his or her job and an to assist an applicant in fulfilling MSM's application requirements.

3.6.7.2. MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.

3.6.7.3. Accommodations are made on a case-by-case basis.

3.6.7.4. MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation. Complete information is found on the MSM Human Resources Office of Disability Services web page at https://www.msm.edu/Administration/HumanResources/disabilityservices/index. php.

3.6.7.5. In most cases, it is the responsibility of the employee or applicant to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. See the full MSM Accommodation of Disabilities Policy for information on how to request a reasonable accommodation.

Note: The MSM enrollment of non-eligible residents may be cause for withdrawal of residency program accreditation.

IV. Title IX Compliance:

4.1. The residency education environment shall be free of undue harassment, confrontation, and coercion because of one's gender, cultural and religious beliefs, other individual traits, and status or standing.

4.2. Therefore, in compliance with the Title IX of the Education Amendments of 1972, Morehouse School of Medicine (MSM) does not discriminate on the basis of sex in its education programs and activities and is required under Title IX, and the implementing regulations, not to discriminate in such a manner. Prohibited sex discrimination covers sexual misconduct including, but not limited to, sexual harassment and sexual violence, and extends to employment in and admission to such programs and activities.

4.3. It is the policy of MSM that discrimination against any person or group of persons on the basis of race, color, national origin, religion, gender, sexual orientation, marital status, ancestry, genetic information, age, disability, veteran or military status, or any other legally protected characteristic is specifically prohibited. This is in compliance with federal law, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (and ADAAA amendments).

4.4. MSM prohibits retaliation against members of the MSM community who raise concerns about or report incidents of discrimination based on legally protected characteristics.

Marla Thompson, Title IX Coordinator, has been designated to handle inquiries about and reports made under MSM's Sex/Gender Nondiscrimination and Sexual Harassment policy. Contact information:

mthompson@msm.edu (404) 752-1871
Fax (404) 752-1639
Morehouse School of Medicine
720 Westview Drive, SW Harris Building, Atlanta, GA 30310

Contact the MSM Human Resources Office for the current policy.

V. RESIDENT AND FELLOW ELIGIBILITY CRITERIA:

5.1. Sponsoring institutions are required to have written policies and procedures for residents' and fellows' recruitment and must monitor each of its ACGME accredited programs for compliance.

5.2. The following information is extracted from the Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirements, Section IV.A. Institutional GME Policies and Procedures—Resident and Fellow Recruitment, and the ACGME Common Program Requirements—Resident and Fellow Appointments, Eligibility, Transfers—Section III.A-C.

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

5.3.1. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or

5.3.2. Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA).

5.3.3. Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:

5.3.3.1. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment;

5.3.3.2. Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty or subspecialty program; or

5.3.3.3. Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.

5.4. An applicant invited to interview for a resident or fellow position must be informed in writing or by electronic means of the most current terms, conditions, and benefits of appointment to the ACGME-accredited program. Information must include:

- Financial support
- Vacations
- Parental, sick, and other leaves of absence
- Professional liability, hospitalization, health, disability, and other insurance accessibleto residents and fellows and their eligible dependents

5.5. Each resident or fellow in MSM programs must be a United States citizen, a lawful permanent resident, a refugee, an asylee, or must possess the appropriate documentation to allow the resident to legally train at Morehouse School of Medicine.

5.6. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in:

- ACGME-accredited residency programs;
- AOA-approved residency programs;
- Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada; or
- Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

5.7. Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the previous training program upon matriculation.

5.8. A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program, and with approval by the GMEC, and may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

5.9. For resident eligibility exceptions granted by ACGME specialty review committees, see specialty-specific requirements.

VI. FELLOW APPOINTMENTS ELIGIBILITY CRITERIA:

6.1. Each ACGME Review Committee will choose one of the following (review the program requirements for the specialty-specific eligibility criteria):

6.1.1. Option 1:

6.1.1.1. All required clinical education for entry into ACGME-accredited fellowship programs must be completed in:

- An ACGME-accredited residency program;
- An AOA-approved residency program;
- A program with ACGME International (ACGME-I) Advanced Specialty Accreditation;
- A Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.

6.1.1.2. Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.

6.1.2. Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited or an AOA-approved residency program.

6.2. Upon matriculation, fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program.

6.3. For fellow eligibility exceptions granted by ACGME specialty review committees (see subspecialty-specific program requirements).

VII. GMEC AND ACGME PROGRAM POSITIONS AND APPOINTMENT APPROVAL:

7.1. Program directors must not appoint more residents or fellows than approved by the ACGME Review Committee.

7.2. Available MSM resident positions are dependent on the following criteria:

- The current number of residency program positions authorized by the Accreditation Council for Graduate Medical Education (ACGME)
- The space available in the Post-Graduate Year
- Funding and faculty resources available to support the education of residents and fellows according to the educational requirements of the specialty program

7.3. All complement increases must be approved by the GMEC and the ACGME Review Committee.

7.4. 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 Review Committee.

VIII. RESIDENT AND FELLOW TRANSFERS:

8.1. Upon matriculation, the program must obtain verification of previous educational experiences and a summative competency-based performance evaluation, signed by the previous program director prior to acceptance of the transferring resident or fellow, all letters of recommendations, and the candidate's Milestones evaluations.

8.2. All incoming transfer residents and fellows must be reviewed and approved by the Associate Dean/DIO and Director for GME, and subsequently approved by the Graduate Medical Education Committee. [III.C. The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.]

8.3. Residents are considered transfer residents under several conditions including moving from one program to another within the same or different Sponsoring Institution and when entering a PGY-2 program requiring a preliminary year, even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs directly out of medical school).

8.4. 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.

8.5. 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.

8.5.1. MSM residency programs, however, shall identify all residents who would begin the residency program and would have to continue beyond the initial residency period.

8.5.2. The initial residency period is the length of time required to complete a general residency program (e.g., Internal Medicine: three (3) years; Psychiatry: four (4) years).

IX. ADDITIONAL ELIGIBILITY REQUIREMENTS:

9.1. For any applicant to be eligible for appointment to an MSM residency/fellowship program, the following requirements must be met in addition to the eligibility criteria stated above.

9.2. All MSM residency and fellowship programs shall participate in the National Resident Matching Program (NRMP) for PGY-1 level resident and fellowship positions.

9.2.1. All parties participating in the match shall contractually be subject to the rules of the NRMP.

9.2.2. This includes MSM, its residency and fellowship programs, and applicants.

9.2.3. Match violations will not be tolerated.

9.3. All applicants to MSM residency and fellowship programs must apply through the Electronic Residency Application Service (ERAS).

9.3.1. This service shall be used to screen required information on all applicants.

9.3.2. All applicants shall request that three (3) letters of professional and/or academic reference, current within the last 18 months, be sent to the residency program administration via ERAS.

9.4. Programs may establish additional selection criteria (e.g., determine specific minimum scores for the USMLE). Specific criteria must be published for applicants to review as part of the required program-level policy on eligibility and selection.

9.5. Residency program directors and their residency committees shall establish program standards and criteria to review MSM residency program applications in order to ensure equal access to the program. Eligible resident and fellow applicants shall be selected and appointed only according to ACGME, NRMP, and MSM's requirements and policies.

9.6. Applicants from United States- or Canadian-accredited medical schools shall request that an original copy of a letter of recommendation or verification from the dean of the medical school be sent to the program administration via ERAS.

