MOREHOUSE SCHOOL OF MEDICINE

Pulmonary Disease and Critical Care Medicine Program Policy Manual

Academic Year 2023-24

Table of Contents

Table of Contents **2**
Preface—Our Vision and Mission **4**
Graduate Medical Education (GME) **5**
The Scope of This Manual **6**
Welcome from the GME Office! 7
Message from the Director 8
Welcome from the Resident Association **9**
Resident Association Mission 9
Bylaws of the Morehouse School of Medicine Resident Association 9
General Information for Faculty Members **13**
General Information for Residents and Fellows **15**
Department of Medicine Faculty Roster **21**
Graduate Medical Education Personnel 22
Orientation **24**
Fellow's Administrative File 24
A.I.R 24
Online Databases for Medicine and Pulmonary Critical Care 25
Fellowship Reference Calendar **26**
Faculty Advisor Roles and Responsibilities **27**
Educational Managers, Coordinators, Course Directors **27**
Work Hours Overview **28**
Clinical and Educational (Duty) Hour Logs 29
Away Electives 29
Call Schedule 29
Conferences 29
Pulmonary Disease and Critical Care Fellow Position Descriptions **32**
Post Graduate Fellow, First Year, PGY-4 32
Post Graduate Fellow, Second Year, PGY-5 35
Post Graduate Fellow, Third Year, PGY-6 37
Fellowship Evaluations **39**
Evaluation of Clinical Competence 39
APCCMPD In-Service Examinations 40
Certifications **41**
ABIM Certification in Pulmonology 41
ABIM Certification in Critical Care Medicine 42
Scholarly Activity 43
Conferences and Presentations 43
Abstract Submission Form 45
Travel Request Form 46
Fellowship Block Schedule Required Electives **48**
Goals and Objectives by Rotation **49**
Assessments for Rotations 49
Bronchoscopy Rotation ..... **Error! Bookmark not defined.**
Burn ICU Rotation ..... **Error! Bookmark not defined.**
Cardiac Intensive Care Unit Rotation ..... **Error! Bookmark not defined.**
VA Ambulatory Rotation ..... **Error! Bookmark not defined.**
Elective Rotation ..... **Error! Bookmark not defined.**
Interstitial Lung Disease (ILD) Clinic Rotation ..... **Error! Bookmark not defined.**

Medical Intensive Care Unit (MICU) Rotation (Grady/VA)..... **Error! Bookmark not defined.**
Neurosciences ICU Rotation ..... **Error! Bookmark not defined.**
Pulmonary Function Testing/Ultrasound Rotation ..... **Error! Bookmark not defined.**
Exercise and Pulmonary Rehabilitation Rotation..... **Error! Bookmark not defined.**
Pulmonary Consult Rotation..... **Error! Bookmark not defined.**
Pulmonary Pathology Rotation ..... **Error! Bookmark not defined.**
Pulmonary Procedures Rotation..... **Error! Bookmark not defined.**
Research Rotation ..... **Error! Bookmark not defined.**
Sleep Rotation ..... **Error! Bookmark not defined.**
Surgical ICU Rotation ..... **Error! Bookmark not defined.**
Graduate Medical Education Committee (GMEC)..... 108
Policies, Procedures, Processes, and Program Templates 108
Adverse Academic Decisions and Due Process Policy..... 109
Annual Institution and Program Review Policy 119
Concern and Complaint (Grievance) Policy for Residents and Fellows..... 124
Disaster Preparedness Policy 127
Educational Program Requirements Policy..... 133
Evaluation of Residents, Fellows, Faculty, and Programs Policy..... 138
Graduate Medical Education Committee Purpose and Structure Policy..... 145
International Elective Rotations Policy and Application..... 149
Moonlighting Policy..... 159
Night Float Policy..... 164
Patient Hand-Off—Transitions of Care Policy..... 169
Professionalism Policy..... 173
Resident and Fellow Eligibility, Selection, and Appointment Policy 179
Resident and Fellow Impairment Policy 191
Resident and Fellow Learning and Working Environment Policy..... 195
Resident and Fellow Leave Policy..... 203
Resident and Fellow Promotion Policy..... 207
Sleep Deprivation and Fatigue Policy 210
Supervision and Accountability Policy..... 214
Telemedicine Policy..... 218
Tracking, Monitoring, Logging, and Reporting Policy 220
Transitions of Care Policy for Pulmonary Disease Critical Care 223
USMLE Step 3 Requirement Policy 226
Visiting Resident and Fellow Rotations Policy and Application..... 228
Well-Being Policy..... 234
MSM Institutional Policies 236
Accommodation of Disabilities Policy..... 237
Affirmative Action/Equal Employment Opportunity Policy 240
Nepotism Policy 241
Sex/Gender Non-Discrimination and Sexual Harassment Policy..... 243
Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy..... 261
Workers' Compensation Policy..... 273

Preface—Our Vision and Mission

MSM Vision

Leading the creation and advancement of health equity by:

- Translating discovery into health equity
- Building bridges between healthcare 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 healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

"We are on a mission"

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

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

Put simply, we attract and train the doctors and health professionals America needs most: those who will care for underserved communities; those who will add racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague the community 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 the continuum of medical education. 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 healthcare 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 practitioners who will broaden the diversity in healthcare and 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 healthcare while offering culturally competent and compassionate care. We strive to develop leaders who provide this culturally sensitive care to an inclusive patient and patient family populations and who will develop innovative approaches to widen the pipeline for quality healthcare and promote the advancement of health equity.

Graduate Medical Education Institutional Wellness Statement

MSM creates, nurtures, and sustains a diverse and inclusive culture and psychologically safe learning and work environments 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.

EXCELLENCE

KNOWLEDGE

SERVICE

WISDOM

The Scope of This Manual

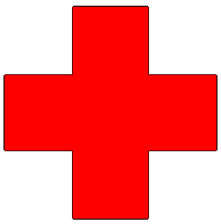
The Graduate Medical Education (GME) Policy Manual is an outline of the basic GME policies, practices, and procedures at Morehouse School of Medicine (*MSM* or *School*). The GME Policy Manual is intended only as an advisory guide. **The term *resident* in this document refers to both specialty residents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

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



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 Office (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/fellowship programs provide and pay for the following resources:

- Board review preparation for seniors
- Yearly book allowance
- iPads or laptops for all new residents/fellows
- 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 life-long teacher, 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/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, M.D., F.A.C.P.
ACGME Designated Institutional Official

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

Message from the Director

Welcome to the Pulmonary Disease and Critical Care Medicine Fellowship Program at Morehouse School of Medicine. We are very proud to offer a robust clinical, educational, and research training program in Pulmonary Disease and Critical Care Medicine at Morehouse.

The Pulmonary Disease and Critical Care Medicine Program at Morehouse School of Medicine primarily involves activities at Grady Memorial Hospital (the largest community hospital in metro Atlanta) and the Atlanta Veterans Affairs Hospital. Each institution offers fellows exposure to a unique patient population covering a vast array of pulmonary pathology and critical care conditions. Fellows also receive training in private practice settings at Morehouse Healthcare and South Atlanta Pulmonary. In addition, our fellows have access to a state-of-the-art research facility and a well-equipped simulation center located at Morehouse School of Medicine's main campus.

Our faculty is comprised of highly experienced pulmonary and/or critical care specialists with years of experience in academic medicine. Fellows and faculty members will engage in vibrant discussions during weekly conferences and our monthly Journal Club. Many fellows will have the opportunity to present their research at prestigious national and international meetings such as CHEST, the American Thoracic Society (ATS), and the Society for Critical Care Medicine (SCCM).

The Pulmonary and Critical Care Fellowship Program at Morehouse School of Medicine places a high priority on physician well-being, patient safety, and quality improvement. Our program includes courses and workshops dedicated to educating fellows on signs and symptoms of burnout, strategies for developing resilience, and the importance of a just culture environment.

The mission of our Pulmonary Disease and Critical Care Medicine training program is to produce well-trained pulmonary and critical care medicine specialists equipped with the knowledge and skills to deliver safe, high-quality care to patients.

Marilyn Foreman, MD, MS
Program Director, Pulmonary Critical Care Medicine Fellowship

Welcome from the Resident Association

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

Membership in the RA is extended to all residents. These bylaws 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 direct involvement in policy-making, institutional administration, and interdepartmental coordination.

Resident Association Mission

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

Bylaws of the Morehouse School of Medicine Resident Association

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

ARTICLE I

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

ARTICLE II

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

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

Section 1: Officers

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

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

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

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

Section 2: Committees

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

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

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

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

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

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

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

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

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

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

ARTICLE IV
MEETINGS

Section 1: Regular Meetings—RA Council

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

Section 2: Special Meetings—Executive Committee

A. Special meetings of the Executive Committee or of the Resident Association Council may be called at any time by the President of the Resident Association.
B. The Director of Graduate Medical Education shall be invited to regular Executive Committee and RA Council meetings in an advisory capacity and shall be excused from such meetings, if necessary, when residents choose to discuss confidential RA matters.

Section 3: Quorum

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

Section 4: Meeting Agendas

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

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

ARTICLE V
AMENDMENTS

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

ARTICLE VI
ADOPTION

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

Return to Table of Contents

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, 2019):

> 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/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.
>
> 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/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

There must be a sufficient number of faculty members with competence to instruct and supervise all residents/fellows.

<u>Responsibilities of Faculty Members</u>

Faculty members must:

- Be role models of professionalism.
- Commit to the delivery of safe, equitable, high quality, cost-effective, patient-centered care.
- Demonstrate a strong interest in the education of residents/fellows.
- Devote sufficient time to the educational program to fulfil their supervisory and teaching responsibilities.
- Administer and maintain an educational environment conducive to educating residents/fellows.
- Participate regularly in organized clinical discussions, rounds, journal clubs, and conferences.
- Pursue faculty development designed to enhance their skills at least annually:
    - As educators and evaluators,
    - In eliminating health inequities,
    - 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
- Possess current medical licensure and appropriate medical staff appointment.

Core faculty members must:

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

Any non-physician faculty members who participate in residency/fellowship program education must be approved by the program director.

ACGME Specialty Review Committees

ACGME Specialty Review Committees:

- 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).

Return to Table of Contents

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 briefed and tested 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 and recommends annual stipend (salary) amounts for each PGY level.
- The stipend scale allows residents to receive an increase in compensation for each graduated education level.
- An individual assigned as a chief resident will receive a higher stipend amount for his or her administrative duties.
- Paychecks are available biweekly through 26 pay periods per calendar year.

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 use Morehouse School of Medicine email addresses for all business and educational email communication. MSM email addresses are provided/assigned at the beginning of residency training.

Exposures to Blood, Body Fluids, and Biohazardous Materials

- Workers' Compensation Insurance provides compensation and/or medical care for workers who are injured or become ill as a direct result of their job. Coverage begins on the resident's first day of employment.
- In addition to contacting required person(s) at the hospital/site, residents must also contact Ms. Arlene Godfrey, MSM Human Resources, Employee Relations, Clinical Services at (404) 752-1964 and agodfrey@msm.edu for all work-related injuries and/or exposures including: blood, body fluids, needle sticks, and biohazardous exposures.

- Prior to evaluation and/or treatment, residents MUST be assigned a Workers' Compensation number and choose from an MSM Panel of Healthcare Providers. For additional information, refer to MSM's Workers' Compensation Policy (HR 6.03).

Fringe Benefits and Resources for Residents/Fellows

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

  Residents and fellows of the Pulmonary Disease and Critical Care Fellowship Program are also provided:

  - Dental insurance
  - Life insurance
  - Professional liability insurance
  - Electronic tablets

  Detailed information on fringe benefits for residents can be provided by the MSM Human Resources Department at (404) 752-1607 or benefits@msm.edu. Residents/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, Ph.D. at (404) 752-1789, or 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.
- **Pagers**:
  - The program provides pagers and holders to all fellows at no charge.
  - The resident/fellow must wear their pagers at all times while on duty and are expected to respond to pages within 10 minutes.
  - Pagers are alpha numeric and receive both text and numeric messages.
  - Malfunctioning pagers are replaced at no charge to the fellow. The units are exchanged in the Main Internal Medicine Department Offices through Ms. Saunder Reid, (404) 756-8904.
  - Fellows will be charged a $42 fee for lost or stolen pagers.

- **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/fellows are cautioned that to fulfill the program requirements and that of the specialty certification board, it may be necessary for the resident to spend additional time in the program to make up for time lost when utilizing the various leave options.
    - **Resident/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**: Compensated sick leave is 15 days per year. This time can be taken for illness, injury, and medical appointments for the resident or for the care of an immediate family member. Sick leave is not accrued from year to year. A combination of sick leave and vacation leave may be used to care for oneself or an immediate family member. When these two leave categories are exhausted, any additional leave will be uncompensated (residents should also refer to the program-specific Resident Leave Policy).

      Residents are expected to be prudent in using sick days only as needed for illness which precludes the resident from working, based on the severity of illness or high risk of transmission of illness with subsequent harm to patients or colleagues (e.g., influenza). If a resident is out on sick leave for more than 24 hours, the resident must submit a note from a physician, other than him- or herself, and any other supporting documentation. Although residents are not required to make up sick time, if the resident misses an essential clinical experience (e.g., ECC shift, continuity clinic), he or she is required to complete the essential clinical experience at another assigned time.
    - **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 should contact Marla Thompson in the Human Resources Department (HRD) and the Office of Disability Services and Leave Management at (404) 752-1871 or at 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/fellows should discuss with the program director the impact of the leave on a possible delay in program completion. The MSM-Human Resources Department shall determine the feasibility and all applicable criteria prior to a resident/fellow being granted LWOP and shall advise both the resident and the corresponding residency/fellowship program regarding details and procedures.

- **Maternity/Paternity Leave**: Based on the American Board of Internal Medicine specifications, if a fellow misses more than 30 days during their training (excluding vacation), their training must be extended. If a fellow misses 30 days or less, that time can be excused depending on the fellow's record, a position of good standing, and the discretion of the program director with input from the Clinical Competency Committee (CCC).
- **Administrative/Educational Leave**: The program provides a maximum of 10 days paid administrative leave in order for fellows to attend educationally based conferences. This time away is applied over the entire three (3) years of fellowship training and requires approval from the program director prior to taking the leave. Leave for job interviews for third year fellows should be scheduled for the fellow's day off. Approval of additional time off for interviews is decided on a case by case basis. All leave must be approved by the program director.
- **Other Leave Types**: All leave types are explained in detail in the Morehouse School of Medicine Human Resource Policy Manual and made available by contacting Marla Thompson at (404) 752-1871.

- **Library Services and Multimedia Services**: These services are available at Morehouse School of Medicine to include electronic media search access. Libraries are available at inpatient facilities but vary in the content and services available. Ambulatory care facilities have limited libraries. All residents/fellows have on-line 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 work responsibilities, salary, hours, career progress, benefits, or other terms and conditions of employment of one relative could be influenced by the other relative.
  - Each employee, student, or resident/fellow has a responsibility to keep his/her supervisor, the appropriate Associate Dean or Residency/Fellowship Program Director and Human Resources informed of changes relevant to this policy.
- **Office of Disability Services**: For information regarding disabilities, contact Marla Thompson at (404) 756-1871 or at ods@msm.edu.
- **Parking Facilities**: Parking is available at each clinical affiliate and may require payment of a reasonable fee.

Licensure and Certification

- Fellows are required to apply for and have their Georgia State Medical License prior to entrance to the program. This is paid for by the institutional GME or fellowship. Fellows can apply at the following website: http://medicalboard.georgia.gov/initial-physician-licensure.
- Fellows are required to be certified, and maintain certification, in Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) throughout their fellowship.

National Provider Identifier

- Fellows must have a National Provider Identifier (NPI) and use their NPI number for writing prescriptions.
- To apply for an NPI:
    - Fellows who have a Social Security Number can apply by clicking the following link: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do
    - Fellows who do not have a Social Security Number can apply using the hard copy application, available by clicking the following link: http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf
- Fellows who already have an NPI must change the business address of the NPI to the mailing address of the fellow's MSM program. For more information, the fellow can contact the MSM program.

Mailboxes

- Fellows' mailboxes are located in the department offices.
- During this rotation, fellows will purge their mailboxes on a weekly basis.
- Fellows are strongly encouraged to change all mailing addresses to their home address which ensures that the fellow will receive important mailings in a timely fashion.

Professional Organizations

- The program provides support for the fellow's annual membership in the American College of Physicians, as well as to the Georgia Chapter of the ACP.
- Each fellow is strongly encouraged to become an active member of the Georgia American College of Physicians and to take full advantage of the organization's educational resources.

Clinical Competency Committee

- The fellowship program has several advisory committees that work throughout the academic year. The primary committee for fellowship competency oversight is the Clinical Competency Committee (CCC) which monitors all fellows and ensures that they are performing at a satisfactory level.
- Members of the committee include the program and associate program directors, selected faculty members, and senior fellows. The committee meets semiannually.

- See the Evaluation of Residents, Fellows, Faculty, and Programs Policy section of this manual for more information about the CCC.

Adherence to Policies and Procedures

All fellows must comply with the policies and procedures of the program, GME, MSM, and all affiliate hospitals and sites where rotations are provided. The electronic version of the manual can be found on the Pulmonary Disease Critical Care Fellowship home page on New Innovations.

Return to Table of Contents

Department of Medicine Faculty Roster

Chairperson	Grady Chief of Service
Richard Snyder, MD	Nicholas Bakinde, MD

Cardiology		
Anekwe E. Onwuanyi, MD Section Chief	Melvin Echols, MD Fellowship Program Director	Mohammed Alkubeysi, MD Fellowship Associate Program Director
Adefisayo Oduwole, MD	Elizabeth Ofili, MD	Jalal Ghali, MD
Herman Taylor, MD	Jo Ann Cross, RN	Koreen Hall, NP-C
Yasir Taha, MD		

Endocrinology	
Suman Jana, MD Section Chief	Martha Elks, MD

Gastroenterology		
Michael Flood, MD Section Chief	Benjamin Renelus, MD	Chantal Navalah, FNP-BC

General Internal Medicine		
Chinedu Ivonye, MD Section Chief	Ganiat Adeogun, MD	David W. Anderson, MD
Nicolas Bakinde, MD	Victor J. Blake, MD	Cinnamon Bradley, MD
Poorvia Chordia, MD	Marvin L. Crawford, MD	Balsam El-Hammali, MD
Hafiz Fadl, MD	Priscilla Pemu, MD	Khadeja Johnson, MD
Imran Khan, MD	David Malebranche, MD	Adesoji Oderinde, MD
Kencliffe Palmer, MD	Geetanjali Vasandani, MD	Judith Volcy, DO

Geriatrics
Yohannes Endeshaw, MD Section Chief

Hematology/Oncology		
Sanjay Jain, MD, Section Chief	Sri Lakshmi Kollepara, MD	Myra E. Rose, MD

Infectious Disease		
Harold G. Stringer, MD, Section Chief	Austin Chan, MD	Mesfin Fransua, MD

Nephrology	
Chamberlain I. Obialo, MD Section Chief	Khalid Bashir, MD

Pulmonary/Critical Care		
Eric Flenaugh, MD Section Chief	Marilyn Foreman, MD Fellowship Program Director	Rao Mikkilineni, MD Marshaleen Henriques King, MD Cindy
Richard Snyder, MD	Gloria E. Westney, MD	Mario Ponce, MD

Neurology	
Roger Simon, MD Section Chief	Chantale O. Branson, MD

Graduate Medical Education Personnel

Assistant Dean/ Designated Institutional Official	Dean of GME	Director of GME
Chinedu Ivonye, MD 22 Piedmont Hall (404) 752-1857 civonye@msm.edu	Tammy Samuels, MPA 22 Piedmont Hall (404) 752-1011 tsamels@msm.edu	Jason Griggs 22 Piedmont Hall jgriggs@msm.edu
Data Management Specialist	**Director of Administration and Finance**	**Fellowship Program Manager**
Felicia Underwood 22 Piedmont Hall (404) 756-1348 funderwood@msm.edu	Erna Wilkerson, MHA, Med 22 Piedmont Hall (404) 752-1884 ewilkerson@msm.edu	Wendi Wright, MSc 22 Piedmont Hall (404) 756-1307 wewright@msm.edu

Return to Table of Contents

Orientation

Orientation for new fellows is held approximately one (1) week prior to beginning their F1 year (July 01). During orientation, fellows receive an introduction to the administrative and academic requirements of the Pulmonary and Critical Care Medicine Fellowship Program, the Department of Internal Medicine, Morehouse School of Medicine, Grady Memorial Hospital, and the Atlanta VA Medical Center.

Orientation includes information about the faculty, rotation and call schedules, conferences, advisors, evaluation procedures, benefits, and policies. The MSM Office of Graduate Medical Education conducts a Grady House Staff orientation which includes a review of discharge planning, on-call rooms, medical records, nursing services, and OSHA training.

Fellow's Administrative File

Throughout the three (3) years of fellowship training, the following records will be retained in the permanent file for each fellow:

- ERAS application and supplemental materials
- Credentials, including degree, transcripts, and curriculum vitae
- Copies of temporary training permits, licensure, liability insurance
- Transfer records indicating previous training, performance, and a statement of integrity
- Examination scores (USMLE, Clinical Competency Exam, In-Training Exam)
- Signed attestation indicating receipt of goals and objectives
- Evaluation summaries
- Evidence of scholarly and PS/QI activity
- Record of procedures performed by the fellows (procedure logs)
- Due process and grievance proceedings (when applicable)
- Checklist and verification statements from the program director upon completion of the program
- Annual Training Agreement

The fellow's file is the property of the Morehouse School of Medicine, Pulmonary and Critical Care Medicine Fellowship Program and may not be photocopied.

A.I.R

One fundamental component of the code of conduct that all During this rotation, fellows will adopt is A.I.R., which stands for **A**ccountability, **I**ntegrity, and **R**esponsibility. Fellows must fulfill their assigned roles and duties including, but not limited to:

- Attend conferences regularly and with on time attendance.
- Arrive on time for clinic and other patient care responsibilities.
- Complete discharge summaries in a timely manner.
- Fulfill back-up duties.
- Complete assigned MR, PS/QI, and other presentations.

Fellows who fail to fulfill these roles and duties are subject to additional clinical responsibilities to include additional back up, or weekend administrative time, which can include vacation weekends. The program manager and program director are responsible to keep track of fellows' adherence to the roles and duties stated above and for assigning additional duties. The program director will be notified of continued issues in failing to meet patient care or educational obligations.

Online Databases for Medicine and Pulmonary Critical Care

MSM Online Library

This site provides access to books and full articles among many other items, including the following repositories:

- PubMed Central® (PMC)
- Ovid MEDLINE®—This resource may require that the site is opened when downloading articles from PubMed Central.
- UpToDate®—This resource is available only from on-campus locations.
- AccessMedicine®—This resource provides access to *Fishman's Pulmonary Diseases and Disorders* (Fifth edition), *Pulmonary Physiology* (Eighth edition), and other resources.

To access the MSM online library from an on-campus location, no sign on is needed. From an off-campus location, however, sign on is required with the log in name and password used to check webmail.

The following websites are also available:

- www.medscape.com—Free sign in website with medicine information, some full articles, patient information, and latest drug-related articles
- www.emedicine.com—Free sign in website with medicine, pulmonary and critical care information; overview of pathologies, treatment, images, and ECGs; some CMEs
- www.epocrates.com—Free sign in website with access to information on medications, dosages, side effects, contraindications; for a fee, access to tables, calculations, and formularies
- www.merckmedicus.com—Free sign in to the Merck website with lectures, images, *Harrison's Principles of Internal Medicine* online, *Goldman-Cecil Medicine*, Braunwald's *Atlas of Internal Medicine*; slide bank
- http://www.nhlbi.nih.gov/—National Heart Lung and Blood Institute sign in—Research opportunities, practice guidelines, interactive tools, publications, CME, and links to many resources
- http://www.acgme.org/acWebsite/about/ab_ACGMEglossary07_05.pdf—ACGME Glossary of Terms
- http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf—Residency Review Committees—common program requirements
- https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/156_pulmonary_critical_care_int_med_2016.pdf—ACGME Program Requirements for Graduate Medical Education in Pulmonary Disease and Critical Care Medicine (Internal Medicine)

Return to Table of Contents

Fellowship Reference Calendar

July

- The academic year begins.
- Core conferences are held.
- Applicants begin applying to July cycle ACGME and AOA fellowship programs.
    - July cycle ACGME and AOA fellowship programs start receiving applications.
    - July cycle program users with a reviewer/interviewer role gain access to the PDWS.

August

- Core Conference is held.
- NRMP Medical Specialties Match opens.
- Fellowship programs continue recruitment.

September

Fellowship programs continue recruitment.

October

- NRMP Rank Order List opens.
- American College of Chest Physicians (CHEST) conference is held.
- In-Service Exam is given.

November

- NRMP Quota Change deadline occurs.
- NRMP Rank Order List deadline occurs.

December

- Match Day occurs.
- Semi-annual evaluations are completed.

January

February

March

ACGME and APDIM conferences are held.

April

ACS Conference is held.

May

- Association for Hospital Medical Education (AHME) Conference is held.
- American Thoracic Society (ATS) Conference is held.
- Semi-annual evaluations are completed.

June

- Programs update their websites to reflect requirements and deadlines.
- End-of-year summative evaluations for graduates are completed.

Return to Table of Contents

Faculty Advisor Roles and Responsibilities

At the beginning of each academic year, MSM Internal Medicine faculty members are selected to serve as faculty advisors for incoming fellows. Faculty members serve as an advisor/coach for a selected fellow for the entire three (3) years of their fellowship. Faculty advisors serve as role model, teacher, resource person, and coach. Although the role of advisors is multifaceted and the day-to-day responsibilities vary depending on the fellow, an outline of the basic roles and responsibilities of the faculty advisor are listed below.

Faculty advisors:

- Provide dedicated and enthusiastic guidance about the fellow's education and challenges and encourage the fellow to be exemplary in his or her profession.
- Serve as role models for patient interactions, encouraging positive interaction, and help the fellow develop his or her problem-solving skills.
- Advise the fellow on the timely fulfillment of requirements (scholarly activity, Step III, applying for Georgia licensure, etc.), on how to improve study habits, and on issues related to professionalism.
- Involve themselves actively in ensuring that the fellow is preparing him- or herself for life beyond fellowship, including guidance in the process of applying for exploration of other professional pursuits (private practice, academic medicine, etc.).
- Act as a liaison between the fellow and the administration.
- Provide guidance for the fellow regarding confidential issues.
- Assist fellows in identifying their strengths and weaknesses, thus helping to ensure that the fellow makes informed long-term decisions regarding the fellow's chosen area of practice, based on the his or her personal abilities and desires.

Educational Managers, Coordinators, Course Directors

Educational managers, coordinators, and course directors share the following goals:

- Ensure that there is a standardized orientation for fellows on the first day of rotation and that expectations are shared.
- Update curriculum and review it as necessary, based on ABIM and ITE learning objectives.
- Ensure that the rotation overall provides a cohesive educational experience.
- Facilitate evaluation and feedback of all fellows rotating through the clinical experience.

The following faculty members are educational coordinators for Grady Memorial Hospital rotations:

Grady Inpatient: Mario Ponce

Grady CCU: Anekwe Onwuanyi, MD

Grady Ambulatory: Gloria Westney, MD

Grady Research: Eric Flenaugh, MD
Grady Sleep: Chantale Branson, MD and Rao Miklilineni, MD
Grady Bronchoscopy and Pulmonary Procedures: Eric Flenaugh, MD
Grady SICU: Edward Childs, MD
Grady Neuro ICU: Jonathan J. Ratcliff, MD

Work Hours Overview

The following Clinical Experience and Education rules (formerly known as Duty Hours) are taken directly from the Accreditation Council for Graduate Medical Education (ACGME) guidelines.

- Clinical Experience and Education is defined as all clinical and academic activities related to the fellowship program, including patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in house during call activities, and scheduled activities such as conferences. Clinical Experience and Education does not include reading and preparation time spent away from the duty site.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Duty periods for PGY-4 fellows:
    - Work hours must not exceed 16 hours in duration.
    - PGY-4 fellows should have 10 hours and must have eight (8) hours free of duty between scheduled duty periods.
- Duty periods of PGY-5 fellows and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- PGY-5 and PGY-6 fellows can continue care of patients for additional four (4) hours if needed (transition time), but they cannot assume the care of new patients.
- Programs must encourage fellows to use alertness management strategies in the context of patient care responsibilities.
- It is essential to patient safety and fellow education that effective transitions in care occur.
    - Fellows may be allowed to remain on site in order to accomplish these tasks.
    - This period of time must be no longer than an additional four (4) hours.
    - This includes time used to pre-round.
- It is the fellows' responsibility to let supervisors know when they are approaching the 24-plus-four maximum.
    - PGY-5 fellows and above should have 10 hours free of duty and must have eight (8) hours between scheduled duty periods.
    - They must have at least 14 hours free of duty after 24 hours of in-house duty.
- PGY-6 fellows should have a minimum of eight (8) hours free of duty between scheduling periods.
- Fellows must be provided with one (1) day free in seven (7) from all educational and clinic responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one (1) continuous 24-hour period free from all clinical, educational, and administrative duties.

Clinical and Educational (Duty) Hour Logs

Fellows are to record duty hours daily in New Innovations. Duty hours are checked on a weekly basis by the program manager. Violations are reviewed by the program director and appropriate follow-up will be documented.

See the Resident and Fellow Learning and Working Environment Policy in this manual for specific guidelines, processes, and procedures.

Away Electives

Fellows are allowed to participate in away electives but must make arrangements for those electives at least four (4) months in advance of the start date for the elective rotation. Away electives require approval from the program director.

Fellows in good standing may take away electives in a pulmonary/critical care subspecialty of their choice or a research-based elective. They are responsible for planning their away elective and making sure that all documentation is submitted in a timely manner. The program manager can help facilitate the process, but ultimately completing the process is the fellow's responsibility.

If an away elective is taken with another institution in the metro Atlanta area, the fellow is required to attend his or her longitudinal continuity clinic during the away elective.

MSM will still be responsible for paying the fellow during the away elective and will provide malpractice insurance as well. Each away elective must identify a faculty member and staff member who serve as designated points of contact, to help facilitate evaluation of the fellow.

Note: Electives completed at the Atlanta VA or South Atlanta Pulmonary are not considered away electives.

Call Schedule

The call schedule is developed by the program director and distributed at least one (1) week prior to the beginning of the new rotation. Any changes to the call schedule must be approved by the program director.

Conferences

In addition to clinical and research rotations, fellows are offered a variety of conferences to enhance the fellows learning opportunities.

PS/QI Conference

Held the first Thursday of the month, PS/QI conferences (formerly Morbidity and Mortality conferences) are designed to analyze and review in some detail the clinical features and process issues of a complex clinical illness where correlation with the clinical laboratory, radiology, and clinical pathology disciplines are included. All inpatient deaths are to be reported weekly to the program director.

The PS/QI conference addresses the following goals and objectives:

- Prepare physicians to be stewards of safe, high quality, high value, patient-centered care.
- Teach key principles of quality improvement and patient safety to all fellows in the Pulmonary and Critical Care training program.
- Develop a culture of safety and quality that trainees will carry with them throughout their career.

PS/QI conferences include the following didactics and initiatives:

- **Patient Safety and Quality Improvement conferences** (formerly Morbidity and Mortality conference) occur at Grady and VA hospitals 10 months each year.
    - The conference is facilitated by a faculty member or program director.
    - A fellow presents a case, generally from the inpatient ward or ICU service.
    - The facilitator then leads the group in determining if the care was "safe, effective, patient-centered, timely, efficient and equitable."
    - Conference attendees also discuss system issues that can be addressed to improve the quality of care and enhance patient safety.
- **Quarterly PS/QI Grand Rounds** are co-sponsored by GME and investigate many aspects of patient safety and quality improvement, focusing on creating a culture of safety. Fellows, faculty, other health care professionals and hospital administration attend.
- **IHI Open School Patient Safety and Quality modules** address the effort to improve health care throughout the world. These modules are provided by the Institute for Healthcare Improvement (IHI), an independent not-for-profit organization that works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action.

  All fellows are required to complete assigned IHI modules twice each year and must complete them to be promoted to the next level of training.
- **Diabetes Management Feedback Program** (DMFP) at Grady Health System supports diabetes-related performance feedback and "clinical decision support systems (i.e. decision support flowsheets) to providers in the Grady Primary Care Clinics. Throughout the course of the year all MSM IM fellows receive regular feedback on their panel of diabetic patients with the aim of standardizing and improving care.
- **Hospital-wide initiatives, conferences, and physician meetings** help integrate fellows and faculty members into numerous hospital-wide PS/QI initiatives. These ensure that the participants are educated at least once each year on the hospital's patient safety goals.
- **Fellow orientation includes** an introduction to PS/QI principles (GME and program-specific sessions and hand-off workshops).

Fellows and faculty members are encouraged to be actively involved in hospital and MSM committees that focus on patient safety and quality improvement. MSM provides faculty and administrative support for fellows who seek to study or implement PS/QI initiatives.

Research Conference

Held quarterly on Thursday afternoons, research conferences include presentations by trainees, pulmonary and critical care medicine faculty, and guest researchers. The goals of these conferences are to present state-of-the-art pulmonary critical care medicine research, provide opportunity for trainees to gain experience in detailed critical presentations of their own work, and to learn from visiting investigators about progress in pulmonary critical care medicine research.

PDCCM Grand Rounds

PDCCM Grand Rounds are held quarterly on Fridays at 12 noon. The presentation is given by an MSM faculty member or guest speaker. CME is offered for all faculty and lunch is generally provided.

Critical Care Case Conference

Held every second and fourth Thursday of the month at noon, critical care case conferences review topics and cases in critical care.

Pulmonary Care Case Conference

Held every second and third Thursday at noon, the pulmonary care case conference addresses relevant cases, including upcoming procedural cases, pertinent inpatient cases, and difficult outpatient cases. Fellows present patient cases including clinical data, echo images, cath hemodynamics and angiograms, and other pertinent imaging.

PDCCM Journal Club

Journal Club meetings are held on the fourth Friday of each month. Generally, two (2) recent journal articles are discussed by both faculty and fellows. Articles are selected to represent major advances in pulmonary and critical care medicine and/or to evaluate investigational methods. Fellows are taught how to critically appraise and evaluate the medical literature. The Journal Club is organized by the program director in collaboration with a faculty member. Attendance at Journal Club is mandatory.

Return to Table of Contents

Pulmonary Disease and Critical Care Fellow Position Descriptions

Post Graduate Fellow, First Year, PGY-4

REPORTS TO: Program Director

POSITION SUMMARY

First Year Fellowship Training, PGY-4

First year During this rotation, fellows will build on the knowledge and skills gained during their Internal Medicine Residency training. First year fellows are under the supervision of senior fellows and Attendings. However, they are expected to have enough prior medical experience to supervise residents, interns, and medical students. First year During this rotation, fellows will focus on gaining knowledge specific to the field of Pulmonary and Critical Care Medicine. Details of the knowledge and skills to be gained during the first year of fellowship are outlined below as well as in the curriculum for each subspecialty rotation.

Goals and Objectives

Patient Care

The PGY-4 fellow will acquire the following skills during the first year of fellowship:

- Medical interviewing
- Physical examination
- Diagnostic studies including selection, implementation, and application
- Synthesis of clinical information
- Development of patient care plan
- Technical expertise required in performing the following procedures necessary to practice Pulmonary and Critical Care Medicine:
    - Bronchoscopy
    - Transbronchial biopsy, endobronchial biopsy
    - Ultrasound guided thoracentesis
    - Fiberoptic bronchoscopy in the ventilated patient
    - Endotracheal intubation
    - Management of the difficult airway
    - Initiation, maintenance, and discontinuation of mechanical ventilation
    - Initiation, maintenance, and discontinuation of noninvasive ventilation
    - Arterial cannulation
    - Central line placement
    - Interpretation of pulmonary function tests
- Experience in performing the following procedures beneficial in the practice of pulmonary and critical care medicine (recommended):
    - Transbronchial needle aspiration and biopsy (with endobronchial ultrasound guidance)
    - Swan-Ganz catheterization
    - Chest tube placement and management
    - Pleural biopsy

  - Interpretation of inhalation challenge tests and cardiopulmonary exercise studies
  - Interpretation of polysomnograms
  - Emergency pericardiocentesis
  - Placement of temporary trans-venous pacemaker
  - Cardioversion
- Patient and family counseling
- Respect for patient privacy
- End-of-life decision making and ability to discuss these issues with patients and families

Medical Knowledge and Application of Knowledge

The PGY-4 fellow will acquire the following skills during the first year of fellowship:

- Possess an appropriate fund of medical knowledge for the level of training and experience and be able to critically evaluate and apply current medical information for competent patient care.
- Demonstrate basic science knowledge (physiology, pharmacology, anatomy) as related to the patient's pulmonary disease or disease process requiring ICU care.
- Demonstrate specific knowledge of pharmacologic and other management options appropriate to the individual patient.
- Demonstrate the understanding of the pathophysiology of the patient's pulmonary disease or disease process requiring ICU care.
- Demonstrate the understanding of laboratory data, imaging techniques, and invasive procedures required to make correct diagnoses in patients with pulmonary disease and disease processes requiring ICU care.
- Demonstrate the understanding of surgical procedures relevant to pulmonary diseases and care of the ICU patient.
- Demonstrate how to organize a research project, analyze data, and write a scientific paper.
- Possess the ability to create slides, organize a clinical or research presentation, and give a satisfactory lecture to his or her peers.

Practice-Based Learning and Improvement

The PGY-4 fellow will acquire the following skills during the first year of fellowship:

- Respond appropriately to faculty direction and criticism and demonstrate learning from faculty and fellow interactions.
- Use general medical and pulmonary and critical care medicine literature appropriately to develop a management plan for the fellow's patients.
- Use evidence-based medicine to improve patient care.
- Gain proficiency using the electronic medical record and the internet to search for medical information.
- Demonstrate a commitment to self-education by attending division educational activities including conferences and Journal Clubs.

- Use information technology to manage information and access online medical information to support the fellow's own education.
- Facilitate the learning of students, residents, and other healthcare professionals as well as colleagues.

Interpersonal and Communication Skills

The PGY-4 fellow will acquire the following skills during the first year of fellowship:

- Communicate and work effectively with patients, their families, and members of the health care team in relevant health care delivery settings and systems.
- Demonstrate effective communication with colleagues, medical consultants, and consultants from other specialties.
- Demonstrate appropriate relationships and communication skills with the ICU staff including nurses, pharmacists, respiratory therapists, social workers, and all other support personnel.
- Demonstrate appropriate relationships and communication skills with the Bronchoscopy and Pulmonary Diagnostics staff including nurses, respiratory therapists, cardiopulmonary technologists, and all other support personnel.
- Demonstrate appropriate relationships with supervising faculty.
- Demonstrate professional and appropriate relationships and communication skills with patients and their families in the ICU and outpatient clinics.

Professionalism

PGY4 fellows must conduct themselves in a professional manner and are expected to maintain the following characteristics:

- High standards of ethical and moral behavior
- Honesty and integrity
- Reliability and responsibility
- Respect for the dignity of patients and colleagues
- Appropriate behavior in stressful and emotional situations
- Commitment to on-going professional development and lifelong learning
- Document accurately in the medical record
- Communicate effectively with other treating physicians
- Have no documented, current substance abuse problem
- Have no cognitive, physical, sensory, or motor impairment that precludes acquiring and processing information in an independent and timely manner, or fulfilling any independent responsibility for any aspect of patient care

Systems-Based Practice

The PGY-4 fellow will acquire the following skills during the first year of fellowship:

- Practice cost-effective healthcare that does not compromise patient care.
- Use consultants' and diagnostic testing information appropriately to provide effective patient care.
- Develop knowledge about home care nursing and respiratory and patient support services, and about how to refer patients to these programs.

- Develop an awareness of community resources available for patient care.
- Develop an awareness of hospice and end-of-life resources available for patients and families.
- Possess adequate recordkeeping skills that appropriately document the effort for reimbursement and demonstrate knowledge of and behavior consistent with strict Medicare compliance.

Post Graduate Fellow, Second Year, PGY-5

REPORTS TO: Program Director

POSITION SUMMARY

Second Year Fellowship Training, PGY-5
In addition to demonstrating proficiency in activities under the six (6) areas of competency described above for first year fellows at the PGY-4 level, second year fellows (PGY-5) are expected to demonstrate proficiency in the areas of practice outlined below.

Second year During this rotation, fellows will build on the knowledge and skills gained during the first year of training and will begin to focus on their specific area of interest. Second year fellows will be given greater latitude in patient management decisions in the continuity of care clinic.

During the second year, the fellow's research project should be well established, and each second-year fellow should be able to present his or her activities at the dedicated research conference. Depending on the outcome of the fellow's research work, some second-year fellows may be positioned to submit their findings in abstract form to national or regional scientific meetings.

Goals and Objectives

Patient Care
During the second year of fellowship, the PGY-5 fellow will be expected to:

- Improve upon the clinical judgment and skills acquired during their first year of training by continued participation in patient care in a variety of settings, and to work to master the development of acute and chronic management plans for patients with pulmonary diseases and critical care conditions.
- Demonstrate the knowledge of the pathophysiologic basics of common pulmonary diseases and to use this knowledge to help guide clinical management decisions.
- Gain a better understanding of how pulmonary and critical care procedures can be used in the care of patients by continuously improving their ability to interpret test results and refining their understanding of the risks and benefits of the various pulmonary/critical care procedures.
- Continue to improve their ability to apply evidence-based data available in current literature to the care of their patients.

Medical Knowledge

During the second year of fellowship, the PGY-5 fellow will be expected to:

- Continue to advance their knowledgebase by critically reviewing the pulmonary/critical care literature and read standard pulmonary and critical care textbooks.
- Appraise pulmonary and critical care literature accurately and apply evidenced-based information appropriately in caring for individual patients.

Practice-Based Learning and Improvement

The PGY-5 fellow will acquire the following skills during the second year of fellowship:

- Determine the appropriateness of planned procedures skillfully.
- Formulate a meaningful research plan in conjunction with an appropriate mentor.

Interpersonal and Communication Skills

During the second year of fellowship, the PGY-5 fellow will be expected to:

- Improve his or her written and verbal communication skills relative to direct patient care reporting.
- Continue to gain experience in interacting with patients, family members, and all members of the health care team.
- Demonstrate an understanding of the importance of maintaining complete and accurate medical records and to ensure that medical records are accessible to referring providers.

Professionalism

During the second year of fellowship, the PGY-5 fellow will be expected to:

- Continue to perform his or her duties with utmost professionalism, utilizing the highest ethical standards.
- Serve as role models for first year fellows and set the highest professional and ethical standards for them.

Systems-Based Practice

During the second year of fellowship, the PGY-5 fellow will be expected to:

- Participate in the education of medical students on the inpatient and ambulatory rotations.
- Assist first year fellows in their orientation to the program and with bedside procedures (e.g., thoracentesis and central line placement).

Return to Table of Contents

Post Graduate Fellow, Third Year, PGY-6

REPORTS TO: Program Director

POSITION SUMMARY

Third Year Fellowship Training, PGY-6

In addition to demonstrating proficiency in activities under the six (6) areas of competency described above for first- and second-year fellows, third year fellows (PGY-6) are expected to demonstrate proficiency in the areas of practice outlined below.