9.7. Selectees from a United States LCME- or AOA-accredited medical school shall provide proof of graduation or pending on-time graduation. They shall request that official transcripts, diplomas, or on-time letters be sent to the program via ERAS.

9.8. Selectees must 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.

9.9. 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.

9.9.1. This time is applicable whether the applicant completed the period of residency or not.

9.9.2. A letter of explanation or verification is required of the applicant and the past residency program director.

9.10. 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.

9.11. A current (stamped indefinite) certificate from the Educational Commission on Foreign Medical School Graduates (ECFMG) must also be submitted with ERAS documents.

9.11.1. Initial ECFMG Certificates should not be pending when applicants are reporting to a residency program.

9.11.2. Failure to obtain an ECFMG Certificate by the start date of the resident appointment will void both NRMP and MSM resident/fellow agreements.

9.12. Program directors must ensure that Non-LCME candidates are eligible for J-1 visa sponsorship before ranking these candidates in NRMP.

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

9.14. 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.

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

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

9.15. An applicant invited to interview for a resident or fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include:

- Financial support
- Vacations
- Parental, sick, and other leaves of absence
- Professional liability, hospitalization, health, disability, and other insurance accessibleto residents/fellows and their eligible dependents

9.16. Personal interviews of applicants shall be conducted by at least two (2) faculty members assigned to the program.

9.16.1. These interviews should be documented for the residency program files and be retained for the period determined by MSM management policies.

9.16.2. These interviews also become a permanent part of a selected applicant's file.

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

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

9.19. 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).

9.20. Final disposition for applicant selection and ranking is done by the residency program director and/or department chairperson.

X. NON-IMMIGRANT APPLICANTS TO RESIDENCY PROGRAMS:

10.1. MSM supports the AAMC recommendation that the J-1 visa is the more appropriate visa for non-immigrant International Medical School Graduates (Non-LCMEs) seeking resident positions in MSM-sponsored programs (Reference: AAMC Legislative and Regulatory Update, October 15, 1993).

10.2. All Non-LCMEs shall provide a current (stamped indefinite) certificate of proof of meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements for clinical proficiency.

10.3. The Exchange Visitor Program is administered by the United States Department of State.

10.3.1. The ECFMG is the Sponsoring Institution for alien physicians in GME programs under the Exchange Visitor Program.

10.3.2. Applicants may be considered for selection by the residency or fellowship program based on their academic qualifications and eligibility for sponsorship by the ECFMG.

10.3.3. The MSM Human Resource (HR) and GME offices are the school liaisons for processing applications for ECFMG sponsorship of non-immigrants for J-1 visa status.

10.4. Applicants seeking residency positions who 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 HR and GME offices along with the MSM-International Programs Office for final determination.

10.5. The following visa categories are for international-born or -educated physicians applying to United States Graduate Medical Education programs:

10.5.1. Consular processing of physician visas

10.5.1.1. United States embassies/consulates require face-to-face interviews for all initial visa stamps and in some instances for the renewal of the same visa stamp.

10.5.1.2. It can take several months for a person to receive an appointment at the embassy/consulate to apply for the visa stamp.

10.5.1.3. Embassy/consulate security checks take about one (1) month.

10.5.1.4. If an applicant is selected for a security check in Washington, DC, then the process could take up to five (5) months.

10.5.1.5. After this process is started, no one can interfere.

10.5.2. The J-1 Exchange Visitor Visa

10.5.2.1. Sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), this is the most common type of visa category used by institutions offering graduate medical education training (residency or fellowships) to international medical graduates (Non-LCMEs).

10.5.2.2. Non-LCMEs who seek to obtain this type of visa must first apply to the ECFMG for certification.

10.5.2.3. ECFMG offers the USMLE exams and is the sponsoring organization providing assurance to residency programs that the candidates meet defined qualifications equivalent of a United States medical degree. See www.ecfmg.org.

10.5.2.4. Non-LCMEs applying to residency programs requiring the J-1 visa must contact the specific residency program and the Office of Graduate Medical Education where they have been accepted in a program in order to coordinate the J-1 visa sponsorship with the ECFMG. ECFMG will issue the visa document (DS-2019) after the institution submits the individual's application to ECFMG.

10.5.2.5. An ECFMG Certificate is not required if the physician is a graduate of a Canadian or United States medical school. Canadian medical school graduates must have passed the equivalent Canadian medical licensing exam.

10.5.2.6. An ECFMG Certificate is not required for physicians who are graduates of LCME- accredited schools in Puerto Rico.

10.5.2.7. A visa is required if the physician is not a Unites States citizen or permanent resident of the United States.

10.6. Summary of J-1 Visa for Non-LCMEs

10.6.1. SEVIS fee must be paid by the accepted applicant prior to the Unites States embassy interview in the applicant's home country.

10.6.2. The applicant is responsible for the annual application process and the corresponding fee.

10.6.3. J-2 visa dependents must enter with their own DS-2019.

10.6.4. The visa provides possible tax advantages (for a limited period of time).

10.6.5. The visa is recognized and accepted by most institutions for IMG residency training.

10.6.6. The applicant's spouse may seek work permission while in the United States. The spouse must process USCIS Form I-765 after entry into the United States.

10.6.7. The applicant must receive J-1 visa status while in his or her home country; it is strongly recommended that status change does not occur in the United States.

10.6.8. The visa has a mandatory two-year foreign residency requirement (Section 212[e]) for all Non-LCMEs attending graduate medical education programs in the United States at the completion of training.

10.6.9. Obtaining a waiver of the foreign residency requirement is both troublesome and costly.

10.6.10. The visa may be extended only for Board Certification; during this time, the J-1 visitor cannot work.

10.6.11. The DS-2019 (J-1 application) is renewed yearly with a seven (7) year limit or length of residency program, whichever comes first.

10.6.12. The J-1 Exchange Visitor may enter the United States 30 days prior to the start of the J-1 visa and cannot be paid prior to the start date. The J-1 visitor must NOT enter the United States 30 days AFTER the start date listed on form DS-2019.

10.6.13. After the J-1 period ends, the exchange visitor has 30 days to exit the United States and cannot work during this grace period.

10.6.14. Moonlighting is not permitted under this visa status.

10.6.15. It is very difficult to process J-1 visa applications to non-accredited residency or fellowship programs. The ECFMG uses the ACGME's Green Book for reference of accredited programs and their program duration.

10.6.16. The J-2 visa status is acceptable for Graduate Medical Education training at Morehouse School of Medicine (MSM) but can create problems since the J-2 depends on the J-1 visa primary holder. The J-2 must have a valid EAD card and must also maintain the EAD card.

10.6.17. **NOTE**: Residents and fellows who are on a DS-2019 are prohibited from exiting their training program early.

XI. RESIDENT APPOINTMENTS:

11.1. Prior to appointment to the program, applicants must be provided with information that describes the program's current accreditation status, aims, educational objectives, and structure.

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

11.2.1. At MSM, a resident appointment is defined as a non-faculty position granted to an individual based on his or her academic credentials and the meeting of other eligibility criteria as stated in MSM and residency program policies and standards.

11.2.2. This position is also considered that of a physician in training.

11.3. Resident appointments are managed by the Graduate Medical Education Office on behalf of the Senior Vice President for Academic Affairs and are processed by the Human Resources Department (HRD).

11.4. Residents may enter the residency program at other times during a given Post-Graduate Year (PGY) but must complete all requirements according to the structure of the program.