Third year During this rotation, fellows will focus on becoming experts in their clinical patient care and procedural skills and should be able to practice evidence-based medicine for the full spectrum of pulmonary and critical care diseases. By the end of their third year, fellows should be deemed capable of practicing independently in the field of pulmonary and critical care medicine in a competent and safe manner.

Third year fellows should fully meet all six (6) of the ACGME general core competencies. Third year fellows, with faculty support, should be able to submit the results of their research project as an abstract to the appropriate forum and will then be encouraged to submit full-length manuscripts for publication in clinical and/or scientific journals.

Patient Care

During the third year of fellowship, the PGY-6 fellow will be expected to:

- Improve upon the clinical judgment and skills acquired during the first two years of training by further participation in patient care in a variety of settings.
- Apply evidence-based medicine to develop comprehensive acute and chronic management plans for the full spectrum of pulmonary diseases and critical care conditions.
- Select the most appropriate tests for individual patients skillfully, and expertly apply the results leading to the safest and most optimal care.
- Manage patients with pulmonary diseases and critical care conditions expertly, and function independently as a pulmonary and critical care specialist.

Medical Knowledge

During the third year of fellowship, the PGY-6 fellow will be expected to:

- Continue to build his or her pulmonary and critical care knowledgebase by further review of the available literature.
- Be well versed in the medical literature relevant to the practice of pulmonary and critical care medicine.
- Interpret tests expertly and apply the results appropriately to the care of individual pulmonary and critical care patients.

Practice-Based Learning and Improvement

During the third year of fellowship, the PGY-6 fellow will be expected to:

- Perfect their procedural skills and become highly experienced in performing procedures in complicated patients.
- Possess a thorough understanding of the risks and benefits of the procedures they perform.
- Manage complications associated with the procedures they perform appropriately.
- Interpret and apply data obtained expertly.
- Communicate procedure results effectively to patients and referring providers.

Interpersonal and Communication Skills

During the third year of fellowship, the PGY-6 fellow will be expected to:

- Demonstrate proficiency in documenting both his or her clinical impressions and interpretation of pulmonary and critical care tests.
- Communicate effectively with patients, their families, and all members of the health care team.

Professionalism

During the third year of fellowship, the PGY-6 fellow will be expected to:

- Continue to always conduct themselves professionally, with the highest of ethical standards.
- Serve as role models for first- and second-year fellows and set the highest professional and ethical standards for them.

Systems-Based Practice

During the third year of fellowship, the PGY-6 fellow will be expected to:

- Teach medical students, residents, and junior pulmonary and critical care fellows regarding clinical services.
- Mentor junior fellows in all aspects of the training program.
- Participate actively in pulmonary and critical care conferences.
- Function as team leaders for clinical services under the direction of the assigned Attending physician.

Return to Table of Contents

Fellowship Evaluations

Multisource evaluative feedback on performance and progress in the training program is provided to the fellows throughout their training. These 360 evaluations include responses from nurses, patient, peers, self, and students.

Mid-Month Evaluation
On days 12-15 of each rotation, the Attending meets with each fellow to discuss his or her mid-month evaluation, document progress, and provide feedback on the fellow's strengths and weaknesses.

Monthly Rotation Evaluation
At the end of each rotation, the faculty member assigned to the ward team, ICU, or consultation service, completes a written monthly rotation evaluation on the performance of the fellow(s). The faculty member evaluates the fellow on each of the six (6) ACGME core competencies, including medical knowledge, patient care, professionalism, interpersonal skills and communication, practice-based learning and improvement, and systems-based practice.

Other Evaluations
In addition, peer evaluations are also required. Fellows must also complete an evaluation of their assigned clinical Attending supervisor at the end of each rotation. Twice a year, the program director performs a semi-annual evaluation of each fellow in which the program director reviews the overall progress of the fellow, addresses any problems or concerns raised, and discusses goals for the upcoming year.

Evaluation of Clinical Competence

The baseline clinical competence of each PGY-4 fellow is evaluated within the first three (3) months of their residency through the Clinical Competency Examination. The fellowship program assigns a faculty member to conduct this two-hour examination within the clinical environment. Fellows are evaluated on their ability to:

- Complete a history and conduct a physical examination.
- Develop a problem list.
- Complete an assessment for each problem.
- Develop a plan for each problem.
- Present the information to the evaluating faculty member.

A score of 80 is required to pass the examination.

In addition, fellow clinical competence is evaluated with the Mini-CEX. The Mini-CEX assesses fellows in a much broader range of clinical situations than the traditional CEX, has better reproducibility, and offers fellows greater opportunity for observation and feedback by more than one faculty member and with more than one patient.

A Mini-CEX encounter consists of a single faculty member observing a fellow while that fellow conducts a focused history and physical examination in any of several settings. After the fellow provides a diagnosis and treatment plan, the faculty member rates the fellow and provides feedback. The encounters are intended to be short (about 20 minutes) and to occur as a routine

part of training so that each fellow can be evaluated on several occasions by different faculty members. A Mini-CEX exam should be performed and submitted monthly during the first six (6) months of fellowship.

APCCMPD In-Service Examinations

The APCCMPD Pulmonary and Critical Care In-Service Exam and APCCMPD Critical Care In-Service Exam are the only nationally standardized, psychometrically validated tests that evaluate a clinicians' knowledge of Pulmonary and Critical Care Medicine. Each exam is a 150-question, computer-based exam. Content is based on the respective ABIM Pulmonary and Critical Care Board Exam Blueprint and ABIM Critical Care Board Exam Blueprint.

Each year, exam items are developed by the In-Service Exam Writing Committee, a group of physician content experts who create the items to reflect the knowledge and skills identified as necessary for competent trainee progression through pulmonary, critical care, and combined subspecialty training. After it is assembled, the test then undergoes a holistic review by a psychometrician and the In-Service Exam Writing Committee whose members examine the test for accuracy, significance, fairness, and conformity to test specifications. Exam items then undergo a rigorous item analysis that adheres to psychometric industry standards in order to detect any questionable item performance. The results are reviewed so that item ambiguities are detected and the necessary adjustments made before administration and scoring.

The In-Service Exam Writing Committee ensures that the exams are an accurate reflection of the most current evidence and practice in pulmonary and critical care medicine, and that the exam is administered in such a way as to protect the integrity of the resulting scores. This requires vigilance in both exam analysis and proctoring efforts. The APCCMPD In-Service exams are reviewed and updated annually, including regular item analysis to determine if all items perform as originally intended. The extensive psychometric process is necessary not only to verify each item as reliable and an appropriate representation of pulmonary and critical care medicine, but also to ensure that all questions are written in an accurate and fair manner.

Return to Table of Contents

Certifications

ABIM C**ertification in Pulmonology**

To become certified in the subspecialty of pulmonary disease, physicians must:

- Be previously certified in internal medicine by ABIM at the time of application;
- Complete the requisite graduate medical education fellowship training satisfactorily;
- Demonstrate clinical competence, procedural skills, and moral and ethical behavior in the clinical setting;
- Hold a valid, unrestricted, and unchallenged license to practice medicine; and
- Pass the Pulmonary Disease Certification Examination.

ABIM certification in pulmonology includes the following general requirements.

- Pulmonary disease fellowship training must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.
- No credit toward certification in a subspecialty will be granted for training completed in any program other than an accredited United States or Canadian program.
- Other courses may not be credited toward the requirements for subspecialty certification in the following circumstances:
    - Fellowship training taken before completing the requirements for the MD or DO degree;
    - Training as a chief medical resident;
    - Practice experience; and
    - Attendance at a postgraduate program.
- To be admitted to an examination, candidates must have completed the required training in the subspecialty, including vacation time, by October 31 of the year of examination.
- Candidates for certification in the subspecialties must meet ABIM's requirements for duration of training as well as minimum duration of full-time clinical training.
    - Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period; clinical training need not be completed in successive months.
    - Time spent in continuity outpatient clinic, during non-clinical training, is in addition to the requirement for full-time clinical training.
    - Educational rotations completed during training may not be double counted to satisfy both internal medicine and subspecialty training requirements.
    - Training which qualifies a diplomate for admission to one subspecialty exam cannot be double counted toward certification in another subspecialty, with the exception of formally approved pathways for dual certification.

ABIM Certification in Critical Care Medicine

To become certified in the subspecialty of critical care medicine, physicians must:

- Be previously certified in internal medicine by ABIM at the time of application;
- Complete the requisite formal training requirements satisfactorily, as specified in the descriptions of the pathways for admission;
- Demonstrate clinical competence, procedural skills, and moral and ethical behavior in the clinical setting;
- Hold a valid, unrestricted, and unchallenged license to practice medicine; and
- Pass the Critical Care Medicine Certification Examination.

ABIM certification in critical care medicine includes the following general requirements.

- Critical care medicine training undertaken beginning July 1, 1991 must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the Royal College of Physicians and Surgeons of Canada. Training completed prior to July 1, 1991 must have been completed in a program associated with an accredited residency in internal medicine in the United States or Canada.
- Other training may not be credited toward the requirements for subspecialty certification in the following circumstances:
    - Fellowship training taken before completing the requirements for the MD or DO degree;
    - Training as a chief medical resident;
    - Practice experience; and
    - Attendance at postgraduate courses.
- To be admitted to an examination, candidates must have completed the required training in the subspecialty, including vacation time, by October 31 of the year of the examination.
- Critical care medicine training must be conducted in a fellowship program within the Department of Medicine.
- No credit will be granted toward certification for training that is not accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.
- Candidates for certification in the subspecialties must meet ABIM's requirements for duration of training as well as minimum duration of full-time clinical training.
    - Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period.
    - Clinical training need not be completed in successive months.
    - Time spent in continuity outpatient clinic, during non-clinical training, is in addition to the requirement for full-time clinical training.
    - Educational rotations completed during training may not be double counted to satisfy both internal medicine and subspecialty training requirements.
    - Training which qualifies a diplomate for admission to one subspecialty exam cannot be double counted toward certification in another subspecialty, with the exception of formally approved pathways for dual certification.

Scholarly Activity

Fellows are required to complete a Fellow Talk and an additional scholarly project/presentation prior to graduation. Examples of scholarly activity include:

- A poster or oral presentation at a local, regional, or national conference
- Published letters to the editor
- Published case reports (first author) and published research manuscripts (all authors)
- Partial or complete book chapters
- Implemented PS/QI projects

Submitted, but not accepted manuscripts or posters will be judged on a case-by-case basis.

Conferences and Presentations

Each year, Fellows are asked to present their scholarly work at conferences throughout the country. The fellowship program and the Department of Medicine work in collaboration to sponsor fellows for these important events with the following guidelines:

- Fellows must be in good standing (not on probation or have issues related to professionalism).
- All sponsorship is based on availability of funds.
- Notification of invitation to present must be given at least 60 days in advance, whenever possible.
- Time away for conferences is based on rotation, number of administrative days available, and the discretion of the program director. Number of days off for job and fellowship interviews will also be taken into account.
- The subject matter of the research or presentation is determined by the fellow in consultation with his or her faculty advisor or research mentor.
- All fellows submitting abstracts for scientific meeting presentation must complete the submission form and submit it to the Fellowship Program Office at the time of the abstract submission.
- Fellows are to provide documentation of their abstract acceptance to the Fellowship Program Office.
- All abstracts prepared by fellows for submission and presentation at scientific meetings should have a designated faculty/mentor reviewer.
- Fellows are responsible for obtaining faculty/mentor review and signature on the abstract submission forms.
- Fellows should determine at the onset of the proposed research (with the help of the faculty/mentor) whether the research activity planned requires MSM IRB review and approval. This should be stated in the methods section of the abstract submission.
- In order to obtain departmental reimbursement for scholarly activities, fellows must have a completed Department of Medicine (DOM) abstract submission form and documentation of abstract acceptance by the respective scientific conference.

- Lead time for requested departmental support/reimbursement is critical.
    - The fellow must inform the fellowship program as soon as he or she is notified of an acceptance for a presentation.
    - The program requires at least two (2) months of lead time.
    - For requests submitted less than two (2) weeks prior to the event, the fellow must cover the initial cost and will not be reimbursed at the full cost of the travel expenses. Partial or complete reimbursement may be available as funds allow.

Return to Table of Contents

Morehouse School of Medicine

Department of Medicine Pulmonary Disease and Critical Care Medicine Fellowship Program

Abstract Submission Form

Abstracts prepared by fellows for submission and acceptance at scientific conferences must be entered on the department abstract submission form and contain the following information.

Abstract Title: _____

Authors: _____

Type of presentation: case report/case series, secondary data analysis, clinical study, translational study, clinical trial, other:

_____

Name of Conference: _____

Location and Dates of Conference: _____

Presenting Author/s: _____

Reviewing Faculty Member: _____

Research Funding (if applicable): _____

MSM IRB review submission required? q Y q N

Attach a copy of the abstract being submitted and IRB review approval letter to the form and submit to the fellowship manager's office.

Return to Table of Contents

Morehouse School of Medicine

Department of Medicine Pulmonary Disease and Critical Care Medicine Fellowship Program

Travel Request Form

TO: Department Chairperson/Administrator

FROM : _____ Date of Request: _____

Division: _____ Estimated Cost: _____

Source of Funds:

F	O	A	P

Sponsoring Organization: _____

Dates of Meeting From: _____ To: _____

Location: _____ Program Participant: Yes ____ No* ____

(Attach a program description/flyer with this request.)

Title of Presentation: _____

CHECK ALL THAT APPLY

____ Invited Lecturer
____ Peer Review Selected Paper
____ Exhibit
____ Poster
____ Full Manuscript Published
____ Abstract Published
____ Other (specify)

_____

Traveler's Signature: _____

Name of Covering Doctor: _____

Department Chairman/Administrator: Approved _____ Not Approved _____

Reason for Non-Approval:

_____

Dept. Chairperson/Administrator Signature:

_____

**Department Funding Not Available*

GRADY HEALTH SYSTEM®
Schedule Modification Form

Clinic Name	_____	**Resource Group(s) to Block**	_____
Provider Name	_____	**Resource(s) to Block**	_____
Today's Date	_____	**Total Number of Days Requested**	_____
Leave Date	_____	**Return to Work Date**	_____

Reason for absence:

☐ Vacation
☐ Scheduled Medical Leave
☐ Fellowship
☐ Interviews
☐ Exams
☐ CME (CME Name Required)

_____

☐ Conference (Name of Conference Required)

_____

☐ Other (Specify)

_____

Approvals		
Title	**Signature**	**Date**
Provider		
Medical Director or Chief of Service		
Ambulatory Care Practice Leader		
Ambulatory Care Executive Director		
Chief of Ambulatory Medicine		

Coverage Information: (To be Completed if less than 60 days out)

Provider(s) Covering Clinic: _____

Coverage Dates: _____

Additional Dates/Times to Add for Make – up: _____

All leave requests must be received by Practice Leader no later than 60 days prior to the beginning of the leave date.

- The Clinic Medical Director/Chief must sign all leave requests.
- All requests for cancellations of an entire clinic require the approval of the Chief of Ambulatory Medicine who will notify the Chief Medical Officer.
- Leave requests received less than 60 days in advance require that the requesting provider either arrange for coverage (*complete box above)* or absorb additional patients. The affected patients must be rescheduled within 30 days which will result in overbooks.

Updated: 5/2017

Return to Table of Contents

Fellowship Block Schedule Required Electives

This list reflects the minimum electives required by the program. Fellows may take more electives based on scheduling and interest. Fellows are required to select one (1) elective rotation each year. Local electives include:

- Burn Unit Rotation
- Community Pulmonary Medicine Rotation at South Atlanta Pulmonary (Out-patient Ambulatory Pulmonary Clinic)
- Sleep Medicine at the Atlanta VA Medical Center

Away/research electives are also available but must be approved by the program director and/or the director's designee. Fellows must make arrangements for away electives at least four (4) months in advance.

PULMONARY DISEASE AND CRITICAL CARE MEDICINE 2021-22 MASTER BLOCK SCHEDULE												
DATES	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
FELLOW												
YEAR 1												
A-Y1	**G-ICU**	**G-Consult**	VA-AMB	PFFTS/ULTR	**G-MICU**	Bronch	SICU	VA-AMB	VA-MICU	**G-CONSULT**	VA-MICU	SLEEP
B-Y1	**G-Consult**	**G-ICU**	PFT-ULTRA	VA-AMB	Bronch	**G-MICU**	VA-AMB	SICU	**G-Consult**	VA-MICU	SLEEP	VA-MICU
YEAR 2												
A-Y2	CCU	Bronch	**G-MICU**	PATH	SICU	SLEEP	PUL-Consult	Elective	Research	Research	Research	Research
B-Y2	Bronch	CCU	PPc/PATH	**G-MICU**	SLEEP	SICU	Elective	PUL-Consult	Research	Research	Research	Research
YEAR 3												
A-Y3	Research	Research	Research	Research	PUL-Consult	Elective	Bronch	**G-MICU**	Rehab-EXER	NEURO-ICU	PUL-Consult	CCU
B-Y3	Research	Research	Research	Research	Elective	PUL-Consult	**G-MICU**	Bronch	NEURO-ICU	Rehab-EXER	CCU	PUL- Consult

Return to Table of Contents

Goals and Objectives by Rotation

Assessments for Rotations

Numerical Scores

- A numerical score of 5 or higher is required for the overall score completion of the rotation in order to unequivocally earn a pass for a rotation.
- An overall score of 4 will be reviewed by the Clinical Competency Committee and the program director after which a decision will be made regarding whether or not the fellow must repeat the rotation.
- An overall score of 3 or less is generally considered unsatisfactory and the fellow must repeat that rotation.

Required Procedures

Fellows must be able to perform all medical diagnostic and surgical procedures considered essential for the area of practice to include:

- Competence in interpreting data derived from:
    - Various bedside devices commonly employed to monitor patients
    - Laboratory studies related to sputum, bronchopulmonary secretions, pleural fluid
- Airway management
- Use of a variety of positive pressure ventilatory modes
- Initiation and maintenance of ventilatory support
- Respiratory care techniques
- Withdrawal of mechanical ventilatory support
- Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
- Flexible fiber-optic bronchoscopy procedures, including those where endobronchial and transbronchial biopsies and transbronchial needle aspiration are performed, including those where endobronchial is performed (Each fellow must perform a minimum of 100 such procedures.)
- Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, exercise studies, and interpretation of the results of bronchoprovocation testing using methacholine or histamine
- Diagnostic and therapeutic procedures including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related use of chest tubes and drainage systems
- Insertion of arterial, central venous use of pulmonary artery balloon flotation catheters
- Operation of bedside hemodynamic monitoring systems
- Emergency cardioversion
- Interpretation of intracranial pressure monitoring
- Nutritional support

- Use of ultrasound techniques to perform thoracentesis and to place intravascular and intracavitary tubes and catheters
- Use of transcutaneous pacemakers
- Use of paralytic agents and sedative and analgesic drugs in the critical care unit

Return to Table of Contents

Atlanta VA Medical Center Ambulatory Rotation: VAMC AMBULATORY ROTATION

Orientation:
Within 48 hours of beginning this rotation, the staff physician will orient the fellow to this curriculum and to any specific aspects of the rotation that may not be explained herein. The staff physician will define any additional expectations for the Fellow at this time.

Faculty:
J. Shirine Allam, MD Sushma Cribbs, MD, MSc C. Michael Hart, MD Mohleen Kang, MD, MSc Nicholas Maurice, MD Ashish Mehta, MD, MSc Shannon Novosad, MD
Saiprakash Venkateshiah, MD Cherry Wongtrakool, MD

Description and Overview:
The Atlanta VA Medical Center is a complex level 1A tertiary care facility with 466 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 21-bed Residential Treatment Program. The unique patient population consisting of military veterans provides the Pulmonary and Critical Care Medicine fellow the opportunity to provide care for a very special group.

The service consists of an attending physician, two physician assistants (PAs), the pulmonary and critical care fellow, and residents. This outpatient service consists of a pulmonary clinic (titled Pulmonary-Specials Clinic) Monday-Friday. Urgent outpatient consults are mostly seen here, although some routine consults are also seen. The circumstances in which urgent outpatient consults are required usually involve evaluation of a lung mass, hemoptysis, post-hospitalization follow-up, worsening of chronic lung diseases, et cetera.

It is the responsibility of the resident(s), PAs and fellow to see these patients with the fellow managing the residents and going over patients with them. The fellow will also be responsible for scheduling and performing outpatient procedures. When there is no MICU fellow, the Outpatient fellow will see inpatient consults as well. This will be done usually around 2pm, possibly earlier depending on the day and a discussion with the Outpatient Pulmonary attending. Inpatient consults are then staffed with the MICU attending.

Pulmonary has a dedicated negative pressure bronchoscopy suite equipped with C-arm for fluoroscopy and endobronchial ultrasound. Additional Cook pigtail catheter kits and thoracentesis kits are also stored in the bronchoscopy suite. The pulmonary function (PFT) laboratory has two machines, one of which is in a negative pressure room. PFTs can be requested for inpatients; inpatient team must call the pulmonary office and arrange for transportation to the PFT lab. Hemoptysis and suspected or confirmed active TB and COVID-19 infections are contraindications for PFTs.

The attending physician coverage follows a one to two-week block scheduling system. This affords the Pulmonary and Critical Care fellows an opportunity to work with and learn from multiple members of the faculty based at the VA. The MICU attending physician covers the MICU and the inpatient consult services. The MICU attending covers all inpatient procedures such as bronchoscopies, chest tubes or thoracenteses. The Outpatient attending staffs the outpatient clinic and outpatient procedures, such as bronchoscopies and thoracenteses.

Goals and Objectives for Outpatient Fellows while rotating at the VA Hospital

I. General Care

A. Disease Management in Outpatient Pulmonary Diseases [PC1, PC3, PC4, PC5, MK1, MK2]

1. Recognize and manage the care of patient with all neoplasms (benign and malignant) with associated syndromes
2. Recognize and manage the care of a patient with disorders in pleura and mediastinum
3. Manage care of patients with a variety of pulmonary diseases (obstructive and restrictive lung disease, pulmonary complications of infectious diseases, etc.)
4. Assess and classify (e.g., TNM) a patient before treatment including staging and physiologic evaluation

B. Quality and Safety

1. Describe and apply principles of universal health precautions [PBLI2, SBP4]
2. Describe the way errors in the conduct of patient care should be handled [PBLI2, SBP4, PROF2]

C. Communication [PROF2, ICS1, ICS3, ICS4]

II. Practical Skills

Diagnostic Testing [PC1, PC3, PC4, PC5, MK1, MK2, PBLI1]

1. Interpret radiological images:
   a. Chest x-ray (e.g., anterior/posterior, lateral)
   b. Computerized axial tomography

2. Pulmonary Function Testing

Assessment Methods: Global assessment form (assesses all 6 competencies)

Daily Schedule:

A. Pulmonary Specials Clinic

The Pulmonary Specials Clinic provides a mechanism to respond to urgent outpatient consults in a timely fashion. The clinic is located on the 2nd floor of the hospital and operated Monday-Friday 8am-5pm. The resident or fellow will primarily see the patients first; the fellow will then discuss the patients with the resident prior to discussing with the attending. PAs will also see patients in the morning or afternoon as needed but have their own dedicated clinic panels throughout the week. Patients may be scheduled for in-person visits or video-telehealth visits.

B. ILD Clinic

Dr. Allam has ILD clinic in the afternoons on the 2nd and 3rd Mondays of the month. On non-continuity clinic weeks, you will see patients in Dr. Allam's clinic. The patients will be staffed with Dr. Allam. The patients will be seen in the Pulmonary Specials clinic area (rather than the first-floor medical clinic area where your continuity clinic is), but this is subject to change depending on clinic space, so please check with Dr. Allam.

C. Continuity Clinic Coverage

Throughout the year, outpatients in the pulmonary continuity clinic panels require physician attention for various issues that can be handled without a clinic visit. These include phone calls, prescriptions, letters of necessity, etc. Phone calls or messages from outpatients will be triaged by the pulmonary nurses and if physician input is needed, the Outpatient fellow is expected to cover any issue that does not require a clinic visit for all the continuity clinics. Fellows may need to call the patient, write a prescription, determine the interval for the next clinic visit, write a letter for the patient, order labs or radiology tests. The pulmonary nurses, PAs and the front desk administrators will provide necessary assistance. The Outpatient fellow is expected to document any action performed to ensure continuity of care with the patient's regular physician in CPRS and ideally communicate any urgent concerns to the Pulmonary Outpatient Attending and to the Pulmonary fellow who is the Patient's primary continuity clinic provider.

Lines of Responsibility

Attending Physician

The attending physician will supervise the fellow in all aspects of practice on this rotation. However, it is anticipated that each fellow, as their skills progress, will demonstrate progressive responsibility and need progressively less supervision as their training progresses. The fellow will review clinical management decisions with the attending physician daily. The attending physician will also supervise additional issues of patient management on a case-by-case basis determined by their assessment of the skills and aptitude of a given fellow in the specific clinical situation. The attending physician will be available to the fellow 24-hours per day, 7-days per week, for consultation and assistance by pager or phone or in person if needed.

Humanistic qualities:

The attending physician for this rotation should serve as a mentor and role-model and should demonstrate the values of professionalism, such as placing the needs of patients first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, establishing a commitment to continuous quality improvement, and being responsive to society's healthcare needs. The fellow should demonstrate similar behaviors. The welfare of the patient must be the primary professional concern. The attending physician should foster the formation of empathetic, constructive, and effective patient/physician relationships and demonstrate integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and a professional attitude and behavior toward colleagues. The attending physician should also demonstrate patient counseling skills and community education, emphasizing effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education. Where appropriate, the attending physician will instruct the fellow in the principles of palliative care for terminally ill patients, including the role of the health-care team including psychosocial, cultural, and religious issues related to death and dying.

Fellow

The outpatient fellow functions in many respects like the attending where his/her role is to supervise all patient care-related activities and supplement the educational content of the rotation. Fellows' responsibilities are as follows:

1. The Fellow should be familiar with the medical problems and the care plan of each patient in the clinic.
2. The fellow should supplement the educational content of the rotation by distributing manuscripts related to the patients' illnesses or giving formal lectures. Fellows are also

encouraged to be available for any questions and/or concerns that the residents have regarding any of the patients.

3. The fellow is expected to read pulmonary function tests daily.
4. The fellow is also expected to present cases for discussion at the multidisciplinary thoracic conference on Monday morning (see Conferences below). The fellow is also responsible for ensuring that the plan of care is enacted for patients discussed in multidisciplinary thoracic conference, and to document in the electronic medical record the discussion during conference and the discussion of the plan with the patient.
5. The fellow is also responsible for following up in a timely fashion on results of any tests or procedures done during the rotation (even if the results return after the rotation is completed) and ensuring appropriate hand-off of these responsibilities to the incoming fellow or attending at the end of the month.
6. The fellow on the VA outpatient rotation will participate in the weekend call coverage of the VA MICU

Resident

Occasionally, this rotation will have either an internal medicine resident or a PA resident. The resident is responsible for initially seeing the patients and doing the H&P in Pulmonary Special clinic. The resident is responsible for collecting the primary data including labs, radiologic imaging, previous clinical notes, and pathology reports prior to discussing the case with the fellow and attending.

Evaluation

Each fellow will be evaluated by their supervising attending throughout the month. This evaluation may include observation, assessment, and substantiation of fellows' comprehensive and specialized medical knowledge and provision of medical care, including advanced skills in history-taking, physical examination, clinical judgment, management, and consultation, and their ability to critically analyze clinical situations and make medical decisions. The evaluation will also cover fellows' technical proficiency, teaching skills, communication, humanistic qualities, professional attitudes and behavior, and commitment to scholarship as demonstrated within the clinical setting. This evaluation by the attending physician will be completed within the context of the general competencies defined by the ACGME. These areas of evaluation include Patient Care, Medical Knowledge, Professionalism, Systems-based Practice, Practice-based Learning and Improvement, Interpersonal and Communication Skills.

The attending physician will review the fellow’s performance in these areas verbally at the end of each attending week rotation, mid-point of the rotation and formally in writing and verbally at the end of the rotation.

Educational Resources

Reading lists:

The reading list for Pulm/CCM fellows on the ATS website provides an excellent source of articles on numerous topics pertinent to Pulm/CCM training. The Emory Pulm/CCM Education and Curriculum Committee, with the assistance of faculty and fellows, is continuously working to update this list. Recommended texts include Murray and Nadel’s Textbook of Respiratory Medicine and Parillo and Dellinger’s Critical Care Medicine. The UpToDate Clinical Reference Library also provide excellent and timely topical reviews, and the Clinics in Chest Medicine series provides a source for extensive topical reviews that are often useful for identifying more specific source references for a given topic. Through review and discussion of selected articles with the attending physician, fellows will receive instruction in the critical assessment of medical literature, in clinical epidemiology, in biostatistics, and in clinical decision theory.

Conferences:

The fellow will be responsible for specific aspects of teaching as agreed upon by the fellow and the attending physician. The fellow should serve as a role model to the housestaff by demonstrating professionalism and self-instruction and emphasize wherever possible, evidence used for clinical decision-making. Fellows must participate in the following conferences and are expected to return to their rotation at the completion of the conference.

1. VA Multidisciplinary Thoracic Conference (Tumor Board) – Mondays, 8-9am, 1st Floor Radiology Conference Room or Microsoft Teams. All members of the Outpatient rotation (the attending, fellow, residents and PAs) are expected to attend. Other attendees at multidisciplinary thoracic conference include thoracic surgery, medical oncology, radiation oncology, CT radiology, and nuclear medicine radiology. A list of patients to be discussed that week is available through VistaGUI Mail. Instructions on how to add patients for discussion are located on the shared Medicine drive in the Pulmonary folder.
2. Pulmonary/CCM Division Conference – Tuesday, 7:30 – 8:30 am, Whitehead 200
3. Fellows' Didactic Conference – Tuesday, 8:30 – 9:30 am, Whitehead 200
4. Fellows' Interactive Conference –Tuesday, 9:30-10:30 am, Whitehead 200

Teaching Methods
1. Informal didactics
2. Case based analysis

VAMC MICU ROTATION

Orientation:
Within 48 hours of beginning this rotation, the attending physician will orient the fellow to this curriculum and to any specific aspects of the rotation that may not be explained herein. The staff physician will define any additional expectations for the fellow at this time.

Faculty:
J. Shirine Allam, MD
Robert Busch, MD
Sushma Cribbs, MD, MSc
Mohleen Kang, MD, MSc
Ashish Mehta, MD, MSc
Nicholas Maurice, MD
Shannon Novosad, MD
Saiprakash Venkateshiah, MD
Cherry Wongtrakool, MD

Description and Overview
The Atlanta VA Medical Center is a complex level 1A tertiary care facility with 466 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 21-bed Residential Treatment Program. The unique patient population consisting of military veterans provides the Pulmonary and Critical Care Medicine Fellow the opportunity to provide care for a very special group.

The VA ICU is a 12-bed unit staffed by two attendings, a MICU attending and a CCU attending. The VA ICU team is comprised of four medical residents from Morehouse in their second or third year of training and a PA, with occasional additional members of the team such PA students/residents, fourth- year medical students, and rotating oral surgery residents. The VA ICU team is a shared team with the CCU service-all patients admitted to the MICU and CCU are the responsibility of the VA ICU residents, until they are deemed stable for discharge. At that time, the patient's care may be transferred to a ward team. The pulmonary and critical care fellow is not responsible for managing patients admitted to the CCU service unless a consultation is requested. The MICU service provides consult services to both the CCU team as well as the surgical intensive care unit patients, should the need arise. There are 3 internal medicine trained nocturnists who provide attending level support overnight for the ICU residents taking q4 overnight call.

The SICU is a multidisciplinary 12-bed unit that cares for a wide variety of surgical patients, including orthopedic, urological, ENT, thoracic, and cardiovascular. This is in addition to the standard general surgical patients. The SICU is currently staffed by anesthesia critical care physicians on weekdays during business hours with tele-ICU coverage at night and on the weekends. They are in the process of obtaining coverage for the weekends, start date is TBD. The MICU service may be consulted, especially in the evenings or on weekends (when intensivists on staff are not in-house), to assist with ventilator management, complex medical issues or sudden decompensation in these patients. The MICU team then has the choice of signing out the patient the next day to the SICU intensivist or continuing to round on the patient as consultants. This decision will be made on a case-by-case basis by the MICU attending and fellow, with close communication with the SICU intensivist.

Pulmonary has a dedicated negative pressure bronchoscopy suite equipped with C-arm for fluoroscopy and endobronchial ultrasound. Additional Cook pigtail catheter kits and thoracentesis kits are also stored in the bronchoscopy suite. The pulmonary function (PFT) laboratory has two machines, one of which is in a negative pressure room. PFTs can be requested for inpatients; inpatient team must call the pulmonary office and arrange for transportation to the PFT lab. Hemoptysis and suspected or confirmed active TB and COVID-19 infections are contraindications for PFTs.

The pulmonary and critical care fellow's responsibilities are primarily to the intensive care unit service. The attending physician coverage follows a one to two-week block scheduling system. This affords the Pulmonary and Critical Care fellows an opportunity to work with and learn from multiple members of the faculty based at the VA. The MICU attending physician covers the MICU and the inpatient consult services. The MICU attending covers all inpatient procedures such as bronchoscopies, chest tubes or thoracenteses. The Outpatient attending staffs the outpatient clinic and outpatient procedures, such as bronchoscopies and thoracenteses.

Goals and Objectives for MICU fellows while rotating at the VA Hospital

I. **General Care**
- A. Disease Management in Critical Care [PC2, MK1, MK2, PBL1, PBL2, PROF1]
- B. Communication [PROF1, PROF3, ICS2, ICS4
- C. Quality and Safety
  - 1. Describe and apply principles of universal health precautions [PBLI1, PBLI2, SBP1, SBP2]
  - 2. Describe and apply essential infection control practices to prevent
    - a. Catheter-related blood stream infections [PBLI, SBP1, SBP2]
    - b. Ventilator Associated Pneumonia [PBLI, SBP1, SBP2]
    - c. Catheter-associated urinary tract infection [PBLI, SBP1, SBP2]
  - 3. Describe the way errors in the conduct of patient care should be handled [PBLI, SBP1, SBP2]

II. Practical Skills
- A. Diagnostic Testing [MK1, MK2, PBLI1, PBLI2]
  - 1. Interpret radiological images
    - a. Chest X-ray (e.g., anterior/posterior, lateral)
    - b. Computerized axial tomography
  - 2. Ultrasound
- B. Procedures [PC4, PC5, PBLI1, PBLI2]

Assessment Methods:
1. Global assessment form (assesses all 6 competencies)
2. 360 evaluations (assesses SBP, ICS, PROF)

Daily Schedule

A. MICU Rounds and Daily schedule

Fellows are expected to see all patients on the MICU service prior to attending rounds. This allows patients to get their procedures scheduled as early as possible and facilitates nursing care in the MICU.

8:30 am: MICU rounds begin.

12:30 pm: daily ICU didactic conferences.

MICU fellow/attending lectures - Mondays and Wednesdays

CCU fellow/attending lectures - Tuesdays and Thursdays
Pharmacy/Respiratory Therapy lectures – Fridays
Lectures will rotate every 4 weeks to accommodate the residents' X+Y schedule. MICU will have 4 core lectures that repeat every 4 weeks and remaining 4 lectures topics will be up to the discretion of the fellow/attending based on resident need.

B. Fellow Call and Sign-Out

It is expected that the fellow will be available to the house staff throughout the day to assist with difficult patient management issues. The fellows take beeper call from home apart from some weekends (determined by the program director's weekend call schedule), for pulmonary/critical care specific issues that 1) require in-house presence such as an emergent chest tube or bronchoscopy or 2) require a phone pulmonary consult from a non-ICU service such as the ED. The ICU nocturnists will staff and manage all ICU patients at night. Fellows should return to the hospital after-hours when the situation warrants, in conjunction with attending notification. Fellows are expected to complete a written sign-out of all patients on Microsoft Teams and verbally sign-out any sick patients with pending concerns to the nocturnists at 7pm daily. The ICU nocturnists in turn, will sign-out their admissions to the MICU fellow at 7am daily. Fellows on the MICU rotation are expected to take weekend call (which include being physically present in the hospital for rounds and patient management), 2 weekends a month.

C. Procedures

During this rotation, MICU fellows will perform, under the supervision of their attending physician, the following procedures in the ICU setting: central venous lines, arterial lines, intubations, bronchoscopy, thoracentesis, and chest tube placement. Invasive pulmonary procedures such as intubations, bronchoscopy, thoracenteses and chest tubes will be supervised by an attending in all instances.

Lines of Responsibility

Attending Physician

The attending physician will supervise the fellow in all aspects of practice on this rotation. However, it is anticipated that each fellow, as their skills progress, will demonstrate progressive responsibility and need progressively less supervision as their training progresses. The fellow will review clinical management decisions with the attending physician daily. The attending physician will also supervise additional issues of patient management on a case-by-case basis determined by their assessment of the skills and aptitude of a given fellow in the specific clinical situation. The attending physician will be available to the fellow 24-hours per day, 7-days per week, for consultation and assistance by pager or phone or in person if needed.

Humanistic qualities.

The attending physician for this rotation should serve as a mentor and role-model and should demonstrate the values of professionalism, such as placing the needs of patients first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, establishing a commitment to continuous quality improvement, and being responsive to society's healthcare needs. The fellow should demonstrate similar behaviors. The welfare of the patient must be the primary professional concern. The attending physician should foster the formation of empathetic, constructive, and effective patient/physician relationships and demonstrate integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and a professional attitude and behavior toward colleagues. The attending physician should also demonstrate patient counseling skills and community education, emphasizing effective communication techniques for diverse populations, as well as

organizational resources useful for patient and community education. Where appropriate, the attending physician will instruct the fellow in the principles of palliative care for terminally ill patients, including the role of the health-care team including psychosocial, cultural, and religious issues related to death and dying.

Evaluation

Each fellow will be evaluated by their supervising attendings throughout the month. This evaluation by the attending physician will be completed within the context of the general competencies defined by the ACGME.

The attending physician will review the fellow's performance in these areas verbally at the end of each attending week rotation and formally in writing at the end of the rotation.

Educational Resources

Reading lists. The reading list for Pulm/CCM fellows on the ATS website provides an excellent source of articles on numerous topics pertinent to Pulm/CCM training. The Emory Pulm/CCM Education and Curriculum Committee, with the assistance of faculty and fellows, is continuously working to update this list. Recommended texts include Murray and Nadel's Textbook of Respiratory Medicine and Parillo and Dellinger's Critical Care Medicine. The UpToDate Clinical Reference Library also provide excellent and timely topical reviews, and the Clinics in Chest Medicine series provides a source for extensive topical reviews that are often useful for identifying more specific source references for a given topic. Through review and discussion of selected articles with the attending physician, fellows will receive instruction in the critical assessment of medical literature, in clinical epidemiology, in biostatistics, and in clinical decision theory.

Conferences:

The fellow will be responsible for specific aspects of teaching rounds as agreed upon by the fellow and the attending physician. The fellow should serve as a role model to the housestaff by demonstrating professionalism and self-instruction and emphasize wherever possible, evidence used for clinical decision-making. Fellows must participate in the following conferences and are expected to return to their rotation as soon as conference is over:

1. Pulmonary/CCM Division Conference – Tuesday, 7:30 – 8:30 am, Whitehead 200
2. Fellows' Didactic Conference – Tuesday, 8:30 – 9:30 am, Whitehead 200
3. Fellows' Interactive Conference –Tuesday, 9:30-10:30 am, Whitehead 200

Teaching Methods

1. Informal didactics
2. Case based analysis

VAMC POINT-OF-CARE ULTRASOUND – PROCEDURE TEAM ROTATION

FACULTY:

Jason P. Williams, MD, Site Director
Mohleen Kang, MD, Pulmonary Critical Care Core Faculty
Meredith Trubitt, MD, POCUS Procedure Service Core Faculty
Sneha Neurgoankar, MD, POCUS Procedure Service Core Faculty
Harika Gorthi, MD, POCUS Procedure Service Core Faculty
Eric Baken, MD, POCUS Procedure Service Core Faculty
Monee Amin, MD, POCUS Procedure Service Core Faculty

Rotation Overview:

Bedside ultrasound is used for medical decision making and to facilitate invasive procedures. Previously utilized primarily in emergency departments, focused ultrasound examinations are performed more widely, with routine use in intensive care units and at the bedside. These procedures enhance immediate decision making and facilitate diagnostic and treatment decisions in acute life-threatening situations. Fellows will rotate for 4 weeks in PGY4 and 4 weeks in PGY5 with mornings devoted to image acquisition and afternoons spent performing ultrasound-guided procedures with our POCUS Procedure Team and diagnostic POCUS consults in the intensive care unit. The rotation in PGY4 will be devoted to achieving competence in volume status and lung image acquisition, interpretation, and clinical integration. Prior to arriving for their PGY5 rotation learners will have completed an image portfolio of cardiac, pulmonary, abdominal, vascular, and musculoskeletal (MSK) images that will be reviewed for quality assurance by the site director. The PGY5 rotation will strive for competence in cardiac, adnominal, and vascular imaging. All rotations will comply with duty hours with a Monday – Friday work week without night or weekend call.

Rotation Goal:

This rotation will provide the Fellow with didactics and practical experience with point-of-care ultrasonography of various organ systems. Fellows will be required to perform 25 high quality cardiac exams, 10 lung exams, 10 abdominal exams, 10 DVT exams, and 5 MSK exams for total over 200 image and video clips.