11.4.1. This usually means completing the PGY-1 year from the date the resident started.

11.4.2. There are no provisions for shared or part-time positions in MSM residency programs.

11.5. A selected applicant must be formally offered a position in the residency program. A written agreement shall be entered into between the applicant and Morehouse School of Medicine (MSM).

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

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

11.6. Residents shall not perform any clinical duties until they:

11.6.1. Are processed through the MSM Human Resources Department and officially become a part of the MSM personnel system; and

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

11.7. References to support this policy, including the Resident Appointment Agreement, are available in the GME Office and its website at: https://www.msm.edu/Education/GME/index.php.

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Resident and Fellow Impairment Policy

I. PURPOSE:

1.1. Morehouse School of Medicine (MSM) understands that an impaired resident can impact patient care. Residents encounter many stressors that are personal or from their clinical/educational environment, which may cause mental and physical impairments or require intervention from substance abuse to reverse issues and illnesses.

1.2. To that end, our primary goals are to:

1.2.1. Provide guidance in this policy to prevent or minimize the occurrence of impairment by a resident;

1.2.2. Ensure that the environment is safe for patients, employees, faculty, and residents of MSM; and

1.2.3. Compassionately confront problems of impairment to effect diagnosis, relief from responsibilities of patient care if necessary, treatment as indicated, and appropriate rehabilitation.

II. SCOPE:

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

III. DEFINITIONS:

3.1. Impaired Physician: The American Medical Association (AMA) defines the impaired physician as one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or use of drugs including alcohol. This definition includes the impairment of a physician due to a mentally or emotionally disabling state.

3.1.1. An impaired resident physician is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety.

3.1.2. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- Observed negative changes in performance of assigned duties
- Frequent or unexplained absences and/or tardiness from school responsibilities
- Frequent or unexplained illnesses or accidents both on and off work

- Decreased quality of care or unexplained lack of progression during thetraining year
- Significant inability to contend with routine difficulties and take action to overcome them
- Unusual or inappropriate behavior
- Violations of law, including citations for driving while impaired
- Other psychiatric disturbances or medical illness

3.2. **Fatigue Management**: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety, and enactment of a solution to mitigate the fatigue

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

3.4. **Under the Influence**: The condition wherein any of the body's sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. "Under the influence" also means any detectable presence of alcohol or drugs within the body.

IV. POLICY:

4.1. It is the policy of MSM to assist an impaired resident physician (as defined above), while maintaining a balance between individual rights and the school's work to safeguard the public health and effectively discharge its mission.

4.1.1. MSM and its residency programs must educate residents and faculty members concerning the professional responsibilities of physicians to appear for work appropriately rested and fit to provide the services required by their patients.

4.1.2. MSM is committed to providing continuing education and professional assistance to resident physicians when they experience personal stressors that inhibit their progression in a residency program. The residency program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

4.1.3. Evaluation and due process will be afforded each affected resident according to MSM's GME Adverse Academic Decisions and Due Process Policy and MSM Human Resources employment policies.

V. CONTINUING EDUCATION:

5.1. MSM's GME conducts an annual policy briefing on the Resident Learning and Work Environment at Incoming and Returning Resident Orientation. This institutional training module is also reinforced annually by the specialty residency program.

5.2. Discussion and training include the following topics:

5.2.1. Management of the resident's time before, during, and after clinical assignments;

5.2.2. Recognition of impairment, including illness and fatigue, in themselves and in their peers;

5.2.3. Review of the process each MSM residency program must have in place to ensure continuity of patient care in the event that a resident may be unable to perform his or her patient care duties;

5.2.4. Education of all program faculty members and residents to recognize the signs of fatigue and sleep deprivation; and

5.2.5. Education of all faculty members and residents in alertness management and fatigue mitigation processes.

5.3. MSM's GME Department provides an annual workshop on Sleep Deprivation and Fatigue during Incoming and Returning Resident Orientation. Training in this area is reinforced by each residency program annually according to its curriculum design.

5.4. MSM's GME Department provides an annual Drug Awareness and Drug Free Environment workshop for resident physicians at Incoming and Returning Resident Orientations. This workshop includes discussion of impairment due to substance abuse.

VI. IDENTIFICATION AND REPORTING:

6.1. At MSM, changes in ordinary behavior and erratic actions by a resident physician may indicate that he or she is not fit for work. This may be cause for concern by the resident, by colleagues, supervisors, and administrators. In addition, there can be concern for the safety of patients.

6.2. The patient safety concern should be brought to the supervisor's attention immediately.

6.3. If a problem is identified, the residency director should be notified for administrative action. According to MSM's Resident Affiliation Agreements, a resident can be immediately removed from work at the discretion of the supervisor or administrator at a clinical affiliate.

6.4. Resident impairment that is associated with the commission of a crime is immediately referred to the Department of Human Resources and General Counsel for disposition.

VII. COUNSELING:

7.1. All recommendations for the resident to seek counseling must be with the resident's well-being in mind but must be initiated with the provider or agency by the resident.

7.2. Residents must not be unduly influenced or coerced to seek treatment or other counseling services.

7.3. When residents have severe personal difficulty or exhibit unprofessional behavior that may be caused by a mental or physical impairment, they should immediately be referred to MSM's Office of Disability Services.

7.3.1. Some of the problems causing impairment can include sleep deprivation and fatigue, emotional and behavioral problems, substance and drug abuse (including alcohol abuse), marital conflicts, interpersonal discord, family problems, legal problems, and financial problems.

7.3.2. Short term counseling is available from MSM Counseling Services (404) 752-1789.

7.4. MSM has an Employee Assistance Program (EAP), CARE 24, available for residents as a self-referral or for family assistance.

7.4.1. Residents are briefed on these programs by Human Resources during incoming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.

7.4.2. More information regarding these programs is available in the Human Resources Department at (404) 752-1600 or directly at (888) 887-4114.

7.4.3. Resident educational programs for impaired physicians are offered on a case-by-case basis.

7.5. A written determination must be made by the provider of care to the resident that a resident is fit to return to work. This recommendation for a return to work must be presented to the Office of Disability Services. Any restrictions or accommodations in conjunction with the return to work must be identified and approved by the Office of Disability Services prior to the resident's return.

7.6. Complete information is found on the MSM Human Resources Office of Disability Services web page at:
http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php

VIII. REMEDIATION PROBATION:

8.1. 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.

8.2. MSM is not required to progressively discipline residents but may determine the appropriate course of action to take regarding its residents, depending on the unique circumstances of a given issue.

8.3. Such misconduct will be considered a breach of the Resident Appointment Agreement or Reappointment Agreement. In such instances, the Office of Graduate Medical Education and the Department of Human Resources may be involved in the process of evaluating the violation.

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

8.5. In the event of an impaired resident's continuation in the residency program, state requirements may apply to his or her status as a resident physician, including mandatory examination and treatment.

IX. STATE OF GEORGIA REQUIREMENTS:

All MSM residency program directors in the State of Georgia have a mandatory obligation to report troubled or dysfunctional resident physicians according to State of Georgia Medical Board Rule 360-2-.12, Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders in accordance with Georgia Law.

X. CONFIDENTIALITY:

The identification, counseling, and treatment of an impaired resident are deemed confidential, except as needed to carry out the policies of the Office of Graduate Medical Education or MSM as required by law.

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Resident and Fellow Learning and Working Environment Policy

I. PURPOSE:

1.1. Graduate Medical Education (GME) is an integral part of the Morehouse School of Medicine (MSM) medical education program. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients.

1.2. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions.