Objectives:

Patient Care

PGY4 and PGY5 Fellows will
Use point-of-care ultrasound (POCUS) in the diagnosis of congestive heart failure. [PC2, PC3]
Use POCUS in the diagnosis of pleural conditions, including pleural effusions and pneumothorax. [PC2, PC3]
Use POCUS to differentiate and diagnose lung conditions that present with dyspnea, such as pneumonia, atelectasis [PC2, PC3, MK1]
Use POCUS in the diagnosis and management of volume status in patients with acute kidney injury. [PC2, PC3]
Use POCUS in the diagnosis of DVT [PC2, PC3]
Demonstrate effective communication through the informed consent process for procedures [PC4]
Utilize POCUS in the performance of, but not limited to, the following procedures: thoracentesis, central line insertion, arterial line insertion, vas cath insertion, paracentesis, lumbar puncture [PC5]
Demonstrate caring and respectful behaviors when interacting with patients [PC2, PC3, PROF1]

Obtain essential and accurate information from patients [PC1]
Demonstrate an ability to work with a variety of health care professionals to provide patient-focused care [PC2, PC3, SBP2]
Methods of evaluation: Direct observation, immediate feedback from Attending physicians

Medical Knowledge

PGY4 Fellows will:
Competently obtain and archive basic images [MK2]
Operate ultrasound machines and select appropriate image probes [MK2]
Adjust gain and depth to obtain images [MK2]
Identify key findings used to diagnose pneumothorax, hydronephrosis, ascites, reduced cardiac contractility [MK2]
Know the difference between adequate and inadequate images [MK2]
Methods of evaluation: Direct observation, in-service training examinations, immediate feedback from the Attending Physician

In addition to the above, PGY5 Fellows will:
Adequately perform a 4-view echocardiogram [MK2]
Interpret images from a 4-view echocardiogram [MK2]
Assess LV function [MK2]
Assess RV function [MK2]
Assess the IVC [MK2]
Recognize pericardial effusion [MK2]
Methods of evaluation: Direct observation, in-service training examinations, review of image portfolio

Practice Based Learning and Improvement

PGY4 and PGY5 Fellows will:
Identify knowledge deficiencies and implement strategies to improve the deficit [PBLI1]
Demonstrate intellectual curiosity and a willingness to learn [PBLI 2]
Accept feedback and seek feedback [PBLI2]
Method of evaluation: Direct observation
Interpersonal and Communication Skills
PGY4 and PGY5 Fellows will
Maintain a timely and comprehensive electronic medical records and procedure notes [ICS2]
Listen to patient's concerns and adequately describe the nature of the procedure being performed [ICS1, PROF1]
Demonstrate an ability to develop professional relationships with Residents and other members of the health care team [ICS2, SBP2]
Methods of evaluation: Direct observation, multi-source feedback

Professionalism

PGY4 and PGY5 Fellows will:
Treat patients with compassion; demonstrate responsiveness to patient's needs and respect patient's autonomy and privacy. [PROF1]
Demonstrate sensitivity to patient's age, sex, gender role, sexual orientation, culture, religion, race, and disability. [PROF1]

Treat ancillary staff as a member of the team providing care. [PROF1]
Complete assigned responsibilities in timely fashion and with proper documentation. [PROF1, PROF2]
Demonstrate respect, integrity, and honesty. [PROF1]
Accept responsibility for direct patient care activities. [PROF2]
Demonstrate accountability to patients, society, and the profession [PROF2]
Methods of evaluation: Direct observation, multi-source feedback

Systems-Based Practice

PGY4 and PGY5 Fellows will:
Understand definitions of and coverage for sleep disorders under Medicare/Medicaid and other insurance carriers. [SBP2]
Demonstrate proper utilization of referral and consultant services for optimum patient care. [SBP2]
The Fellow should understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society [SBP4]
Practice cost-effective health care and resource allocation that does not compromise quality of care [SBP2, PBLI1]
Advocate for quality patient care and assist patients in dealing with system complexities. [SBP1]
Methods of evaluation: Direct observation, multi-source feedback

Methods for Evaluation of Fellows:
Direct observation by the PCCM and Hospitalist Attendings.
Med Hub performance evaluation form completed by the attending physician at the conclusion of the rotation.
Multiple choice knowledge assessment
Hands on clinical exam (POCUS OSCE)

Methods for Evaluation of Rotation/Attendings:
Evaluations are completed in batch via the MedHub portal (anonymously) by the Fellows at the conclusion of the rotation.

Weekly Schedule
9am-12 pm - Diagnostic POCUS consults on the wards
1pm-5pm - Bedside Procedures on the wards and ICU, and diagnostic POCUS in the ICU

Educational Resources
Proceduralist.org
Nilam J. Soni, MD et al. Point-of-Care Ultrasound, 2nd Edition. Elsevier. 26 April 2019

Pulmonary Hypertension

ROTATION GOALS:

The goal of this rotation is to educate and expose the trainee to the unique aspects of care of patients with pulmonary hypertension (PH). Pulmonary hypertension is multifactorial and occurs in association with a variety of disorders. Pulmonary arterial hypertension (PAH) is a unique and complex disorder with precise and specific therapies that are new and evolving. Patients with PH and PAH will be seen in a weekly ambulatory clinic that will be attended in addition to the Fellow's weekly continuity clinic. Patients with PH and PAH that are identified on the Pulmonary Consult Service will be followed in this clinic and managed with collaboration with Morehouse cardiologists and the CVICU Service.

COMPETENCY BASED GOALS AND OBJECTIVES

Patient Care
PGY5 and PGY6 Fellows will
Order appropriate tests to evaluate for underlying causes of PH [PC3]
Perform appropriate diagnostic testing for patients with PAH [PC3]
Recognize common symptoms of PH [PC3]
Method of evaluation: Direct observation

Medical Knowledge

PGY5 and PGY6 Fellows will:

Know the World Health Organization classification of PH [MK2]
Know and be able to characterize patients using the WHO functional class [MK2]
Be able to articulate a differential diagnosis for patients with PH [MK2]
Understand and describe the pathophysiology of PAH [MK2]
Know treatment options for PAH [MK2]
Know treatment options for PH [MK2]
Know the benefits and limitations of echocardiography in screening for PH [MK2]
Know the benefits and limitations of right heart catheterization (RHC) in the diagnosis of PH [MK2]
Be able to interpret or utilize invasive and noninvasive hemodynamic data derived from echocardiography, right heart catheterization, 6-minute walk testing [MK2]
Know how to diagnose chronic thromboembolic pulmonary hypertension (CTEPH) [MK2]
Know which risk factors/disorders should prompt screening for PH [MK2]
Know the indications for oxygen therapy in PH [MK2]
Know the indications for referral for lung or heart-lung transplantation in patients with PH [MK2]
Methods of evaluation: Direct observation, immediate feedback from the Attending Physician, in-service examinations

Systems-Based Practice

PGY5 an PGY6 Fellows will:

Incorporate a critical appraisal of the medical literature pertaining to the care of patients with PH and PAH [SBP1]
Stay abreast of evolving guidelines pertaining to the care of patients with PH and PAH [SBP1]
Methods of evaluation: multi-source feedback, key performance indicators

Interpersonal and Communication Skills

PGY5 an PGY6 Fellows will:

Communicate effectively with patients and families [ICS2, ICS3, ICS4, PROF1, PROF2]

Communicate effectively with collaborating physicians, such as cardiologists, who participate in the care of patients with PAH [ICS2, ICS3, ICS4, PROF1, PROF2]

Methods of evaluation: multi-source feedback, direct observation

Practice-based Learning and Improvement

PGY5 and PGY6 Fellows will:

Solicit feedback from all members of team and incorporate feedback [PBLI3
Self-reflect on practice and performance [PBLI1]
Read current literature to stay abreast standards of care and existing guidelines. [PBLI1, PBLI2]
Methods of Evaluation: Direct observation, quality performance indicators

Professionalism

PGY5 and PGY6 Fellows will:

Be honest with all individuals in conveying issues of patient care [PROF1]
Place the needs of the patient above the needs or desires of self. Be responsive to patient needs superseding self-interest and respecting the patient's privacy and autonomy. [PROF1, PROF2]
Maintain high ethical behavior in all professional activities [PROF1]
Demonstrate commitment to continuity of care through carrying out her/his own personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in her/his stead [PROF2]
Demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and all members of the health care team [PROF1]
Always treat patients, families, and all members of the health care team with respect [PROF1]
Be accountable to patients, society, and the profession [PROF2]
Actively manage conflict of interest and ethical dilemmas. [PROF1]
Methods of evaluation: Direct observation, multi-source feedback

FACULTY EVALUATION OF FELLOW:

Global assessment form (assess all 6 competencies)
360-evaluation (assess SBP, ICS, PROF)

FELLOW EVALUATION OF FACULTY: Evaluation of Faculty will be disseminated in batches to protect anonymity of fellows. Completion of the Fellow Evaluation of Faculty form via the MedHub portal.

EDUCATIONAL RESOURCES:

Ruopp NF, Farbar HW. The New World Symposium on pulmonary hypertension guidelines. Should twenty-one be the new twenty-five? Circulation 2019; 140(14) 1134-1136.
Klinger JR, Elliott CCG, Levine DJ, et al. Therapy for pulmonary arterial hypertension in adults. Update of the CHEST Guideline and Expert Panel Report. Chest 2019;155(3):565-586.
Galie N, Humbert M, Vachiery J-L. et al. 2015 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension: The Joint Task Force for the Diagnosis and Treatment of Pulmonary Hypertension of the European Society of Cardiology (ESC) and the European Respiratory Society (ERS): Endorsed by: Association for European Paediatric and Congenital Cardiology (AEPC), International Society for Heart and Lung Transplantation. European Heart Journal 2016;37(1):67-119.
Proceedings of the 6th World Symposium on Pulmonary Hypertension. https://erj.ersjournals.com/collections/WSPH.

GRADY HEALTH SYSTEM Surgery Intensive Care Unit (SICU)

ROTATION GOALS:

The goal of this rotation is to provide a training environment for Pulmonary / Critical Care Fellows to acquire skills in the comprehensive management of trauma and surgical patients with life-threatening critical illness.

Competence in the goals and objectives below is expected by the last rotation on this service in the program. The Fellow will be evaluated after each rotation by faculty. The Fellow will have the opportunity to evaluate the service (anonymously) after each rotation.

ROTATION OBJECTIVES:

The objectives of this rotation are for Fellows to develop knowledge and skills in:
The performance of a thorough and complete basic evaluation including history and physical exam in critically ill trauma and perioperative patients.
Evidence-based intensive patient care.
The preoperative evaluation including cardiovascular preparation of patients.
Professional and compassionate communication and interactive skills with patients, colleagues, and families.
Practice-based learning and improvement.
Systems-based practice within the hospital setting.

FELLOW RESPONSIBILITIES:

Participate in and eventually lead rounds every morning (as delineated below); typical work hours will be 630am-6pm with no overnight or in-house call. The Fellow will have 4 days off every rotation (dates of their choosing) and will not be expected to attend continuity clinic during this rotation.
Attend and actively participate in morning report at 630am in Steiner Auditorium.
Attend and actively participate in SNAP Huddle at 8am Monday through Friday (interdisciplinary care progression rounds).
Attend and actively participate in M&M on Friday morning after morning report
Ensure that all SICU mortalities (including discharge to hospice) on their service have been submitted
Present their SICU mortalities with an assessment of anticipated or unanticipated and whether there was any opportunity for improvement.
Performance or supervision of bedside procedures, including but not limited to:
Arterial line placement
Central line placement
Endotracheal intubation
Moderate sedation
Percutaneous tracheostomy and gastrostomy
Point of care ultrasound
Supervision of house staff and advanced practice providers in the Surgical Intensive Care Unit.
Be familiar with guidelines and standard operating procedures (found in Microsoft Teams).
Open and frequent communication with the attending.
Fellows will have protected didactic time Monday at 730am (ACS lecture series), Thursdays at 7am (ACS Fellow lecture), and Thursdays and Fridays at 3pm (SICU lecture series).

Fellows will be expected to give 1 lecture during the rotation.

COMPETENCY BASED GOALS AND OBJECTIVES

Patient Care and Procedural Skills

PGY4:

During the rotation, the PGY4 Fellow will participate in the daily management of critically ill patients in the Trauma/Surgical ICU. The Fellow will learn to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. At the end of the rotation, the Fellow will be knowledgeable in and be able to:
Accurately and independently perform a history and physical examination (by physiologic system) on the critically ill patient. [PC1]
Render an accurate assessment of the patient based on those findings [PC2]
Accurately and succinctly verbally present those findings and that assessment [PC2]
Understand and be familiar with the components of a primary, secondary, and tertiary survey for trauma patients, including the Focused Assessment with Sonography for Trauma. [PC1, PC2]
Be familiar with the resuscitation and immediate care of a Level 1 trauma patient. [PC2]
Be a member of the multidisciplinary treatment team [PC2]
Be knowledgeable regarding pharmacologic agents used for critically ill medical patients, including analgesics, sedation, antibiotics, hemodynamic agents, antiarrhythmics, and others [PC2]
Formulation/implementation of treatment plans [PC2]

Critical Care and Management of Shock

Differentiate types of shock (hemorrhagic, cardiogenic, septic, neurologic) and initiate appropriate therapies [PC2, MK1, MK2]
Insert invasive catheters and obtain hemodynamic data; interpret data and initiate therapy based on results [PC2]
Recognize clinic presentation of acute airway and breathing issues and initiate plan of action (e.g., pneumothorax/chest tube) [PC2, MK1, MK2]
Recognize the indications for blood component therapy and initiate therapy [PC2, MK1, MK2]
Recognize a transfusion reaction and initiate appropriate response [PC2, MK2]
Institute measures to prevent upper GI bleeding in critically ill patients [PC2]

Traumatic Brain Injury

Recognize patients at risk for intracranial hemorrhage and traumatic brain injury [PC2, MK1, MK2]
Diagnose traumatic brain injury on radiographic imaging [PC2, MK2]
Initially manage patients with elevated intracranial pressures [PC2]
Manage post-op craniectomy patients [PC2]
Understand rescue maneuvers for patients with refractory intracranial hypertension [PC2, MK2]

Coagulation and Anticoagulation

Choose the appropriate tests for diagnosis of a coagulopathy, and have a working knowledge of factor analysis [PC2, MK1, MK2]
Apply effective preventive measures for DVT and PE [PC2]
Initiate and monitor therapeutic anticoagulation and its complications [PC2]
Diagnose and manage acute deep venous thrombosis [PC2]
Acutely manage a patient with a suspected acute pulmonary embolism [PC2]

Applied Cardiac Physiology
Recognize rhythm disturbances or myocardial ischemia on EKG [PC2, MK2]
Assess and formulate a differential diagnosis and initiate therapy for hypotension [PC2, MK1, MK2]
Know and apply appropriate treatment for supraventricular tachycardia [PC2, MK2]
Recognize and treat congestive failure and acute pulmonary edema [PC2, MK2]
Manage hypertension in a surgical patient. Understand multidrug therapy and the toxic and side effects of antihypertensive drugs. [PC2, MK1, MK2]

Applied Renal Physiology
Understand pathophysiology of the acute kidney injury; the differentiation of prerenal, renal obstructive types of renal failure; and the general concepts of prevention and treatment of AKI [PC2, MK2]
Recognize and treat complex electrolyte disturbances [PC2]
Understand complex fluid replacement and balance [PC2, MK2]
Understand indications for continuous renal replacement therapy [PC2, MK2]

Applied Pulmonary Physiology
Know the manifestations – clinical and laboratory testing – of obstructive pulmonary disease and pulmonary insufficiency, and their surgical perioperative management [PC2, MK2]
Recognize postoperative Acute Respiratory Distress Syndrome and indications/contraindications for proning in the post-operative patient. [PC2, MK1, MK2]

Applied Nutrition
Learn to manage complex nutritional needs of a critically ill post-operative patient (indications for TPN) [PC2]
Learn to recognize refeeding syndrome [PC2, MK2]

Procedural Competence
The Fellow will be skilled in the performance of the following ICU procedures in critically ill patients including:
Arterial line placement [PC5]
Central line placement [PC5]
Point of Care ultrasound [PC5]

The Fellow will be knowledgeable in the performance of the following ICU procedures in critically ill patients including:
Endotracheal intubation [PC5]
Moderate sedation [PC5]
Percutaneous tracheostomy [PC5]

PGY5:
During the rotation, PGY5 Fellows will have mastered the Patient Care competencies listed for PGY4 above, as well as:
Demonstrate an understanding of and weigh alternatives for diagnosis and treatment of more acute surgical critical care conditions. [PC3. MK1, MK2]
Elicit subtle findings on physical examination. [PC1]
Obtain a precise, logical, and efficient history. [PC1]
Interpret results of procedures properly. [PC3, MK1, MK2]

Make informed decisions about diagnosis and therapy after analyzing clinical data. [PC3, MK1, MK2]
Develop and carry out management plans. [PC3, MK1, MK2]
Consider patient preferences when making medical decisions. [PC3]
Methods of evaluation: Direct observation, multi-source feedback

PGY6:
During the rotation, PGY6 Fellows will have mastered the Patient Care competencies listed for PGY4 and PGY5 above, as well as:
Manage multiple problems at the same time. [PC3, MK1, MK2]
Reason well in ambiguous situations. [PC3, MK1, MK2]
Spend time on a problem that is appropriate to the complexity of the problem. [PC3, MK1, MK2]
Develop and carry out management plans semi-autonomously. [PC3, MK1, MK2]

Medical Knowledge (*PGY4, PGY5, PGY6):*
Shock and Resuscitation
The Fellow will be able to:
Define and recognize the components of the different forms of shock [PC2, MK1, MK2]
Understand the clinical and laboratory indications for transfusion of blood products and use of a massive transfusion protocol [PC2, MK1, MK2]
Diagnose and manage different forms of shock with an understanding of the appropriate use of fluids, vasopressors and inotropes guided by invasive and noninvasive monitoring. [PC2, MK2]
Understand the concept of a balanced resuscitation in the setting of hemorrhagic shock [PC2, MK2]
Display intimate knowledge of ACLS [PC2, MK2]

Nutrition
Demonstrate comprehensive knowledge of nutritional requirements in critically ill patients [PC2, MK2]
Understand the indications, selection of formulations, cost, and route of administration of nutritional support that is:
Parenteral [PC2, MK2]
Enteral [PC2, MK2]
List the complications of parenteral nutritional support and the means to prevent them [PC2, MK2]
Understand the assessment of the patient who requires alternate means of enteral support (i.e., nasal feeding tube or gastrostomy tube) due to altered mental status or dysphagia [PC2, MK1, MK2]
Determine the adequacy of nutritional support using laboratory methods [PC2, MK2]

Respiratory System
The Fellow should be able to:
Understand the physiology of normal respiration [PC2, MK2]
Accurately relate the indications for initiation of noninvasive and invasive mechanical ventilatory support [PC2, MK2]
Manage patients with blunt chest trauma and rib fractures, including those with flail chest and multimodal strategies for treatment of acute traumatic pain [PC2, MK1, MK2]
Understand parameters for weaning from mechanical ventilation [PC2, MK2]

Cardiovascular System
The Fellow should be able to:
Accurately describe normal circulatory physiology [PC2, MK2]
Understand and utilize both noninvasive and invasive hemodynamic monitors including
Arterial catheters [PC2, MK1, MK2]
Central venous catheters [PC2, MK2]
Accurately diagnose and manage the following cardiac disorders in critically ill patients:
Cardiac arrhythmias [PC2, MK2]
Cardiac ischemia [PC2, MK2]
Congestive heart failure [PC2, MK2]

Renal System
The Fellow should be able to:
List the acid-base and electrolyte abnormalities common in critically ill patients [PC2, MK2]
Demonstrate comprehensive knowledge of pathophysiology, diagnosis, and management of all types and severities of acute kidney injury in critically ill patients [PC2, MK2]
Accurately summarize the utilization of different types of renal replacement therapies, including indications, mechanism, contraindications, and potential complications [PC2, MK1, MK2]

Endocrine System
The Fellow should be able to:
Manage glycemic control in critically ill patients [PC2, MK2]
Diagnose and initiate therapy for the following endocrine-related problems identified in critically ill patients
Hypothyroidism/hyperthyroidism [PC2, MK2]
Hyperparathyroidism [PC2, MK2]
Hypoparathyroidism [PC2, MK2]
Adrenal cortical disorders [PC2, MK2]

Neurology
The Fellow should be able to:
Manage patients with traumatic brain injury utilizing ICP monitoring when appropriate [PC2, MK2]
Accurately describe the initial evaluation, ongoing evaluation, acute monitoring, and long-term management of commonly occurring neurologic problems in the ICU setting:
Seizures [PC2, MK2]
Delirium [PC2, MK2]
Hemorrhagic stroke [PC2, MK2]
Thromboembolic stroke [PC2, MK2]
Methods of evaluation: Direct observation, in-training examinations

Practice-Based Learning and Improvement (PGY4, PGY5, PGY6):
The Fellow should:
Maintain a detailed log of procedures in which she or he participates including: [PBLI1]
Diagnosis
Procedure performed
Postoperative course of the patient including any complications sustained and an analysis of the origin(s) of each complication
Maintain a portfolio of rotation related literature searches [PBLI1]
Maintain a portfolio of rotation related formal presentations including presentation of complications (Morbidity and Mortality Conference) [PBL2]

The Fellow will begin to attain the ability to investigate and evaluate his/her care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care. The Fellow will:
Self-monitor to identify strengths and weaknesses and set goals for learning [PBL2]
Incorporate feedback from peers, faculty, patients, and ancillary staff for self-improvement [PBL2]
Use information technology in patient care [PBL1]
Analyze practice and implement improvements [PBL2]

Methods of evaluation: Direct observation, quality performance indicators

Interpersonal and Communication Skills (PGY4, PGY5, PGY6):
Fellows must demonstrate interpersonal and communication skills that facilitate the flow of information between patients, their families and health professionals. The Fellow will:

Clearly, accurately, and succinctly present pertinent information to faculty regarding patients new to the service including newly admitted patients and patients for whom the service has been consulted [ICS2]
Clearly, accurately, and respectfully communicate with nurses and other hospital employees [ICS2]
Clearly, accurately, and respectfully communicate with referring and consulting physicians, including Residents and Fellows [ICS2]
Clearly, accurately, and respectfully communicate with patients and appropriate members of their family member's identified disease processes (including complications), the expected courses, operative findings and operative procedures [ICS1]
Maintain clear, concise, accurate and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, orders, operative notes, and discharge summaries [ICS3]
Clearly and accurately teach Residents and medical students about the procedures performed on this rotation when qualified to do so by hospital and program policy [ICS2]
Methods of evaluation: Direct observation, multi-source feedback

Professionalism (PGY4, PGY5, PGY6):
The Fellow will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. The Fellow:

Must be always honest with all individuals in conveying issues of patient care [PROF1]
Should place the needs of the patient above the needs or desires of self. Be responsive to patient needs superseding self-interest and respecting the patient's privacy and autonomy. [PROF1, PROF2]
Should maintain high ethical behavior in all professional activities [PROF1]
Must demonstrate commitment to continuity of care through carrying out her/his own personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in her/his stead [PROF2]
Should, at any time while engaged in patient care, be properly and professionally attired including adherence to any extant dress code [PROF1]
Should while engaged in patient care, be properly and professionally groomed [PROF1]
Should demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and all members of the health care team [PROF1]

Should always treat patients, families, and all members of the health care team with respect [PROF1]
Is accountable to patients, society, and the profession [PROF2]
Methods of evaluation: Direct observation, multi-source feedback

<u>Systems-Based Practice</u> (PGY4, PGY5, PGY6):

The Fellow must demonstrate an awareness of and responsiveness to the larger context and system of health care by having the ability to call upon appropriate resources in the system to optimize health care. The Fellow will:
Appropriately utilize ancillary services in a timely and cost-efficient manor including: [SBP2]
Social Work
Discharge Planning
Physical Therapy
Occupational Therapy
Respiratory Therapy
Nutrition Services
Pharmacists
Advanced Practice Providers including Physician Assistants and Nurse Practitioners

Appropriately utilize consultations from other surgical and medical specialties in a timely and cost-efficient manner to facilitate and enhance patient care [SBP2]
Summarize the financial costs, the risks and the benefits of all proposed diagnostic studies and therapeutic interventions [SBP2, SBP4]
Determine and convey to the appropriate individuals the instruments and other materials necessary for all procedures to minimize waste of resources [SBP2, SBP4]
Offer sound justification for all diagnostic tests (including laboratory studies) ordered by her/him [SBP2, SBP4]
Work effectively in various settings and systems [SBP2, SBP4]
Coordinate patient care within the health care system considering costs and risk-benefit analysis [SBP2, SBP4]
Advocate for quality care within interprofessional teams to enhance safety and improve quality [SBP1]
Identify system errors and formulate solutions [SBP1]
Be familiar with ethical, socioeconomic, and medicolegal issues [SBP4, PBLI1]

The Fellow should be able to: [SBP2]
Delineate the criteria for predicting preoperatively the patient's need for critical care, including:
Pre-existing disease states
Operation-specific requirements for postoperative intensive care management
Identify the resources available to assist the physician in dealing with the following moral and ethical problems encountered in the ICU
The need for organ donation and the identification of potential donors
Decisions about whom to resuscitate and to what degree
Care for the mentally incapacitated or incompetent patient
Dealing with a difficult family
Futility of care
Identifying and interacting with patients with diverse religious/cultural beliefs [SBP2]
Resources:

Protocols
Social workers
Patient advocate/ombudsman
State laws
Ethics Committee

Methods of evaluation: Direct observation, multi-source feedback

Surgical Critical Care Faculty at Grady Memorial Hospital rotate on a weekly basis allowing the faculty sufficient time to evaluate and assess the Fellows' skill levels, capabilities, and need for improvement. Feedback will be provided on a regular basis throughout the rotation and at the end of the formal 1-month rotation, a summative evaluation is submitted via the MSM evaluation system detailing the Fellow's performance in all six areas of competency; 1) Patient Care, 2) Medical Knowledge and Procedural Skills, 3) Practice based Learning, 4) Interpersonal and Communication Skills, 5) Professionalism, and 6) Systems-Based Practice.