1.3. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

II. SCOPE:

2.1. All MSM administrators, faculty, staff, residents, and administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both GME programs and resident appointments at MSM.

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

III. POLICY:

3.1. In compliance with ACGME Learning and Working Environment requirements, residency education must occur in the context of a learning and working environment that emphasizes the following principles:

3.1.1. Excellence in the safety and quality of care rendered to patients by residents today

3.1.2. Excellence in the safety and quality of care rendered to patients by today's residents in their future practice

3.1.3. Excellence in professionalism through faculty modeling of:

3.1.3.1. The effacement of self-interest in a humanistic environment that supports the professional development of physicians and

3.1.3.2. The joy of curiosity, problem-solving, intellectual rigor, and discovery

3.1.4. Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

3.2. Patient Safety

3.2.1. Culture of safety is defined as an environment which requires continuous identification of vulnerabilities and a willingness to deal with them transparently.

3.2.2. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety to identify areas for improvement.

3.2.2.1. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

3.2.2.2. The program must have a structure that promotes safe, inter-professional, team-based care.

3.2.3. Education on Patient Safety—Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

3.2.4. Patient Safety Events

3.2.4.1. Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program.

3.2.4.2. Feedback and experiential learning are essential in the development of true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

3.2.4.3. Residents, fellows, faculty members, and other clinical staff members must:

3.2.4.3.1. Be aware of and fulfill their responsibilities in reporting patient safety events at the clinical site;

3.2.4.3.2. Be aware of how to report patient safety events, including near misses, at the clinical site; and

3.2.4.3.3. Be provided with summary information of their institution's patient safety reports.

3.2.4.4. Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as the formulation and implementation of actions.

3.2.5. Resident Education and Experience in Disclosure of Adverse Events

3.2.5.1. Patient-centered care requires patients, and when appropriate, families, to be apprised of clinical situations that affect them, including adverse events.

3.2.5.2. This is an important skill for faculty physicians to model, and for residents to develop and apply.

3.2.5.2.1. All residents must receive training in how to disclose adverse events to patients and families.

3.2.5.2.2. Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

3.3. Quality Improvement

3.3.1. Education in Quality Improvement is a cohesive model of health care which includes quality-related goals, tools, and techniques that are necessary for health care professionals to achieve quality improvement goals.

3.3.2. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

3.3.3. Quality Metrics refers to access to data which is essential to prioritizing activities for care improvement and for evaluating success of improvement efforts.

3.3.4. Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

3.3.5. Engagement in Quality Improvement Activities—Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

3.3.5.1. Residents must have the opportunity to participate in inter-professional quality improvement activities.

3.3.5.2. This should include activities aimed at reducing health care disparities.

3.4. Clinical Experience and Education (formerly *work hours*)

3.4.1. Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

3.4.2. Maximum hours of clinical and educational work per week—Clinical and educational Work Hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

3.4.3. Mandatory time free of clinical work and education

3.4.3.1. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

3.4.3.2. Residents should have eight (8) hours off between scheduled clinical work and education periods.

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

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

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

Maximum clinical work and education period length

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

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

3.4.3.7. Additional patient care responsibilities must not be assigned to a resident during this time.

3.4.4. Clinical and Educational Work Hour Exceptions

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

3.4.4.1.1. To continue to provide care to a single severely ill or unstable patient;

3.4.4.1.2. To provide humanistic attention to the needs of a patient or family; or

3.4.4.1.3. To attend unique educational events.

3.4.4.2. These additional hours of care or education will be counted toward the 80-hour weekly limit.

3.4.5. A review committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational Work Hours to individual programs based on a sound educational rationale.

3.4.5.1. In preparing a request for an exception, the program director must follow the clinical and educational Work Hour exception policy from the ACGME Manual of Policies and Procedures.

3.4.5.2. Prior to submitting the request to the review committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.

3.5. In-House Night Float

3.5.1. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

3.5.2. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the review committee.

3.6. Maximum In-House On-Call Frequency

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

3.7. At-Home Call

3.7.1. Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour limit.

3.7.2. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four (4) weeks.

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

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

3.8. MSM GMEC Clinical Work and Education Oversight Procedure

3.8.1. It is the goal of the Graduate Medical Education Committee (GMEC) and affiliated hospitals that the institution will have no work hour violations.

3.8.2. Institutional GMEC Clinical Work and Education Oversight and Monitoring Process

3.8.2.1. The Program Annual Review Process

3.8.2.1.1. The GMEC is responsible for conducting an annual review of all programs.

3.8.2.1.2. As part of the process, the GME Office will review and document each program's clinical work and education compliance status including review of programs' learning and work environment policies and procedures.

3.8.2.1.3. The GME Office will monitor, track, and report compliance for all programs to the GMEC on a monthly basis.

3.8.2.2. ACGME Resident Survey

3.8.2.2.1. Residents are surveyed by the ACGME every year between January and April.

3.8.2.2.2. Programs found to be noncompliant with the ACGME work hours will be required to submit a corrective action plan to GMEC.

3.8.3. Program-Level Oversight and Monitoring for Compliance with clinical work and education requirements

3.8.3.1. Program Clinical Work and Education Policy

3.8.3.1.1. All programs must demonstrate compliance with ACGME clinical work and education requirements.

3.8.3.1.2. Programs must develop and maintain a policy on clinical work and education.

3.8.3.1.3. Program directors must submit the following items annually into the New Innovations system for GME review:

3.8.3.1.3.1. The program's schedules reflecting daily Work Hours and compliance with all clinical work and education requirements

3.8.3.1.3.2. The program's clinical work and education monitoring policy and process which must:

- Meet the educational objectives and patient care responsibilities of the training program, and
- Comply with specialty-specific programrequirements, the Common Program Requirements, the ACGME clinical work and education standards, and the Institutional GME clinical work and education policy.

3.8.3.1.3.3. In addition, the program policy must address:

- How the program monitors work hours, according to MSM institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;

- How the program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable;
- How the program monitors fatigue, and how the program will adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- If the program allows moonlighting—if moonlighting is allowed, the policy must comply with and reference the MSM GME Moonlighting Guidelines;
- If the program allows call trading, document how the program oversees insurance of compliance with clinical work and education requirements; and
- Mechanisms used by the program to ensure that residents log their Work Hours in New Innovations.

3.8.3.1.4. Program directors must complete weekly/monthly Work Hour review periods in the New Innovations system and provide oversight comment(s) for any violation. (See document: Work Hour Oversight—Program Level for step-by-step instructions.)

3.8.3.1.5. Follow-up and resolution of identified problems are the responsibility of the program director and the department.

3.8.3.1.6. An action plan must be created for any violation that includes identifying reasons for the violation(s) and how the program will resolve the issue(s) to prevent future violations.

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Resident and Fellow Leave Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA, current edition). MSM residents will be afforded the opportunity to provide for personal and/or family welfare through this defined leave policy.

II. SCOPE:

All MSM administrators, faculty, staff, residents, and those administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

III. POLICY:

3.1. MSM will provide residents with the opportunity to take personal and family leave as needed during a Post-Graduate Year (PGY).

3.2. Leave accounting is the responsibility of the residency program director in coordination with the Office of Graduate Medical Education (GME) and the Human Resources Department.

3.3. Federal law, Accreditation Council for Graduate Medical Education (ACGME) program requirements, and medical specialty board requirements shall be applicable as appropriate.

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. Residents are allotted with a minimum of six weeks (6) of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once, and at any time during an ACGME-accredited program, starting the day the resident or fellow is required to report.

4.2.3. Residents are also provided with a minimum of one (1) week of paid time off reserved for use outside of the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence. This time can be taken for illness, injury, and medical appointments for the resident or for the care of an immediate family member.

4.2.4. Sick leave is not accrued from year to year.

4.2.5. A combination of sick leave and vacation leave may be used to care for oneself or an immediate family member. When these two (2) leave categories are exhausted, any additional leave will be uncompensated (also see the program-specific Resident Leave policy).

4.3. **Administrative Leave**: Granted at the discretion of the program director, may not exceed 10 days per 12-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 work weeks of unpaid leave during a 12-month period based on the following qualifying events:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

4.5.1. Eligible residents who care for covered service members may also be eligible for up to 26 work weeks of unpaid leave in a single 12-month period.

4.5.2. Residents are eligible for FMLA leave if they have worked for MSM for at least one (1) year, have worked 1,250 hours over the previous 12 months, and have a qualifying event as outlined above. Direct all questions about FMLA leave to the Human Resources Department.

4.6. ACGME Leave Policy Requirements: IV.H.1.

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

4.6.1. IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

4.6.2. IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

4.6.3. IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

4.6.4. IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

4.6.5. IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core) IV.H.1.f) be available for review by residents/fellows at all times; (Core)

V. SHORT TERM DISABILITY:

5.1. Short-term disability (STD) is an MSM employee paid benefit offered to regular full-time employees and part-time employees who are eligible for benefits. The benefits are administered by an insurance carrier, which provides income continuation to employees who are unable to work for up to 26 weeks due to a non work-related illness or injury that prevents the performance of normal duties of their position.

5.2. Eligible employees must enroll for the STD program within 30 days of employment. If the employee does not enroll within 30 days of eligibility and would like coverage at a later date, the employee must provide evidence of insurability to gain coverage subject to approval by the insurance carrier.

5.3. There is a required 14-day benefit elimination period during which an employee must use any available accrued sick and/or vacation leave.

5.3.1. If an employee continues to be determined disabled after the benefit elimination period, the insurance carrier will pay sixty percent (60%) of his or her weekly salary until a decision is made that the employee is no longer disabled, or the employee's claim transitions to Long-Term Disability.

5.3.2. The maximum benefit period for STD is 26 weeks.

5.3.3. The benefit period could be shorter as determined by medical documentation submitted. For additional information, refer to MSM's Short Term Disability Policy (HR 6.01).

VI. LEAVE OF ABSENCE WITHOUT PAY:

6.1. Leave required beyond available compensated sick and/or vacation leave will be uncompensated Leave without Pay (LWOP).

6.1.1. Requests for LWOP shall be submitted in writing to the residency program director and reviewed by the Human Resources Department for disposition and approval no less than 30 days in advance of the start of any planned leave.

6.1.2. The request shall identify the reason for the leave and the duration.

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

6.2. MSM's Human Resources Department shall advise both the resident and the residency program director on applicable policies and procedures.

6.2.1. All applicable categories of compensated leave must be exhausted prior to a resident being granted LWOP.

6.2.2. Residents shall consult with the Human Resources Manager for Leave Management prior to taking LWOP.

VII. OTHER LEAVE TYPES:

All other leave types (e.g., military, bereavement, jury work, etc.) are explained in detail in MSM's Policy Manual which is available on the Human Resources Department Intranet webpage.

VIII. RETURN TO WORK:

8.1. For leave due to or serious health conditions of the resident, parent, or other family member, a physician's written Release to Return to Work form or equivalent is required with the date the resident is expected to return to resume his or her residency. This information is submitted to the Human Resources Department (HRD).

8.2. When applicable, the residency program director will record in writing the adjusted date required for completion of the PGY or the program because of Extended Resident Leave. One copy is placed in the resident's educational file and a copy is submitted to the Office of Graduate Medical Education (GME) to process the appropriate personnel action.

IX. PROGRAM LEAVE LIMITATIONS:

9.1. Leave away from the residency program includes the total of all leave categories taken within an academic year. This includes uncompensated Federal Family and Medical Leave or other Leave without Pay (LWOP).

9.2. All leave is subject to the requirements of the individual medical specialty boards and the ACGME-Residency Review Committee regarding the completion of the program.

9.2.1. It is the responsibility of each residency program director to determine the effect of absence from training for any reason on the individual's educational program and, if necessary, to establish make-up requirements that meet the Board requirements for the specialty.

9.2.2. Residents should review the current certification application eligibility requirements at the specialty board website.

X. PROGRAM-LEVEL LEAVE PROCESSES—MONITORING AND TRACKING:

10.1. All residency programs should have written guidelines for resident leave processes including how to request leave. Guidelines must be consistently applicable to all residents in the program.

10.2. Program managers are responsible for monitoring and tracking resident leave in MedHub and the Kronos systems.

10.3. Residents and fellows are prohibited from exiting their training before the official end date. All requests to leave early must be reviewed and approved by the program director and associate dean/DIO.

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Resident and Fellow Promotion Policy

I. PURPOSE:

1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA, current edition).

1.2. A resident will be prepared to undertake independent medical practice upon the successful completion of a residency program and shall have completed requirements to obtain a physician's license and prepare for certification by a specialty board.

II. SCOPE:

All MSM administrators, faculty, staff, residents, and accredited participating affiliates shall understand and support this policy and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

III. POLICY:

3.1. Residency education prepares physicians for independent practice in a medical specialty. A resident is expected to progressively increase his or her level of proficiency in order to advance within a residency program.

3.2. MSM's focus is on the resident's acquisition and development of pertinent skills and behaviors with the intent of providing a competent practicing physician to the community.

3.3. Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period.

IV. RESIDENCY PROGRAM PROMOTION:

4.1. Program Responsibilities

4.1.1. The resident will receive periodic, scheduled, written evaluations of his or her performance, progress, and competence in the program specialty as outlined in the MSM Evaluation Policy.

4.1.2. Residents must be familiar with ACGME Residency Review Committee 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:

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

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

- The residency program goals, objectives, and expectations
- The ACGME Specialty Program Requirements
- The six general competencies designed within the curriculum ofthe program
- Clinical rotations and/or other education modules with specific goals, objectives, and expected outcomes
- Schedules of assignments to support rotations
- The educational supervisory hierarchy within the program,rotations, and education affiliates
- 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 Residency Review Committee program requirements provide the outline of standards for advancement.

4.2.2. Upon a resident's successful completion of the criteria listed above, the residency program director will certify the completion by placing the semi-annual evaluations and the promotion documentation in the resident's portfolio indicating that the resident has successfully met the specialty requirements for promotion to the next educational level. If this is a graduating resident, the program director should place the Final Summative Assessment in the resident's portfolio.

4.3. Process and Timeline for Promotional Decisions

4.3.1. Normal promotion decisions are made no later than the fourth month of the appointment. Reappointment agreements are prepared based on the residency Clinical Competency Committee and program director's recommendation for promotion.

4.3.2. When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.

4.3.3. If a resident's appointment agreement is not going to be renewed, the residency program must notify the resident in writing no later than four (4) months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four (4) months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the appointment agreement expiration.

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

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Sleep Deprivation and Fatigue Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA, current edition) and training requirements of the Accreditation Council on Graduate Medical Education (ACGME). Resident education and patient care management can be greatly inhibited by resident sleepiness and fatigue.