INITIAL:
September 2020

UPDATED:
September 2021

APPROVED BY:
Patricia Ayoung-Chee, MD

GRADY HEALTH SYSTEM Pulmonary Pathology Rotation

Participating Site Director: George Birdsong, MD, FCAP, FASCP
Chief of Anatomic Pathology, Grady Health System

Rotation Overview:
Each Fellow will complete a 2-week rotation in Pulmonary Pathology during the training program. Fellows will attend their Continuity Clinic for one-half day each week during the Pulmonary Pathology rotation.

Rotation Goal:
Fellows will acquire knowledge of the principles and practice of pulmonary pathology and its important implications in diagnosis and treatment of pulmonary and thoracic diseases. Knowledge and experience in pulmonary pathology will be achieved through a structured curriculum that includes:
A hands-on approach to laboratory medicine and anatomic pathology
Direct teaching by pathologists and clinical laboratory scientists
Self-study of references selected to enhance the practical learning experience

Patient Care

PGY4:

Fellows will gain an understanding of the principles and practices of obtaining, processing, and staining pathologic specimen from various sources (see below) to make a diagnosis. [PC4, MK2]
Fellows will learn the advantages and limitations of different specimens in yielding a diagnosis. [PC4, MK2]
Fellows will develop the ability to interpret and understand histologic descriptions to appropriately apply them in the clinical context of patients. [PC4, MK2]
Method of Evaluation: Direct observation

Medical Knowledge

PGY4:

The Fellow will acquire knowledge about biomedical, clinical, and clinically related sciences and will apply this knowledge to the understanding of basic pathologic processes in all the following categories:
General Laboratory
Understand basic safety regulations and procedures employed in the laboratory [MK2]
Understand specimen collection, labeling and handling protocols [MK2]
Understand basic principles of the laboratory information system [MK2]

Histotechnology

1. Observe routine tissue processing, embedding, sectioning, staining and final preparation [MK2]
2. Observe frozen section technique [MK2]
3. Observe special stain slides – Acid Fast, GMS and Immunohistochemical (IHC) [MK2]
4. Learn basic histologic patterns of pulmonary diseases including, neoplastic and non-neoplastic [MK2]

Cytopathology
Observe Rapid Onsite Evaluation (ROSE); learn its purpose and limitations [MK2]
Learn about the different types of pulmonary cytology specimens and the advantages and disadvantages of each: [MK2]
Bronchial wash
Bronchial brush
Broncho-alveolar lavage (BAL)
Trans-bronchial fine needle aspiration (FNA)
Surgical Pathology
Observe gross examination of pulmonary pathology specimens [MK2]
Review teaching files of selected cases and review slides with a pathologist [MK2]
Learn to correlate clinical, radiographic, and pathologic findings [MK2]
Autopsy Pathology
Observe gross examination of lungs in the context of a postmortem examination [MK2]
Observe microscopic examination of lungs in the context of a postmortem examination [MK2]
Immunohistochemical/Molecular testing
When do pathologists use immunohistochemistry and how does it affect diagnosis and/or patient management. Which IHC stains are commonly used in pulmonary pathology, and how are the panels interpreted? [MK2]
When do pathologists use molecular testing, and how does it affect diagnosis and/or patient management? [MK2]
Methods of Evaluation: Direct Observation, oral questioning

Practice-based Learning and Improvement

PGY4:

The Fellow will learn the difference between a histopathological pattern and a specific histologic diagnosis. [PLBI2, MK2]

The Fellow will learn how to evaluate and critically appraise histopathologic results in the context of a clinical scenario, keeping in mind limitations of size, origin of specimen, and non-specificity of findings within specimen. [PLBI2, MK2]

The Fellow will utilize electronic medical record to assess patient-related information including the interpretation of radiographic studies. [PLBI2, MK2]

The Fellow will learn to appraise and assimilate scientific data from the medical literature toward the practice of evidence-based medicine. [PLBI1, MK2]

The Fellow will learn basic principles and practice of information technology and how it can be used to manage patient data and enhance quality. [PLBI1, MK2]

The Fellow will learn to investigate and evaluate his/her own diagnostic and consultative practices, and to improve his/her patient care practices. [PLBI2, MK2]

Method of evaluation: Direct observation

Interpersonal and Communication Skills

PGY4:

The Fellow will develop interpersonal and communication skills that result in the effective exchange of information and expertise with other health care providers, patients, and patients' families, and will assume an active role in the education of the health-care community. [ICS2]

The Fellow will gain an understanding of when to choose to directly communicate with the examining pathologist to exchange important clinical information that can be helpful in finding a diagnosis. [ICS2]

Method of Evaluation: Direct observation

Professionalism

PGY4:

The Fellow will develop a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population of patients and health care providers. [PROF1]

Method of Evaluation: Direct observation

Systems-based practice

PGY4:

The Fellow will be able to demonstrate appropriate use and communication of available clinical information or radiographic studies to improve the yield on histopathologic examination. [SBP3]

The Fellow will gain an understanding of multidisciplinary approach necessary to care for patients with pulmonary disease. [SBP2]

Method of Evaluation: Multi-source feedback

Educational Resources:

3 multi-head teaching microscopes

Microscope in the bronchoscopy suite for ROSE

Access to multiple online teaching resources (Expert Path, Pathology Outlines, etc.)

GRADY HEALTH SYSTEM CVICU

Participating Site Director(s): Alison F. Ward, M.D., David Bower, M.D.

ROTATION GOALS:

The Cardiovascular ICU is a multidisciplinary unit where postoperative cardiac patients, postoperative surgical patients, and patients with advanced cardiac conditions are managed. The goal of this month-long rotation is to train Pulmonary Fellows in the management of complex cardiovascular patients. This intensive exposure will aid the trainee in acquiring the clinical and procedural skills necessary for the care of these patients.

Learning Objectives

Evaluation and management of patients with diagnoses including, but not limited to, the following:
ST-segment elevation myocardial infarction (STEMI)
Non-ST-segment elevation myocardial infarction (NSTEMI)
Decompensated heart failure
Ventricular and atrial tachyarrhythmias
Bradyarrhythmias
Acute valvular heart disease
Aortic dissection
Post cardiac arrest care including targeted temperature management
Acute massive and sub massive pulmonary emboli
Postoperative cardiac surgery patients who have undergone complex procedures including, but not limited to, coronary artery bypass grafting (CABG), valvular surgery, and aortic reconstruction.

Proficiency in the use, performance, and/or interpretation of the following:
Complex vasoactive medications, antihypertensives, anticoagulants, and anti-platelet therapy and the mechanisms of action
Arterial line placement
Pulmonary artery catheter insertion and monitoring
3. Intra-aortic balloon pump (IABP) management
5. Impella management
6. Temporary pacemaker placement
7. Cardioversion
8. Other highly technical procedures for cardiovascular patients.

COMPETENCY BASED GOALS AND OBJECTIVES

Patient Care and Procedural Skills

Perform a pre-procedure assessment [PC4]
Perform comprehensive, accurate, cardiac-focused history and physical examinations [PC1]
Create comprehensive problem lists, differential diagnoses, and management plans for patients with acute cardiac disease [PC1]
Recognize the physical findings of chronic congestive heart failure, acute pulmonary edema, aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation, tricuspid regurgitation [PC1]
Safely and efficiently manage patients with acute cardiac illness [PC2]

Appropriately utilize consultative services [PC2]
Perform central venous catheter insertion [PC5] (PGY4, 5, 6)
Perform arterial line insertion [PC5] (PGY4, 5, 6)
Perform bedside ultrasound [PC2] (PGY4, 5, 6)
Interpret electrocardiograms and rhythm strips [PC2] (PGY4, 5, 6)
Recognize major abnormalities on echocardiography [PC] (PGY4, 5, 6)
Basic ventilator management [PC2] (PGY4, 5, 6)
Perform CPR [PC2] (PGY4,5, 6)
Managing end of life discussions [PC2] (PGY4, 5, 6)
Methods of evaluation: Direct observation, immediate feedback from the Attending Physician or the Senior Surgical Fellow

Medical Knowledge
PGY4:
Access and critically evaluate the medical literature pertinent to cardiovascular care [MK2]
Enhance the trainee's intellectual and technical skills for the pre- and postoperative management of patients with unstable coronary syndromes [MK1, MK2]
Recognition of cardiovascular emergencies [MK1, MK2]
Understand the indications, risks, and benefits of CABG, valve surgery, ICDs, resynchronization devices, IABP, PFO/ASD closure [MK1, MK2, PBLI1]
Understand the post-operative effects of cardiopulmonary bypass on cardiac, respiratory, neurologic, metabolic, endocrine, hematologic and renal organ systems [MK1, MK2]
Knowledge of and peri-operative management of pacemaker devices [MK1, MK2]
Postoperative care of cardiac and thoracic surgical patients [PC2]
Postoperative ventilator management [MK1, MK2]
Postoperative pain management [MK1, MK2]
Methods of evaluation: Direct observation, in-training examinations

PGY5:
During the rotation, PGY5 Fellows will have mastered the Patient Care competencies listed for PGY4 above, as well as:
Demonstrate an understanding of and weigh alternatives for diagnosis and treatment of more acute cardiovascular critical care conditions. [PC3. MK1, MK2]
Elicit subtle findings on physical examination. [PC1]
Obtain a precise, logical, and efficient history. [PC1]
Interpret results of procedures properly. [PC3, MK1, MK2]
Make informed decisions about diagnosis and therapy after analyzing clinical data. [PC3, MK1, MK2]
Develop and carry out management plans. [PC3, MK1, MK2]
Consider patient preferences when making medical decisions. [PC3]
Methods of evaluation: immediate feedback from the Attending Physician or the senior Surgical Fellow

PGY6:
During the rotation, PGY6 Fellows will have mastered the Patient Care competencies listed for PGY4 and PGY5 above, as well as:
Manage multiple problems at the same time. [PC3, MK1, MK2]
Reason well in ambiguous situations. [PC3, MK1, MK2]
Spend time on a problem that is appropriate to the complexity of the problem. [PC3, MK1, MK2]
Develop and carry out management plans semi-autonomously. [PC3, MK1, MK2]

Methods of evaluation: immediate feedback from the Attending Physician or the Senior Surgical Fellow

Systems-Based Practice
PGY4, PGY5, PGY6:
Educate the trainee on specific issues related to coordination and transition of care in the immediate postoperative setting [SB2]
Participation in PSQI conferences [SBP1]
Method of Evaluation: Direct observation, audit of clinical practice

Interpersonal and Communication Skills
PGY4, PGY5, PGY6:
Communicate effectively with patients and families [ICS2, ICS3, ICS4, PROF1, PROF2]
Communicate effectively with the postoperative care team and consultants [ICS2, ICS3, ICS4, PROF1, PROF2]
Methods of Evaluation: Direct observation, multi-source feedback

Professionalism
PGY4, PGY5, PGY6:
A. Demonstrates integrity, honesty and accountability to patients and profession. [PROF4]
B. Actively manages conflict of interest and ethical dilemmas. [PROF4]
Methods of Evaluation: Direct observation, multi-source feedback

Practice-Based Learning and Improvement
PGY4, PGY5, PGY6:
A. Self reflects on practice and performance [PBLI1]
B. Solicits feedback from all members of team and incorporates feedback [PBLI3]
Methods of Evaluation: Direct observation, quality performance indicators

FELLOW RESPONSIBILITIES:
Participate in daily CVICU rounds
Bedside procedures (ex. arterial line, central line, pulmonary artery catheter, thoracentesis, bronchoscopy, point of care ultrasound)
Assist in day-to-day management of critically ill patients including identifying emergencies/hemodynamic collapse
Provide direct care management of a subset of assigned patients depending on workload.
Weekly CVICU-specific educational conferences

DAILY SCHEDULE:
Morning rounds with CVICU team (cardiac surgery team, mid-level providers)
Formal CVICU rounds with intensivists, APPs, nursing
Complete necessary procedures in conjunction with CVICU team
Complete daily progress notes on assigned patients.
Sign-out assigned patients to covering providers at end of shift

EVALUATIONS (Uploaded into Med Hub and due within 1 week of the end of the rotation)

FELLOWS:
Global assessment form (assess all 6 competencies)
360 evaluations (assess SBP, ICS, PROF)

FACULTY:
Fellow Evaluation of Faculty

Research

Rotation Overview

Fellows are required to complete the Research Rotation. PCCM Fellows are encouraged to take part in bench research, translational research, or other clinical studies/clinical trials. Duties include reviewing and assimilating research protocols, obtaining IRB approval, recruitment of patients into studies, and follow-up of patients within protocol guidelines. In preparation, core lectures will include sessions on research methodology and biostatistics.

Fellows are scheduled for an eight-month research block that overlaps the end of their second year and the beginning of their third year in the Fellowship program. Fellows are encouraged to engage in scholarly activity throughout their training. In addition to working on original projects under the supervision of faculty, Fellows may also choose to work on a faculty member's existing or ongoing project. Fellows may also use their elective rotations for research activities.

Fellows may complete their research obligations locally at Grady Memorial Hospital (GMH) and/or the Morehouse School of Medicine Clinical Research Center (CRC). Research with a mentor outside of MSM or during an elective period will require review and approval by the Program Director. GMH is equipped to support clinical research. The CRC at Morehouse is equipped to support bench research, translational research, and clinical research. Use the web-links below to obtain additional information regarding the research facilities and support available at Morehouse School of Medicine:
https://msmconnect.msm.edu/group/mycampus/research
https://rcenterportal.msm.edu/

At least four (4) months prior to the onset of the research rotation, the Fellow must work with his or her mentor to present a research proposal to the Program Director. The proposal describes the proposed plan of activities and research and the timeline for completing the required products and presentation.

Rotation Goals

The goals and objectives of the Research Rotation are to discover new knowledge and to translate that knowledge into the practice of Pulmonary and Critical Care Medicine.

Methods for Evaluation of Fellows

Fellows are evaluated through direct observation by the supervising Research Rotation Attending. At the conclusion of the rotation, a supervising Research Rotation Attending completes a performance evaluation form in Med Hub.

Methods for Evaluation of Rotation/Attendings

At the conclusion of the rotation, the Fellows complete evaluations of the rotation and the Attending anonymously in Med Hub.

Rotation Competency-Based Objectives—Criteria for Advancement
PGY5, PGY6:
Upon completion of this elective the Fellow will be able to:
Prepare the background paper, at least five (5) double-spaced pages, with properly cited references reflecting the background for the research project.
Describe techniques used in a research project, consistent with the Material and Methods section.
Present findings in a scholarly paper or poster, participation in the Annual Research Competition, or presentation at regional or national meetings.

Patient Care
PGY5, PGY6:
During the rotation, Fellows will:
Use their experiences in caring for patients to develop research questions. [PC2, PC3]
Consider health care delivery, management of specific disease processes, screening for diseases, and other aspects of health care as an area to study. [PC2, PC3]
Methods of evaluation: Direct observation

Medical Knowledge
PGY5, PGY6:
During the rotation, Fellows will:
Explore the process involved in research and the requirements for the proper conduct of research. [MK1, MK2]
Develop an understanding of the complexities involved in conducting research and the limitations of research. [MK1, MK2]
Gain an understanding of how proposals, grants, papers, etc. are peer reviewed. [MK1, MK2]
Engage in formal instruction on scientific writing. [MK1, MK2]
Generate patient-centered clinical questions to drive knowledge acquisition when designing a research study. The research training will allow Fellows to: [MK1, MK2]
Identify their knowledge deficiencies and develop a system for generating and answering clinical questions based on patient cases.
Use a standard format to phrase clinical questions (e.g., PICO = Patient/Problem, Intervention, Comparison, Intervention, Outcome), to help in the performance of an efficient literature search in assessing what has already been studied.
Assess the type of question being asked to identify the type of study that would best answer the question.
Identify and efficiently locate the best available information resources to address the Fellow's question in developing a research project.
Conduct a computerized literature search using Medline, PubMed, or an equivalent method.
Use methodological filters to limit searches to articles dealing with therapy, diagnosis, or prognosis.
Use secondary sources to efficiently obtain evidence.
Use practice guidelines to identify and review recommended care plans for a variety of common respiratory problems.
Select the appropriate study design to answer the research question. [MK1, MK2]
Identify the indications for IRB approval including studies using patients, patient medical records, and other data specifically to patients that can compromise confidentiality. [MK1, MK2]
Analyze journal articles of relevance to pulmonary and critical care medicine critically and present such analyses in the form of Journal Club presentations. [MK1, MK2]

Methods of evaluation: Direct observation, multi-source feedback

Communication Skills
PGY5, PGY6:
During the rotation, Fellows will:
Discuss the project with their advisor and appropriate consultants, including statisticians and other specialists in research design and/or scientific knowledge. [ICS3, MK1, MK2]
Present the Fellow's project as a Grand Rounds presentation at its conclusion. [ICS3, MK1, MK2]
Write a scientific abstract for potential submission to a regional or national research meetings [ICS3, MK1, MK2]
Strive to develop the project into a scientific paper at the conclusion of the project. [ICS3, MK1, MK2]
Complete final IRB reporting. [ICS3, MK1, MK2]
Methods of evaluation: Direct observation; number of presentations, papers, or posters; participation in research meetings

Practice-based Learning and Improvement
PGY5, PGY6:
During the rotation, Fellows will:
Read current literature to substantiate their findings. [PBLI1, PBLI2]
Determine the project's application to patient care and describe how patient care or current practice can be changed accordingly. [PBLI1, PBLI2]
Methods of evaluation: Direct observation

Professionalism
PGY5, PGY6:
During the rotation, Fellows will:
Identify the rules regarding appropriate conduct of research. [PROF1, PROF2]
Recognize and abide by the principles of research ethics. [PROF1, PROF2]
Respect patients' privacy regarding medical information in performing research. [PROF1, PROF2]
Demonstrate the understanding of the function of an IRB and how it serves to protect patients. [PROF1, PROF2]
Discuss the ethics of research, including subject recruitment, informed consent, patient privacy and the role of Institutional Review Boards (IRB) in performing research that involves seeking information from patients and their families, and of respecting privacy in obtaining such information. [PROF1, PROF2]
Demonstrate honesty in the Fellow's report of data. [PROF1, PROF2]
Present data in aggregate manner to eliminate identification of specific patients in the Fellow's report. [PROF1, PROF2]
Submit the proposal to the appropriate IRB. [PROF1, PROF2]
Complete institutional IRB ethics training. [PROF1, PROF2]
Interact respectfully in a team environment comprised of a diverse individuals with different educational backgrounds, including research laboratory technicians, medical and PhD students, and post-doctoral basic science Fellows. [PROF1, PROF2, ICS2]
Interact with the leading authorities in pulmonary and critical care research through encounters at national and international meetings. [PROF1, PROF2, ICS2]
Attend national scientific sessions, as appropriate, such as the American College of Chest Physicians, American Thoracic Society, Society of Critical Care Medicine, American College of

Physicians, the American Heart Association., or the American Society of Huan Genetics [PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback

Systems-Based Practice
PGY5, PGY6:
During the rotation, Fellows will:
Demonstrate an understanding of the costs of research. [SBP3]
Determine the best methods of performing research within the constraints of residency and the medical system. [SBP1, SBP3]
Demonstrate an understanding of when research is appropriate and when it is not. For example, considering the health of the patient or their understanding of the project. [SBP1, SBP3, PROF1]
Advocate for research to promote understanding of various disease processes or ways to deliver care. [SBP4]
Methods of evaluation: Direct observation, multi-source feedback

GRADY HEALTH SYSTEM Bronchoscopy Rotation

Rotation Overview
Fellows will receive training in bronchoscopy through hands on experience, performing procedures under the supervision of an Attending Physician and virtual-reality training using a simulator. The purpose of this rotation is to promote the safe and efficient acquisition of bronchoscopy skills.