II. SCOPE:

This policy is in direct response to requirements of the ACGME pertaining to fatigue mitigation and is designed to ensure the safety of patients as well as to protect the residents' learning environment. This policy is in addition to any policy established by MSM and its affiliate institutions regarding sleep deprivation and fatigue.

III. DEFINITION OF FATIGUE:

3.1. Fatigue is a feeling of weariness, tiredness, or lack of energy. Fatigue can impair a physician's judgment, attention, and reaction time which can lead to medical errors, thus compromising patient safety.

3.2. There are many signs and symptoms that would provide insight to one's impairment based on sleep deprivation. Clinical signs include:

- Moodiness
- Depression
- Irritability
- Apathy
- Impoverished speech
- Flattened affect
- Impaired memory
- Confusion
- Difficulty focusing on tasks
- Sedentary nodding off during conferences or while driving
- Repeatedly checking work and medical errors

IV. POLICY:

4.1. Programs must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes.

4.2. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

4.3. Each program must ensure continuity of patient care consistent with program resident wellness policies and procedures, if a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

4.4. The program's education and processes must be designed to:

4.4.1. Raise faculty and residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care.

4.4.2. Provide faculty and residents with tools for recognizing when they are at risk.

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

4.4.4. Help identify and manage impaired residents.

V. INDIVIDUAL RESPONSIBILITY:

5.1. Resident's Responsibilities in Identifying and Counteracting Fatigue

5.1.1. The resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (e.g., motor vehicle accidents).

5.1.2. The resident is expected to adopt habits that will provide him or her with adequate sleep to perform the daily activities required by the program.

5.1.3. If the resident is too fatigued to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (e.g., taxicab) or to take a nap prior to leaving the training site.

5.2. Faculty Responsibilities in Identifying and Counteracting Fatigue

5.2.1. Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of care to patients.

5.2.2. Faculty members will be able to determine if residents are sleep deprived and will make the appropriate recommendations to the resident that will correct this problem.

VI. MSM IMPLEMENTATION:

6.1. This policy uses the LIFE Curriculum as the source for recommendations and guidance on the management of sleepiness and fatigue in residents. The LIFE Curriculum was created to educate faculty and residents about the effects on performance by fatigue and other common impairments.

6.2. The policy is designed to:

6.2.1. Identify strategies to assist in the prevention of these conditions;

6.2.2. Provide an early warning system for impairments and ways to effectively manage them;

6.2.3. Access appropriate referral resources; and

6.2.4. Identify an impaired resident.

6.3. The Sleep Deprivation and Fatigue Policy is appropriate for all residency programs in that it:

6.3.1. Has a faculty component and a resident component;

6.3.2. Addresses policies to prevent and counteract the negative effects on patient care and learning;

6.3.3. Seeks the expertise of existing faculty to present materials;

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

6.4. The GME office shall sponsor a session during orientation where incoming residents will receive an introduction to Clinical Experience and Education (formerly Work Hours), sleep deprivation and fatigue, and other impairments.

6.4.1. New residents will continue the discussion about sleep deprivation and fatigue in their residency program.

6.4.2. Each program will revisit the topic periodically throughout the year through role play, videos, and other discussions (many of these materials are available through the LIFE Curriculum).

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

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

6.5.2. The LIFE Curriculum will suffice for this educational session; however, programs are encouraged, where appropriate, to adapt the modules or create new modules that are specific to their specialty.

6.6. Each program is encouraged to revisit the sleep deprivation and fatigue curriculum at least twice during the academic year in addition to preparation for the session that new residents receive during orientation.

VII. COUNSELING:

In the event that a resident is reported as one who appears to be persistently sleep-deprived or fatigued during service, the program director and faculty mentor will counsel the resident individually to determine if there are some medical, physical, or psychosocial factors affecting the resident's performance. An appropriate referral will be made based on the findings.

VIII. EVALUATION:

The effectiveness of this policy will be measured by:

8.1. The number of residents who report that they have received the training (ACGME Resident survey);

8.2. The number of residents who comply with the clinical experience and education requirements;

8.3. The assessment by faculty and others of the number of incidents by which a resident can be identified as fatigued during Work Hours and the number of medical errors attributed to resident fatigue.

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Supervision and Accountability Policy

I. PURPOSE:

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

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

II. SCOPE:

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

III. POLICY:

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

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

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

3.1.3. Establish a foundation for continued professional growth.

3.2. Each patient must have an identifiable, appropriately-credentialed, and privileged Attending physician (or licensed independent practitioner) who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the health care team, and patients.

3.3. Residents and faculty members must inform patients of their respective roles in each patient's care when providing direct patient care.

3.4. All residents working in clinical settings must be supervised by a licensed physician. The supervising physician must hold a regular faculty or adjunct faculty appointment from the Morehouse School of Medicine. For clinical rotations occurring outside of Georgia, the supervising physician must be approved by the residency program director.

3.5. The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

3.5.1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

3.5.2. The program director must evaluate each resident's abilities based on specific criteria guided by the Milestones.

3.5.3. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate him or her the appropriate level of patient care authority and responsibility. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of the residents.

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

3.5.5. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.

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

IV. LEVELS OF SUPERVISION:

4.1. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classifications of supervision:

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

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

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

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

4.2. Each program must specify in writing the type and level of supervision required for each level of the program.

4.2.1. Levels of supervision must be consistent with the Joint Commission regulations for supervision of trainees, graduated job responsibilities/job descriptions.

4.2.2. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

4.2.3. The Joint Commission Standards for GME Supervision include:

4.2.3.1. Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.

4.2.3.2. The descriptions include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

4.2.3.3. Organized medical staff rules and regulations and policies delineate participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting licensed independent practitioners from writing orders), and what entries, if any, must be countersigned by a supervising licensed independent practitioner.

V. SUPERVISION OF PROCEDURAL COMPETENCY:

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

5.2. This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying residents' procedural competency.

5.2.1. Residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the medical staff office to perform that procedure.

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

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

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

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

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

VI. GME PROGRAM SUPERVISION PROCEDURES AND PROCESSES:

6.1. Each program will maintain current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member.

6.2. Verification of required levels of supervision for invasive procedures will be reviewed as part of the Annual Program Review process. Programs must advise the Associate Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive procedures.

6.3. The GMEC Committee must approve requests for significant changes in levels of supervision.

6.4. The program director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on supervision must be included in the official program manual and provided to each resident upon matriculation into the program.

6.5. The GME Office provides a Program Supervision Policy Template and Example for programs to utilize.

VII. MECHANISMS FOR RESIDENTS AND FELLOWS TO REPORT INADEQUATE SUPERVISION:

Residents and fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal by completing the GME reporting policy for residents and fellows as provided in this manual.

VIII. CLINICAL RESPONSIBILITIES:

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident ability, severity and complexity of patient illness or condition, and available support services.

IX. TEAMWORK:

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty and larger health system.

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Telemedicine Policy

I. PURPOSE:

1.1. MSM's response to the COVID-19 pandemic must include telemedicine and tele-supervision in order to ensure the safety of our patients and our trainees.

1.2. Telemedicine can foster the development of communication skills in resident and fellow physicians using this emerging and emergently needed care modality, as well as in future health care.

II. SCOPE:

2.1. This policy applies to residents, fellows, and chief residents participating in Morehouse School of Medicine (MSM) Graduate Medical Education (GME) training programs, accredited by the Accreditation Council of Graduate Medical Education (ACGME).

2.2. Residents, fellows, and chief residents are hereafter referred to as "trainees."

III. BACKGROUND:

3.1. Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support, using telecommunications technologies.[1]

3.2. These means and methods include telephonic, live video, mobile health, remote patient monitoring, store-and-forward, and EHR patient portal modalities.

IV. POLICY:

4.1. Telehealth privileges are required for all Morehouse School of Medicine providers before performing direct, live, video provider-to-patient services via telehealth, in order to ensure patient safety, patient satisfaction, and appropriate billing procedures.

4.2. Residents and fellows (trainees) can engage in telemedicine, as long as trainees and their supervising faculty follow supervision requirements as if the same function were performed in person.

4.3. Supervision can take place through telemedicine, either by having an Attending join a synchronous interaction (telephone, video) when technically feasible, or by staffing the patient with a supervising physician at a later time, with the intent to mimic in person workflows.

[1] Center for Connected Health Policy. About telehealth. https://cchpca.org/about/about-telehealth. Published2019. Accessed April 3, 2020

4.4. These workflows must be compliant with the ACGME Common Program Requirements for Direct and Indirect Supervision that further stipulate:

4.4.1. Programs must define when physical presence of a supervising physician is required.

4.4.2. Direct Supervision

4.4.2.1. PGY-1 residents must initially be supervised directly with the supervising physician physically present with the resident during the key portions of the patient interaction. (VI.A.2.c).(1).(a)

4.4.2.2. The supervision physician and/or patient is not physically present with the resident within the hospital or other site of patient care and is concurrently monitoring the patient care through appropriate telecommunication technology. (VI.A.2.c.(1).(b)

4.4.3. Indirect Supervision–The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide direct supervision. (VI.A.2.c).(2)

4.4.4. Oversight—The supervising physician is available to provide review of the procedure/encounters with feedback provided after care is delivered. (VI.A.2.c).(3)

4.5. Trainees must not act independently through telemedicine if the trainee would not have acted independently in person for a similar encounter.

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USMLE Step 3 Requirement Policy

I. PURPOSE:

1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) 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.

1.2. A resident who is prepared to undertake independent medical practice shall have completed requirements to obtain a physician's license.

II. SCOPE:

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

III. POLICY:

3.1. Residents must pass USMLE Step 3 by their 20th month of residency.

3.1.1. Residents must present the official results of their USMLE Step 3 examination to the residency program director before the last working day of the resident's 20th month which is, in a normal appointment cycle, February.

3.1.2. Residents who have not passed Step 3 by the end of the 20th month will not receive a reappointment letter to a residency program at the regular time.

3.2. Residents who pass USMLE Step 3 between the 21st and 24th month, will receive a reappointment letter to a residency program at the time of receipt of the results if this is the sole reason for not receiving an appointment letter.

3.3. A resident who passes USMLE Step 3 beyond the outer parameters of this policy (e.g., passes in the 25th month) shall not be waived to continue in the residency program. However, that resident may reapply to the program subject to review by the Associate Dean for Graduate Medical Education in consultation with the program director and the Director of Graduate Medical Education.

3.4. Residents who transfer to MSM at the PGY-1 or PGY-2 level are subject to this policy.

3.4.1. MSM residents who change status to a categorical position in another MSM program, after beginning training in a PGY-1 preliminary position in internal medicine or surgery, are recognized as a transfer resident.

3.4.2. This policy applies even if the resident remains in Internal Medicine or Surgery (preliminary to categorical).

3.5. MSM residency programs shall not select transfer residents above the PGY-2 level for an MSM appointment if they have not passed USMLE Step 3.

3.6. Residents shall be briefed on this policy in the annual GME orientation.

3.6.1. Residents who have not passed USMLE Step 3, but are still within the time limits, must sign a letter of understanding that they acknowledge the policy.

3.6.2. A copy of the letter of understanding is co-signed by the GME Director and shall be placed in the resident's educational file as well as in the Office of Graduate Medical Education file.

3.7. Individual waivers to this policy may be considered by the Senior Associate Dean for Graduate Medical Education under the following circumstances:

3.7.1. Extended illness or personal leave, and/or

3.7.2. Personal hardship or extenuating circumstances.

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Visiting Resident and Fellow Rotations Policy and Application

I. PURPOSE:

The purpose of this policy is to provide guidelines for residents and fellows from other ACGME-accredited programs to rotate on clinical services offered by the Morehouse School of Medicine (MSM) residency and fellowship programs based at Grady Memorial Hospital (GMH). Visiting residents' and fellows' applications must be approved by the program director, designated institutional official (DIO), and GMH.

II. SCOPE:

All Morehouse School of Medicine 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 and fellow appointments at Morehouse School of Medicine.

III. POLICY:

3.1. Morehouse School of Medicine residency and fellowship programs must request approval from the GME Office for all residents and fellows visiting from other ACGME-accredited programs by completion of the visiting resident or fellow's application process.

3.2. Visiting resident or fellow rotations must be in support of the mission of MSM and/or provide a unique educational experience for the visiting resident or fellow.

3.3. The education of a visiting resident or fellow must not interfere with the education of MSM residents or fellows.

3.4. MSM will not pay the salary and benefits of the visiting resident or fellow.

3.5. Visiting residents or fellows may not take vacation time during visiting rotations.

IV. VISITING RESIDENT AND FELLOW REQUIREMENTS AND APPLICABLE PROCEDURES:

4.1. Visiting residents and fellows must be in good standing at their Sponsoring Institution or program.

4.2. The visiting resident or fellow must request approval from the program director of the MSM residency or fellowship program before between four (4) to six (6) months of the visiting rotation start date.

4.3. When approved, the visiting resident or fellow must work with their program and Sponsoring Institution to complete and submit the MSM Application for Visiting Residents or Fellows, all accompanying documents, and required GMH paperwork no later than 90 days prior to the start of the visiting rotation.

4.4. The visiting resident or fellow must provide proof in writing of continuation of compensation, benefits, and medical professional liability coverage from his or her current Sponsoring Institution.

4.5. The visiting resident or fellow must obtain a Georgia resident training physician permit or full physician license.

V. MSM PROGRAM DIRECTOR PROCEDURES AND REQUIREMENTS:

Prior to approving a visiting resident or fellow to rotate on an MSM service or rotation, the program director of the MSM residency/fellowship program must ensure that the following procedures have been completed.

5.1. Notify the GME office of the proposed visiting resident or fellow by completing and submitting the visiting resident or fellow's request form and required documentation to the GME office within between four (4) to six (6) months before the start of the rotation. Required information includes:

5.1.1. Resident or fellow's full name, phone number, and email address used at the home institution,

5.1.2. Name of the home institution and program,

5.1.3. Contact information for the resident or fellow's home training program and GME office, and

5.1.4. Proposed rotation dates.

5.2. Ensure that the visiting resident or fellow's education will not interfere with the education of any MSM residents or fellows while on rotation at MSM.

5.3. Ensure that the program will continue to meet the required volumes for patients and/or procedures.

5.4. Verify that the visiting resident or fellow is in good standing in an ACGME-accredited program.

5.5. Verify that the visiting resident or fellow possesses or is eligible for a Georgia physician training permit or full physician license.

5.6. Provide appropriate evaluation of the visiting resident or fellow to his or her current program within two (2) weeks of the end of the rotation.

VI. MSM GME OFFICE PROCEDURES AND REQUIREMENTS:

6.1. After the visiting resident or fellow's rotation is approved by the DIO and GMS, the MSM Graduate Medical Education Office will complete the following steps:

6.1.1. Provide the visiting resident or fellow with the application and required paperwork to complete and return within between three (3) and four (4) months of the rotation start date.