Rotation Goals
During the Bronchoscopy rotation, the Fellow will:
Acquire essential bronchoscopy skills to a measurable competence.
Gain knowledge of the indications, benefits, and risks/complications of bronchoscopy.
Practice proficiency in the following essential bronchoscopy skills:
Scope maneuvering
Anatomical navigation
Adequate knowledge of the bronchial anatomy
Perform a complete, methodical airway inspection.
Identify and successfully sample suspicious endobronchial findings during a diagnostic bronchoscopy.
Recognize cases that warrant referral for an interventional bronchoscopy procedure (e.g., brachytherapy or placement of endobronchial stents).
Learn and perform moderate sedation.

Methods for Evaluation of Fellows
Fellows are evaluated through direct observation by the Pulmonary/Critical Care Attending. At the conclusion of the rotation, a PCCM Attending completes a Med Hub performance evaluation form.

Methods for Evaluation of Rotation and Attendings
At the conclusion of the rotation, the Fellows complete evaluations of the rotation and the Attending anonymously in Med Hub.

Rotation Competency-Based Objectives—Criteria for Advancement

The following sections list the goals and objectives within each of the six (6) competencies expected of Fellows rotating on the Bronchoscopy rotation.

Patient Care

PGY4:

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. During this rotation, Fellows will:
Meet the technical skills objectives for the rotation, as detailed above. [PC3]
Perform thorough evaluations of assigned patients with pulmonary disorders and develop appropriate diagnosis and treatment plans. [PC1, PC3, PC4]
Demonstrate appropriate pre-procedure preparation and technical performance of bronchoscopy procedures as assigned. [PC4]
Methods of evaluation: Simulation, direct observation, immediate feedback from the Attending Physician, Bronchoscopy Novice Clinical Skills Assessment (Association of Pulmonary Critical Care Medicine Program Directors)

PGY5:

During the rotation, PGY5 Fellows will have mastered the Patient Care competencies listed for PGY4 above, as well as:
Demonstrate an understanding of the indications and contraindications for more advanced bronchoscopic procedures. [PC3, MK1, MK2]
Elicit subtle findings on physical examination. [PC1]
Obtain a precise, logical, and efficient patient history. [PC1]
Interpret results of procedures properly. [PC3, MK1, MK2]
Make informed decisions about diagnosis and therapy after analyzing clinical data. [PC3, MK1, MK2]
Develop and carry out management plans. [PC3, MK1, MK2]
Consider patient preferences when making medical decisions. [PC3]
Methods of evaluation: Immediate feedback from the Attending Physician, direct observation, multi-source feedback, Bronchoscopy Advanced Beginner/Competent Clinical Skills Assessment (Association of Pulmonary Critical Care Medicine Program Directors)

PGY6:

During the rotation, PGY6 Fellows will have mastered the Patient Care competencies listed for PGY4 and PGY5 above, as well as:
Perform more advanced bronchoscopic procedures under supervision [PC3]
Manage multiple problems at the same time. [PC3, MK1, MK2]
Reason well in ambiguous situations. [PC3, MK1, MK2]
Spend time on a problem that is appropriate to the complexity of the problem. [PC3, MK1, MK2]
Develop and carry out management plans independently. [PC3, MK1, MK2]
Be aware of and able to manage complications from bronchoscopic procedures
Methods of evaluation: Immediate feedback from the Attending Physician, direct observation, multi-source feedback, Endobronchial Ultrasound Skills and Tasks Assessment Test (EBUS-STAT)

Medical Knowledge

PGY4, PGY5, PGY6:
During this rotation, Fellows will:
Meet the cognitive objectives for the rotation, as detailed above. [MK1, MK2]
Demonstrate and apply the basic and clinically supportive sciences appropriate to the management of pulmonary diseases. [MK2]
Methods of evaluation: Direct observation, In-training examinations

Practice-Based Learning and Improvement
PGY4, PGY5, PGY6:
Fellows must be able to investigate and evaluate their patient care practices, appraise, and assimilate scientific evidence, and improve their patient care practice based on this knowledge. During this rotation, Fellows will perform appropriate literature searches for pulmonary disease. [PBLI1, PBLI2]
Methods of evaluation: Audit of clinical practice, case logs, evidence-based medicine logs

Interpersonal and Communication Skills
PGY4, PGY5, PGY6:
Fellows must be able to articulate information that results in effective information exchange with patients, their families, and professional associates. Fellows are expected to:
Develop empathetic and respectful relationships with patients and families. [ICS1, ICS4]
Present pulmonary patients as appropriate to the morbidity and mortality conference. [ICS2, SBP1]
Methods of evaluation: Direct observation, multi-source feedback

Professionalism
PGY4, PGY5, PGY6:
Fellows must have a commitment to carrying out professional responsibilities, adhere to ethical principles, and show sensitivity to a diverse patient population. During this rotation, Fellows will:
Respect patient confidentiality. [PROF1]
Work effectively with the Pulmonary and Critical Care Medicine service. [PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback

Systems-Based Practice
PGY4, PGY5, PGY6:
Fellows must display an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal care of patients with respiratory disease. During this rotation, Fellows will:
Work effectively with the staff in the bronchoscopy suite and respond to their input or concerns. [SBP2]
Work effectively with supportive services assisting with the management of patients in the bronchoscopy suite (e.g., pathologists, patient transporters). [SBP2]
Methods of evaluation: Key performance indicators, multi-source feedback

Sleep Medicine

Rotation Overview:
Fellows will rotate for three weeks in PGY4 and four weeks in PGY5. All rotations will comply with duty hours, that include monitoring a few patients undergoing sleep testing. Fellows may utilize elective rotations for additional training. Fellows will attend their weekly continuity clinic, as applicable, in addition to the Sleep Clinic(s).

Rotation Goal:
This rotation is expected to expose the Fellow to the evaluation and treatment of adult patients with sleep disorders. Per their interest, they may also elect to engage in research activity in the field. During the year, Fellows are expected to engage in scholarly activities and present at Journal Club, Case Conference and Board Review. Board certification in Sleep Medicine requires a minimum of 12 months of fulltime training at an ACGME-accredited Sleep Medicine Fellowship Training Program.

Objectives:

Patient Care
PGY4, PGY5, PGY6:
Recognize common signs and symptoms of sleep disorders including sleep-disordered breathing and formulate appropriate treatment management. [PC3]
Perform history taking and physical examination focused on primary sleep disorders and sleep complaints secondary to other conditions encountered in general practice including pulmonary. [PC1]
Demonstrate an ability to interpret a polysomnogram (PSG), a multiple sleep latency test (MSLT) and a maintenance of wakefulness test (MWT), and data from portable monitoring devices, overnight oximetry, compliance downloads, auto-positive airway pressure (APAP) therapy and the Epworth Sleepiness Scale (ESS). [PC5]
Order appropriate diagnostic tests to facilitate diagnosis and treatment. [PC3]
Identify common historical elements for all patients presenting with pulmonary disease including smoking history, occupational history, sleep history, environmental triggers for respiratory symptoms and family history. [PC1]
Apply the skills listed above to provide a clear, concise, and legible consultation note and/or dictation, which directly answers the question asked by the primary care provider. [PC3, MK1]
Demonstrate effective communication through the informed consent process for minor procedures [PC4]
Demonstrate caring and respectful behaviors when interacting with patients [PC3, PROF1]
Gather essential and accurate information from patients [PC1]
Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment [PC3, PBLI1]
Develop and carry out patient management plans in association with the supervising physician [PC3]
Counsel and educate patients and their families [PC3, ICS1]
Use information technology to support patient care decisions and patient education [PC3]
Demonstrate an ability to work with a variety of health care professionals to provide patient-focused care [PC3, SBP2]
Method of evaluation: Direct observation

Medical Knowledge
PGY4, PGY5, PGY6:
Describe the neurobiology of sleep and wakefulness and enumerate the physiological and medical consequences of sleep deprivation. [MK2]
Explain scoring, rules, terminology, technical specifications of sleep, and associated events. [MK2]
Describe etiopathogenesis, clinical manifestations and complications of sleep-related breathing disorders (obstructive sleep apnea, central sleep apnea, obesity hypoventilation syndrome and sleep-related hypoxemia). [MK2]
Describe differential diagnosis of hypersomnolence and insomnia for the most common adult sleep disorders that present to an adult sleep clinic. [MK2]
Demonstrate knowledge of interpretation, indications, and limitations of common sleep medicine practice tools like PSG, MSLT/MWT, portable monitoring and ESS. [MK2, PBLI1]
Define approaches to sleep apnea treatment strategies such as PAP therapy utilizing continuous-PAP, Bi-level PAP, or adaptive servo-ventilation, upper airway surgery, maxilla-mandibular surgery, oxygen, and positional therapy. [MK2, PBLI1]
Recall the effect of medications on sleep and sleep disorders. [MK2]
Demonstrate an ability to discuss recent readings relevant to patients seen in clinic or during rounds.
[MK2]
Presentation at sleep educational activities like Journal Club. [MK2]
Methods of evaluation: Direct observation, in-service training examinations

Practice Based Learning and Improvement
PGY4, PGY5, PGY6:
Present and critique a journal article on sleep disorder with emphasis on patient care for improved outcome. [PBLI1, MK1, MK2]
Recall current practice parameters, clinical guidelines and best practice guides on evaluation and management of sleep disorders published by the American Academy of Sleep Medicine (AASM). [PBLI1]
Evaluate a Sleep Medicine patient in outpatient sleep clinic under the supervision of a sleep medicine physician [PBLI1, MK1, MK2]
Perform a complete PSG interpretation and review with the supervising physician. [PBLI1, PC5, MK2]
Select appropriate billing codes for all evaluation and management or procedures. [PBLI1]
Method of evaluation: Direct observation

Interpersonal and Communication Skills
PGY4, PGY5, PGY6:
Explain and present patient information handout (printouts from Epic or brochures) on sleep disorders, prescribed therapy, and medication information as appropriate to patients seen in Sleep clinic. [ICS1]
Sleep attending's observation of Fellow's interaction with patients and their families during clinical encounters in outpatient settings. [ICS1]
Explain and present patient information from diagnostic tests if ordered. [ICS1]
Maintain a timely and comprehensive electronic medical record that is readable [ICS2]
Demonstrate an ability to develop a therapeutic and ethically sound relationship with patients and their families. [ICS1, PROF1]
Demonstrate an ability to use verbal and non-verbal skills to communicate effectively with patients.
Demonstrate effective listening skills [ICS1]

Elicit and provide information using effective nonverbal, explanatory, questioning and writing skills [ICS2]
Demonstrate an ability to work effectively as a team member and team leader within the clinic. [ICS2, [ICS3, SBP2, PROF1]
Demonstrate an ability to develop professional relationships with Residents and other members of the health care team [ICS2, SBP2]
Methods of evaluation: Direct observation, multi-source feedback

Professionalism
PGY4, PGY5, PGY6:
Treat patients with compassion; demonstrate responsiveness to patient's needs and respect
patient's autonomy and privacy. [PROF1]
Demonstrate sensitivity to patient's age, sex, gender role, sexual orientation, culture, religion, race, and disability. [PROF1]
Treat ancillary staff as a member of the team providing care. [PROF1]
Complete assigned responsibilities in timely fashion and with proper documentation. [PROF1, PROF2]
Attend all educational activities including Journal Club, Case Conference, and didactics. [PROF, PROF2]
Demonstrate respect, integrity, and honesty. [PROF1]
Accept responsibility for direct patient care activities. [PROF2]
Always act in the best interest of the patient. [PROF1]
Demonstrate a responsiveness to the needs of patients and society that supersedes self-interest [PROF1]
Demonstrate accountability to patients, society, and the profession [PROF2]
Demonstrate a commitment to excellence and on-going professional development [PROF2]
Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices [PROF1]
Methods of evaluation: Direct observation, multi-source feedback

Systems-based Practice
PGY4, PGY5, PGY6:
Understand definitions of and coverage for sleep disorders under Medicare/Medicaid and other insurance carriers. [SBP2]
Demonstrate proper utilization of referral and consultant services for optimum patient care. [SBP2]
The Fellow should understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society [SBP4]
Practice cost-effective health care and resource allocation that does not compromise quality of care [SBP2, PBLI1]
Advocate for quality patient care and assist patients in dealing with system complexities. [SBP1]
Methods of evaluation: Direct observation, multi-source feedback

Methods for Evaluation of Fellows:
Direct observation by the PCCM and Sleep Attendings.
Med Hub performance evaluation form completed by the attending physician at the conclusion of the rotation.

Method for Evaluation of Rotation/Attendings:
Evaluations are completed in Med Hub anonymously by the Fellows at the conclusion of the rotation

Weekly Schedule

Monday AM - Grady Sleep Clinic
Monday PM - Grady Sleep Clinic
Tuesday AM - sleep studies Grady/ Inter-scorer Reliability Assessment System (ISR)
Tuesday PM - sleep studies (ISR/Grady)
Tuesday evening - overnight in the Grady/Morehouse Sleep Clinic
Wednesday - (post call day)
Friday PM - Review sleep clinic patients

GRADY HEALTH SYSTEM Obstetrical ICU

Participating Site Director(s):
Kiwita S. Phillips, MD, FACOG
Roland Matthews, MD, FACOG

Rotation Overview:
Each Fellow will complete a 2-week rotation in High-Risk Obstetrics and Gynecology. Fellows will attend their Continuity Clinic for one-half day each week during this rotation.
Rotation Goal:
Fellows will acquire knowledge of the principles and practice of medicine as related to the care of high-risk obstetric and gynecologic patients. Fellows will be educated on the following disorders, among others: eclampsia or pre-eclampsia, tocolytic pulmonary edema, peripartum cardiomyopathy, antepartum and postpartum hemorrhage, placental abruption, venous thromboembolism, amniotic fluid embolism, venous air embolism, pulmonary hypertension, HELLP syndrome, acute fatty liver of pregnancy, asthma in pregnancy, ARDS due to sepsis in pregnancy, obstetric-related sepsis, ovarian hyperstimulation syndrome, and catamenial disorders such as LAM or tuberous sclerosis.
Knowledge and experience in high-risk obstetrics and gynecology will be achieved through a structured curriculum that includes:
Direct patient care in the Obstetrical ICU
Pulmonary consultations on high-risk obstetric and gynecologic patients throughout their 3 years of Fellowship training
Self-study of references selected to enhance the practical learning experience

Competency Based Goals & Objectives of the High-Risk Obstetric and Gynecologic Rotation
Patient Care
PGY5:
Fellows will gain experience in the care of gynecologic patients with significant co-morbid disorders. [PC4]
Fellows will gain experience in the care of obstetric patients with significant cardiac, renal, or immunologic disorders. [PC4]
Method of evaluation: Direct observation, immediate feedback from the Attending Physician

Medical Knowledge
PGY5:
The Fellow will acquire knowledge about, but not limited to, the following:
Physiologic changes in the respiratory system, spirometry, gas exchange and dyspnea during pregnancy [MK2]

Hemodynamic changes during pregnancy [MK2]
Cardiovascular physiology during pregnancy [MK2]
Fluid changes during pregnancy, i.e., blood, plasma, or RBC volume [MK2]
Medication administration during pregnancy with exposure to the Pregnancy, Lactation, and Labelling Rule (PLLR) [MK2]
Management of asthma during pregnancy [MK2]
Diagnosis (Pregnancy-adapted YEARS algorithm for the diagnosis of suspected PE) and management of VTE during pregnancy with appropriate selection of imaging techniques and anticoagulants [MK2]
Diagnosis and treatment of amniotic fluid embolism MK2]
Recognition of tocolytic pulmonary edema [MK2]
Mechanical ventilation in pregnancy [MK2]
Methods of evaluation: Direct observation, in-training examinations

Practice-based Learning and Improvement
PGY5:
The Fellow will demonstrate responsiveness to constructive feedback. [PLBI2]
Fellow will be exposed to and utilize current guidelines to the care and management of these patients [PBLI1]
Methods of evaluation: Direct observation, quality performance indicators
Interpersonal and Communication Skills
PGY5:
The Fellow will develop interpersonal and communication skills that result in the effective exchange of information and expertise with other health care providers, patients, and their families. [ICS2]
Methods of evaluation: Direct observation, multi-source feedback
Professionalism
PGY5:
The Fellow will develop a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population of patients and health care providers. [PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback
Systems-based practice
PGY5:
1. The Fellow will utilize knowledge of study design and statistics to assemble, review, and apply the medical literature to the care of these patients. [SBP3]
2. The Fellow will gain an understanding of multidisciplinary approach necessary to care of high-risk obstetric and gynecologic patients. [SBP2]
Methods of evaluation: Direct observation, quality performance indicators

Educational Resources:
Didactics
Case conferences
Creasy and Resnik's Maternal-Fetal Medicine: Principles and Practice (8th edition). The Obstetrician & Gynaecologist 2020; 22: 248.

Pulmonary Consults-PFTs

Rotation Overview

The main goal of the Pulmonary Consult Service Rotation is to provide the environment, resources, and structured educational opportunities for Fellows in Pulmonary and Critical Care Medicine to acquire knowledge of and experience a broad range of acute and chronic pulmonary diseases. In addition, this rotation will facilitate the development of the skills, professional attitude, and commitment to scholarship requisite for clinical competence and effectiveness as a pulmonary disease specialist.

Rotation Goals

These educational and behavioral aspects of training are provided by patient encounters and progressive responsibility for patient management and supervised procedures, including flexible fiberoptic bronchoscopy, didactic sessions, and directed self-study. The management of patients in the inpatient setting is complemented by opportunities for longitudinal follow-up of discharged patients in the Fellow's Continuity Clinic**.**

Methods for Evaluation of Fellows

Fellows are evaluated through direct observation by the Pulmonary Consult Rotation Attending. At the conclusion of the rotation, a Pulmonary Consult Rotation Attending completes a performance evaluation form in MedHub.

Methods for Evaluation of Rotation and Attendings

At the conclusion of the rotation, the Fellows will complete evaluations of the rotation and of the Attending Physician in MedHub.

Rotation Competency-Based Objectives - Criteria for Advancement

The Pulmonary Consult Rotation enables Fellows to develop the necessary understanding and familiarity with the cognitive, procedural, ethical, attitudinal, and communication skills requisite to clinical competence in pulmonary/critical care consultative medicine, in conjunction with achievement of the six core AGGME competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Fellows will attend their continuity clinic for one half-day while on the pulmonary consult rotation.

Patient Care

During the rotation, PGY4 Fellows will:
Prioritize patient problems. [PC3]
Monitor and follow up with patients appropriately. [PC3]
Demonstrate caring and respectful behaviors with patients and families. [PC3, PROF1]
Gather essential and accurate information through interviews, physical examinations, and laboratory studies. [PC1, PC3]
Recognize their own limitations in clinical experience and know when to ask for assistance. [PC3, PROF1]
Elicit common findings on physical examination. [PC1]
Contribute to the development and completion of management plans. [PC3, MK1]
Recognize deterioration in clinical condition and take appropriate initial diagnostic and therapeutic steps to manage the patient. [PC3, MK1], MK2

Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY5 Fellows will have mastered the Patient Care competencies listed for PGY4 above, as well as:
Demonstrate an understanding of and weigh alternatives for diagnosis and treatment of less common pulmonary conditions. [PC3. MK1, MK2]
Elicit subtle findings on physical examination. [PC1]
Obtain a precise, logical, and efficient patient history. [PC1]
Interpret results of procedures properly. [PC3, MK1, MK2]
Make informed decisions about diagnosis and therapy after analyzing clinical data. [PC3, MK1, MK2]
Develop and carry out management plans. [PC3, MK1, MK2]
Consider patient preferences when making medical decisions. [PC3]
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY6 Fellows will have mastered the Patient Care competencies listed for PGY4 and PGY5 above, as well as:
Manage multiple problems at the same time. [PC3, MK1, MK2]
Reason well in ambiguous situations. [PC3, MK1, MK2]
Spend time on a problem that is appropriate to the complexity of the problem. [PC3, MK1, MK2]
Develop and carry out management plans independently. [PC3, MK1, MK2]
Methods of evaluation: Direct observation, multi-source feedback, chart stimulated recall

Medical Knowledge
During the rotation, PGY4 Fellows will:
Use references and literature sources to learn about pulmonary diseases encountered in practice. [PC3]
Apply knowledge to develop recommendations for management. [PC3, MK1, MK2]
Describe key features of the following areas: [MK2]
Pleural disease
Basic ventilator management
Ordering and interpretation of pulmonary function tests
Arterial blood gas analysis
Diagnosis and management of COPD
Diagnosis and management of asthma
Diagnosis and management of interstitial lung diseases
Chest x-ray and chest CT interpretation
Diagnosis and management of sleep apnea syndromes
Diagnosis and management of thromboembolic disease
Evaluation of the solitary pulmonary nodule
Diagnosis and management of occupational lung diseases
Diagnosis and management of drug-induced lung diseases
Indications for diagnostic and therapeutic bronchoscopy

During the rotation, PGY5 Fellows will have mastered the Medical Knowledge competencies listed for PGY4 above, as well as gain an increased understanding of the areas of knowledge listed above.
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY6 Fellows will have mastered the Medical Knowledge competencies listed for PGY5 and PGY6 above, as well as show progress in board examination preparation appropriate for level of training, and indicative of successfully passing the board examination.
Methods of evaluation: Direct observation, multi-source feedback, chart stimulated recall