6.1.2. Ensure compliance with the MSM and Grady visiting resident and fellow rotations policy.

6.1.3. Verify that the visiting resident or fellow has documented continuation of salary, benefits, and medical professional liability coverage.

6.1.4. Provide the visiting resident or fellow with information to complete the application process to obtain a Georgia training permit or full license per the Georgia Composite Medical Board requirements.

6.2. Work with GMH to obtain parking and ID badges.

Visiting Resident or Fellow Rotations (VR/FR) Checklist of Required Documentation

- ❒ Request form from MSM program director
- ❒ Program Letter of Agreement (PLA)
- ❒ Rotation specific competency-based goals and objectives
- ❒ VR/FR Application
- ❒ Current Curriculum Vitae
- ❒ Georgia physician training permit or physician license
- ❒ Certificate of Medical Professional Liability Coverage
- ❒ Proof of current, site-specific, required documentation for the academic year in which the rotation is occurring, including:
  - HIPAA Training
  - OSHA (Bloodborne Pathogen Training)
  - Immunization Health History (PPD and Flu compliant)
  - Others as required
- ❒ Completion of Grady Memorial Hospital site-specific training and learning modules. This information is provided when the rotation is approved.

For questions regarding visiting resident and fellow rotations, contact Yvonne Gilbert, GME Institutional Program Manager at (404) 752-1566; ygilbert@msm.edu.

GRADUATE MEDICAL EDUCATION

Application for Visiting Resident and Fellow Rotations

The completed application and all required documentation must be completed and submitted no later than 90 days prior to the start of the rotation. Submit the documentation via email to ygilbert@msm.edu or send by postal mail to Yvonne Gilbert, MPH, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310. Direct questions to Colleen Stevens in the GME Office at (404) 752-1566.

APPLICATION CHECKLIST

The following items are required to complete the application for a visiting rotation at Morehouse School of Medicine.

- ❒ Completed Georgia Training Permit application
- ❒ Letter of good standing from current program director
- ❒ Curriculum Vitae
- ❒ Immunization record (form attached, must include up-to-date PPD and flu shot documentation)
- ❒ Certificate of Professional Liability Insurance Coverage
- ❒ Copy of BLS/ACLS Certification
- ❒ Completed affiliate hospital paperwork for the location of the rotation, i.e., Grady or the VA
- ❒ Proof of current academic year HIPAA Training and Bloodborne Pathogen Training
- ❒ Program Letter of Agreement (PLA)
- ❒ Rotation Competency-Based Goals and Objectives

Application for Visiting Resident and Fellow Rotations

Submit 90 days in advance of anticipated rotation start for processing.

MSM ROTATION INFORMATION

MSM Program: _____

Rotation Name: _____

Requested Dates of Rotation: From: _____ To: _____

VISITING RESIDENT INFORMATION

First Name: _____ Last Name: _____

Address: _____ Email: _____

Phone Number: _____ NPI: _____

PGY Level: _____ Date of Birth: _____ Last Four Digits of SSN: _____

EDUCATIONAL BACKGROUND

Medical School: _____ Date of Graduation: _____

CURRENT RESIDENCY PROGRAM INFORMATION

Institution Name: _____ Training Program: _____

Program Director Name: _____

Program Director Phone: _____ / Email: _____

Program Coordinator Name: _____

Program Coordinator Phone: _____ / Email: _____

GME Office Contact Name: _____

GME Office Contact Phone: _____ / Email: _____

MALPRACTICE INFORMATION

Applicants must provide proof of malpractice insurance. Submit a copy of the certification of liability coverage with your application.

Do you have current malpractice coverage? Yes ❒ No ❒

Insurance Carrier Name:_____

Coverage Limits (Minimum of $1 million / $3 million): _____

APPLICANT ATTESTATION

By applying for a visiting rotation with the Morehouse School of Medicine Graduate Medical Education, I agree to abide by the rules and regulations of the hospital and service to which I am assigned. I understand that Morehouse School of Medicine will not provide a stipend, benefits, and professional liability.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

HOME INSTITUTION PROGRAM DIRECTOR APPROVAL

By signing below, I confirm that the resident or fellow applying for a visiting rotation at Morehouse School of Medicine is in good standing and approved to complete the requested rotation. I also confirm that the resident or fellow's home institution will continue to provide the stipend, benefits, and professional liability insurance for the resident.

Signature of Home Institution Program Director: _____ Date: _____

Printed Name of Home Institution Program Director: _____

MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL

I approve the rotation of the above-named resident as specified. I confirm that the visiting resident or fellow rotation will not adversely affect the educational experience of any Morehouse School of Medicine residents or fellows.

Signature of Program Director: _____ Date: _____

Printed Name of Program Director: _____

MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL

Approved: ❒ Approved by: _____ Date of Approval: _____

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Well-Being Policy

I. PURPOSE:

In compliance with ACGME well-being requirements section VI.C., in the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is a vital component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

II. SCOPE:

Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

III. POLICY:

3.1. The responsibility of programs in partnership with their Sponsoring Institutions must include:

3.1.1. Enhance the meaning that each resident finds in the experience of being a physician, including:

3.1.1.1. Protecting time with patients

3.1.1.2. Minimizing non-physician obligations

3.1.1.3. Providing administrative support

3.1.1.4. Promoting progressive autonomy and flexibility

3.1.1.5. Enhancing professional relationships

3.1.1.6. Paying attention to scheduling, work intensity, and work compression that impacts resident well-being

3.1.1.7. Evaluating workplace safety data and addressing the safety of residents and faculty members

3.1.1.8. Policies and programs that encourage optimal resident and faculty member well-being

3.1.2. Provide the opportunity for residents to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

3.1.3. Attend to resident and faculty member burnout, depression, and substance abuse.

3.1.3.1. The program, in partnership with its Sponsoring Institution must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.

3.1.3.2. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

3.1.4. Encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

3.1.5. Provide access to appropriate tools for self-screening.

3.1.6. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

3.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies, and parental leave.

3.2.1. Each program must have policies and procedures in place that ensure coverage of patient care.

3.2.2. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

IV. WELL-BEING RESOURCES:

4.1. MSM Connect Wellness Resources— https://msmconnect.msm.edu/group/mycampus/wellness

4.2. The program director of the individual residency or fellowship will contact the program director of the resident or fellow's training program with any concerns and/or issues regarding resident and faculty well-being.

4.3. Cigna Employee Assistance Program (EAP), CARE 24/7/365

4.3.1. This benefit is available for residents through a self-referral or for family assistance.

4.3.2. Residents are briefed on these programs by HR during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.

4.3.3. More information regarding these programs is available in the Human Resources Department at (404) 752-1600, or through Cigna EAP directly at (877) 622-4327 and online at www.CignaBehavioral.com. Log in using employer ID: MSM.

MSM Office of Counseling Services

National Center for Primary Care Room 221
720 Westview Drive SW Atlanta, GA 30310
Office: (404) 752-1778
Fax: (404) 756-5224
Shawn Garrison, PhD
http://www.msm.edu/Current_Students/counselingservices/index.php

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MSM Institutional Policies

For the most current and up-to-date MSM institutional policies, contact the MSM Human Resources Department at (404) 752-1600

or

MarlaThompson
Title IX Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Harris Building
Atlanta, GA 30310
Direct phone: (404) 752-1871
Fax: (404) 752-1639
Email: mthompson@msm.edu