Practice-Based Learning and Improvement
During the rotation, PGY4 Fellows will demonstrate an understanding of his or her limitations of knowledge. [PBLI1, PBLI2]
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY5 Fellows will have mastered the Practice-Based Learning and Improvement competencies listed for PGY4 above, as well as: [PBLI1, PBLI2, PROF1, PROF2]
Undertake self-evaluation with insight and initiative.
Facilitate the learning of students and other health care professionals.
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY6 Fellows will have mastered the Practice-Based Learning and Improvement competencies listed for PGY4 and PGY5 above, as well as: [PBLI1, PBLI2, PROF1, PROF2]
Analyze personal practice patterns systematically and identify ways to improve.
Locate, appraise, and assimilate scientific literature.
Methods for evaluation: Direct observation, chart-stimulated recall, feedback on case presentations

Professionalism
During the rotation, PGY4 Fellows will:
Establish trust with patients and staff. [PROF1]
Demonstrate honesty, reliability, cooperation, and the ability to accept responsibility. [PROF1, PROF2]
Demonstrate regard for opinions and skills of colleagues, particularly in other specialties. [PROF1, PROF2]
Demonstrate respect, compassion, and integrity. [PROF1, PROF2]
Develop a sensitivity to a patient's culture, gender, age, preferences, and disabilities. [PROF1, PROF2]
Acknowledge errors and work to minimize them. [PROF2]
Serve in the role of consultant effectively. [PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY5 Fellows will have mastered the Professionalism competencies listed for PGY4 above, as well as demonstrate initiative and leadership. [PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY6 Fellows will have mastered the Professionalism competencies listed for PGY4 and PGY5 above, as well as demonstrate a commitment to ongoing professional development.
Methods of evaluation: Direct observation, multi-source feedback

Systems-Based Practice
During the rotation, PGY4 Fellows will:
Advocate for patients. [SBP1, SBP4]
Advocate for high-quality patient care and assist patients in dealing with system complexity. [SBP4]
Prescribe oxygen for home use effectively and appropriately. [SB2, PC3]
Involve respiratory therapy services for hospitalized patients appropriately. [SB2]
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY5 Fellows will have mastered the Systems-Based Practice competencies listed for PGY4 above, as well as:
Apply the knowledge of how to partner with health care providers to assess, coordinate, and improve patient care. [SB1, SB2]
Use systematic approaches to reduce errors. [SBP1]
Participate in developing ways to improve systems of practice and health management. [SBP1]
Methods of evaluation: Direct observation, multi-source feedback

During the rotation, PGY6 Fellows will have mastered the Systems-Based Practice competencies listed for PGY5 and PGY6 above, as well as:
Provide cost-effective care. [SBP2]
Demonstrate an understanding of how individual practices affect other health care professionals, organizations, and society. [SBP2, SBP4]
Gain knowledge of types of medical practice and delivery systems. [SBP2, SBP4]
Practice effective allocation of health care resources that does not compromise the quality of care. [SBP2]
Methods of evaluation: Direct observation, multi-source feedback

Practice-Based Learning and Improvement
During the rotation, PGY4 Fellows will:
Show willingness to learn from mistakes. [PBLI2, PROF1, PROF2]
Must be self-motivated to acquire knowledge. [PBLI21, PROF1, PROF2]
Must have the ability to access and apply multiple sources of information to practice evidence-based patient care. [PBLI2, PROF1, PROF2]
Accept feedback and develop self-improvement plans. [PBLI2, PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback
PGY5: |All of the above, and:
Undertake self-evaluation with insight and initiative. [PBLI2, PROF1, PROF2]
Facilitate the learning of students and other health care professionals. [PBLI1, PBLI2]
Methods of evaluation: Direct observation, multi-source feedback

PGY6: All the above, and:
Analyze personal practice patterns systematically and look for ways to improve. [PBLI1, PBLI2]
Locate, appraise, and assimilate scientific literature. [PBLI1]
Methods of Evaluation: Attending evaluation, chart-stimulated recall, feedback on case presentation.

Interpersonal and Communication Skills
During the rotation, PGY4 Fellows will:

Write pertinent and organized notes. [ICS2]
Use effective listening, narrative, and nonverbal skills to elicit and provide information. [ICS1, ICS2]
Work effectively with other clinical services as a part of the care team. [ICS2]
Create and sustain therapeutically and ethically sound relationships with patients and families. [ICS1]

Methods of evaluation: Direct observation, multi-source feedback
During the rotation, PGY5 Fellows will have mastered the Interpersonal and Communication Skills competencies listed for PGY5 above, as well as:
Provide education and counseling to patients, families, and colleagues. [ICS1, ICS4]
Communicate effectively with primary teams and other consulting teams, both verbally and in written form. [ICS2]

Methods of evaluation: Direct observation, multi-source feedback
During the rotation, PGY6 Fellows will have mastered the Interpersonal and Communication Skills competencies listed for PGY4 and PGY5 above, as well as demonstrate the ability to resolve conflicts professionally. [ICS2, PROF1, PROF2]
Methods of evaluation: Direct observation, multi-source feedback

Pulmonary Function Testing

Rotation Overview
Pulmonary Function Testing (PFT) is used to diagnose and assess the severity of pulmonary and cardiopulmonary conditions, respectively. In this rotation, Fellows will receive dedicated training in PFT interpretation at the Grady and VA sites.

Rotation Goals
Fellows will learn the indications, contraindications, interpretations, complications, supervision, and appropriate technical aspects of pulmonary function test procedures. Fellows will learn the techniques, standards, and interpretation of spirometry, body plethysmography, DLCO measurement, flow volume curve, pulse oximetry, arterial blood gases, methacholine challenge, cardiopulmonary exercise testing, lung mechanics, and oxygen titration studies.

Methods for Evaluation of Fellows
Fellows are evaluated through direct observation by the Pulmonary/Critical Care Attending. At the conclusion of the rotation, a PCCM Attending completes a performance evaluation form in Med Hub.

Methods for Evaluation of Rotation and Attendings
At the conclusion of the rotation, Fellows complete evaluations of the rotation and the Attending Physician anonymously in Med Hub.

Rotation Competency-Based Objectives—Criteria for Advancement

Patient Care
PGY4, PGY5, PGY6:

During the rotation, Fellows will:
Develop proficiency with the techniques, standards, and interpretation of: [PC3]
Spirometry
Body plethysmography
Diffusing capacity
Flow volume curve
Methacholine challenge
Overnight pulse oximetry
Arterial blood gases
Cardiopulmonary exercise testing
Exhaled nitric oxide
Lung mechanics (very infrequently performed)
Oxygen titration studies
Shunt studies
Recognize and respond to pulmonary function laboratory-related emergencies. [PC3, MK1, MK2]
Methods of evaluation: Direct observation, multi-source feedback

Medical Knowledge
PGY4, PGY5, PGY6:
During the rotation, Fellows will:
Demonstrate the understanding of the application, interpretation, and limitations of pulmonary function testing in the evaluation and management of patients. [MK1, MK2]
Recognize and demonstrate an understanding of technical problems and artifacts of pulmonary function testing. [MK2]
Correlate pulmonary function data with clinical, radiologic, and pathologic patient information. [MK1, MK2]
Demonstrate understanding of pulmonary physiology and its correlation with clinical disorders. [MK2]
Demonstrate understanding of quality control measures. [MK2]
Methods of evaluation: Direct observation, multi-source feedback

Practice-Based Learning and Improvement
PGY4, PGY5, PGY6:
During the rotation, Fellows will demonstrate the understanding of the importance of quality control. [PBLI1]
Methods of evaluation: Direct observation, multi-source feedback

Interpersonal and Communication Skills
PGY4, PGY5, PGY6:
During the rotation, Fellows will demonstrate a mutual respect for patients and allied health staff in the pulmonary function laboratory in all aspects of their interactions with patients and members of the health staffs. [ICS1, ICS2]
Methods of evaluation: Direct observation, multi-source feedback

Professionalism
PGY4, PGY5, PGY6:
During the rotation, Fellows will:
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. [PROF1]

Develop effective skills for working within a team with members of the allied health staff. [PROF1, PROF2, SBP2]
Methods of evaluation: Direct observation, multi-source feedback

Systems-Based Practice
PGY4, PGY5, PGY6:
During the rotation, Fellows will:
Locate, critically appraise, and assimilate evidence from the medical literature pertinent to pulmonary function testing. [SBP2, MK2, PC3]
Access and implement procedure-specific personal, patient, and allied health staff safety information. [SBP1]
Methods of evaluation: Direct observation, multi-source feedback

Ambulatory / Continuity Clinic

Rotation Overview:
A continuity clinic experience is a core requirement for Fellows in Pulmonary and Critical Care Medicine. Fellows will spend ½ day weekly in the Pulmonary Clinic housed on 3J in the area cohabitated by the Asthma/Allergy Clinic and ENT. Fellows will attend Pulmonary Clinic during non-ICU rotations as appropriate. Fellows will longitudinally follow their own cohort of patients with a range of pulmonary disorders. This clinic may also be used for follow-up of patients after hospital discharge. The clinic is staffed by Pulmonary and Critical Care Attending physicians. As Fellows progress through the program, the expectation is that they will have increased responsibility, such as seeing more patients per session and teaching residents and medical students on the rotation.

Rotation Goal: Over the three years of training, the Fellow will gain the knowledge and skills required for independent ambulatory practice.

Objectives:
1. To train Fellows to provide personalized, advanced, compassionate, and professional care for patients in the ambulatory setting
2. To train Fellows to provide longitudinal management of pulmonary disorders in an economical, patient centered manner
3. To support and encourage the development of relationships with patients from diverse backgrounds with consideration of the social determinants that affect their health and health care decisions
4. To utilize resources and manage patients with the assistance of ancillary and other medical personnel efficiently and effectively

Patient Care:
PGY4:
The PGY4 Fellow will be able
1. To perform a thorough history and physical examination, extracting salient features to make diagnostic and treatment decisions [PC1]
2. To independently recommend an efficient evaluation and management strategy for common respiratory disorders seen in the ambulatory environment [PC3]
3. To consistently monitor and follow-up radiographic and laboratory test results [PC3]
4. To effectively prioritize and recognize urgent versus routine evaluations [PC3]

5. To consistently and precisely document clinic and non-clinic encounters such as telephone calls [PC3]
6. To utilize resources, coordinate care, and work with collaboratively with ancillary and other medical personnel efficiently and appropriately [PC3]
7. To perform pre-procedure assessments consistently and comprehensively [PC4]
Methods of evaluation: Direct observation, multi-source feedback, immediate feedback from the Attending Physician

PGY5:
The PGY5 Fellow will attain the Patient Care competencies listed for PGY4, in addition to
Exhibiting a more in-depth understanding of the pathophysiology of the disorders encountered in ambulatory practice [PC3]
Being able to discern subtleties and nuances in the presentation or management of disorders encountered in ambulatory practice [PC3]
Methods of evaluation: Direct observation, multi-source feedback

PGY6:
The PGY6 Fellow will attain the Patient Care competencies listed for PGY4 and PGY5 in addition to demonstrating increasing independence in triage, diagnostic, and treatment decisions. [PC3]
Methods of evaluation: Direct observation, multi-source feedback

Medical Knowledge:
PGY4, PGY5, PGY6:
To recognize, characterize, and treat common pulmonary disorders, including but not limited to, COPD, asthma, asthma in pregnancy, asthma mimics, work-related asthma, pleural effusion, solitary pulmonary nodule, lung cancer, interstitial lung disease, idiopathic pulmonary fibrosis, pulmonary vascular disease including pulmonary hypertension, venous thromboembolic disease, bronchiectasis, sarcoidosis, pneumonia and pulmonary infections, tuberculosis and non-tuberculous mycobacterial disease, chronic cough, neuromuscular respiratory disease, obstructive sleep apnea and obesity hypoventilation, pre-operative risk assessment, occupational and asbestos-related lung disease, HIV-related lung disease, chronic respiratory failure/hypoventilation, vaccines and primary infection prevention in a guideline-based manner [MK2]
2. To have familiarity with strategies for tobacco cessation, and referrals for pulmonary rehabilitation, palliative care, lung transplantation, cardiopulmonary exercise testing [MK2]
To know the indications for oxygen supplementation [MK1, MK2]
Methods of evaluation: Direct observation, in-service training examinations

Practice-Based Learning and Improvement:
PGY4, PGY5, PGY6:
To continually enhance the performance and practice of medicine [PBLI1]
To solicit feedback on performance and be open to feedback [PBLI2]
To effectively utilize information technology to enhance patient care [PBLI1]
To critically appraise and effectively use the medical literature in the care of pulmonary patients [PBLI1]
To acknowledge knowledge gaps and read to improve the deficit [PBLI2]
Methods of evaluation: audit of clinical practice, direct observation, case logs, multi-source feedback

Interpersonal and Communication Skills:
PGY4, PGY5, PGY6:
Fellows will effectively communicate with the treatment team. [ICS2]
Fellows will consistently keep accurate and timely records. [ICS2, ICS3]
Fellows will excel in shared decision making. [ICS1]
Fellows will educate and communicate with patients and their families. [ICS1]
Methods of evaluation: Direct observation, multi-source feedback

Professionalism:
PGY4, PGY5, PGY6:
Fellows will be an advocate for their patients. [PROF1]
Fellows will demonstrate accountability in the care of their patients. [PROF2]
Fellows will be responsive to calls from patient or the health care team and complete tasks in a timely manner without prompting. [PROF1, PROF2]
Fellows will be culturally sensitive and able to interact with individuals from diverse backgrounds. [PROF1]
Fellows will promote and advance health equity. [PROF1]
Fellows will behave honestly and ethically in clinical interactions and documentation. [PROF1, PROF2]
Methods of evaluation: Multi-source feedback, direct observation

Systems-based Practice:
PGY4, PGY5, PGY6:
Fellows will be taught clinical documentation and billing and be aware of risk/benefit in decision making and costs. [SBP3]
Fellows will advocate for quality patient care in the health system. [SBP3]
Fellows will effectively and prudently utilize the multi-disciplinary resources in the health system. [SBP3]
Fellows will recognize the potential for error in the system and will appropriately report and help reduce errors. [SBP1, SBP4]
Methods of evaluation: Quality performance indicators, clinical practice audit

Methods for Evaluation of Fellows
Fellows are evaluated through direct observation by the Pulmonary and Critical Care Attending. At the conclusion of the rotation, a Pulmonary and Critical Care Attending completes a performance evaluation form in Med Hub.

Methods for Evaluation of Rotation/Attendings
At the conclusion of the rotation, the Fellows complete evaluations of the rotation and the Attending anonymously in Med Hub.

Neurocritical Care

Rotation Overview:
Fellows will be trained to evaluate critically ill patients with neurologic diseases in the Marcus Stroke and Neuroscience Center at Grady Memorial Hospital.

Rotation Goal:
The goal of the Neurocritical Care Rotation is to obtain the necessary cognitive and technical skills to manage critically ill patients with neurologic diseases. Fellows are also expected to gain familiarity with basic principles of critical care medicine, neurology, neuroanatomy, neurosurgery, and neurointerventional radiology.

Objectives:
All Fellows rotating on the Neuro ICU rotation are expected to achieve the following goals based on the six general competencies:

Methods for Evaluation of Fellows:

I. Direct observation by the Neuro ICU Attending Physician.
II. Med Hub performance evaluation form completed by the Neuro ICU Attending Physician at the conclusion of the rotation.

Methods for Evaluation of Rotation/Attendings:
Evaluations are completed in Med Hub anonymously by the Fellows at the conclusion of the rotation.

Criteria for Advancement:
Competency-based Goals & Objectives of the Neuro ICU Rotation

Patient Care:
PGY6:
Become a caring and respectful provider and caregiver towards patients and families. [PC2, prof1]
Must have the ability to choose appropriate care interventions based on medical facts, patient preferences, and current scientific evidence. [PC2, MK1, MK2]
Must have the ability to prioritize competing care needs of patients in the Neuro ICU. [PC3]
Diagnose and treat organ failure and hemodynamic instability. [PC2, MK1, MK2]
Use data from various monitoring devices appropriately to guide therapy. [PC2, MK2]
Explain indications and complications of common ICU procedures and ventilatory strategies. [PC2]
Identify patients no longer requiring ICU therapy and identify factors important to facilitate safe transfer of patient care. [PC2]
Method of evaluation: Direct observation, immediate feedback from the Attending Physician

Medical Knowledge:
PGY6:
Must gain basic understanding of the following:
Physiology of cerebral blood flow and metabolism, intracranial pressure [MK2]
Pathophysiology of increased intracranial pressure, arterial vasospasm [MK2]
Medical, surgical, and neuro-interventional treatment options for increased intracranial pressure and vasospasm [MK2]
Ventilator management for brain injured patients [MK2]
Hemodynamic management for patients with brain or spinal cord injuries [MK2]
Hemodynamic consequences of brain and spinal cord injuries [MK2]

Airway management for patients with reduced level of consciousness or cranial nerve impairment, patients with cervical spine injuries [MK2]
Specific considerations for patients with coexisting critical illness, e.g., ARDS, and intracranial pathologies [MK2]
Peri-operative care for neurosurgery patients [MK2]
Specific considerations for care after angiography or thrombolytic therapy [MK2]
Endocrine consequences of pituitary tumors [MK2]
Brain death [MK2]
Ethical considerations for end-of-life decisions [MK2]
Pathophysiology and treatment of hydrocephalus [MK2]
Differential diagnoses of coma [MK2]
Diagnosis and treatment of herniation syndromes [MK2]
Pathophysiology and treatment of encephalitis/meningitis/brain abscess [MK2]
Pathophysiology, diagnosis, complications, and treatment options for different forms of intracerebral hemorrhages (epidural/subdural/subarachnoid/intraparenchymal/intraventricular) [MK2]
Diagnosis and treatment of cerebral venous thrombosis [MK2]
Diagnosis and treatment of ischemic vs. hemorrhagic stroke [MK2]
Basic cerebrovascular anatomy and relevance of lesions such as aneurysms and arteriovenous malformations [MK2]
Neurological examination techniques [MK2]
Management of fluid, acid-base, and electrolyte disturbances in Neuro ICU patients [MK2]
Diagnosis and treatment strategies for vasospasm [MK2]
Sedation regimes, scores, weaning [MK2]
Special considerations of pain management in Neuro ICU patients [MK2]
Delirium: forms, diagnosis, treatment [MK2]
Interpretation of CXR [MK2]
Basics of neurosurgical, neurology imaging techniques [MK2]
Basics of transcranial doppler (TCD) monitoring and interpretation [MK2]
Basics of electroencephalogram (EEG) application in the ICU [MK2]
Basics of external ventricular drain (EVD) handling, sampling [MK2]
Basics of CSF diagnostics [MK2]
Must gain knowledge of complex ventilation modes and strategies as applicable to Neuro ICU patients. [MK2]
Describe indications and routes of nutrition, exhibit ability to create basic nutritional plan. [MK2]
Describe indications for fluid resuscitation and vasopressor therapy. [MK2]
Must gain basic knowledge of different intracranial pressure (ICP) monitors and cerebral oximetry monitoring, and their use in guiding hemodynamic therapy. [MK2]
Understand the goals of sedation and analgesia in the ICU. Discuss the various options available for sedation and analgesia, including sedation scales and types of sedatives. [MK2]
Understand basic infection control risks and discuss strategies to prevent and treat ventilator associated pneumonia, urinary tract infections, central venous line infections and surgical wound infections in the Neuro ICU; gain basic knowledge of antibiotic therapy, groups of antibiotics, neuro-specific considerations e.g., CSF-penetration [MK2]
Discuss techniques to prevent deep venous thrombosis and peptic ulcer disease in the Neuro ICU. [MK2]
Exhibit safe order writing and closed-loop communication [MK2]
Methods of evaluation: Direct observation, in-service training examinations

Practice-Based Learning and Improvement:

PGY6:

Recognize and describe patient safety strategies. [PBLI1]
Must be able to analyze his/her own performance, identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care. [PBLI1, PBLI2]
Recognize and describe basic methods for searching, reviewing, and evaluating current scientific literature. [PBLI1]
Apply knowledge of study designs and statistical methods to critically review basic science literature and clinical trials. [PBLI1]
Support ongoing basic and clinical science protocols in the ICU. [PBLI1]
Develop and maintain willingness to learn from errors and use errors to improve the system or processes of care. [PBLI1]
Methods of evaluation: Direct observation, audit of clinical practice, case logs

Interpersonal and Communication Skills:

PGY6:

Respond promptly and courteously to requests, answer pages in a timely manner. [ICS2]
Write orders and notes in a coherent, legible fashion. [ICS2]
Communicate care plans effectively to patients, families, nurses, and other health care professionals. [ICS1, ICS2]
Communicate effectively in times of dynamically changing conditions. [ICS1, ICS2, ICS4]
Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, families, and colleagues. [ICS2]
Deliver concise, organized case presentations. [ICS1, ICS2, ICS3]
Communicate clearly, correctly, and concisely in written and verbal reports. [ICS1, ICS2]
Communicate effectively and in a timely fashion with primary teams about significant changes [ICS2, ICS4]
Method of evaluation: Direct observation, multi-source feedback

Professionalism:

PGY6:

Seek consultation with other specialty physicians as appropriate in managing complex ICU problems. [PROF1]
Consider ethical principle and patient/family wishes on treatment and end-of-life decisions. [PROF1]
Respect and utilize the skills of other critical care practitioners such as nurses,
respiratory therapists, physical/occupational therapists, dieticians, speech pathologists, pharmacists. [PROF1]
Arrive for clinical and learning responsibilities in a timely and punctual fashion, prepared to perform tasks and explain reasoning. [PROF1]
Exhibit respect, compassion, integrity, empathy, and support in patient care and professional interactions. [PROF1]
Exhibit honesty in recordkeeping. [PROF1]
Admit to and seek help in remedying errors. [PROF1, PROF 2]
Must display sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues. [PROF1]
Present information, concerns, and suggestions without bias or for personal gain. [PROF1]
Teach and model responsible behavior. [PROF1]
Method of evaluation: Direct observation, multi-source feedback

Systems-Based Practice:
PGY6:
Work cooperatively with other disciplines to provide efficient and effective patient care. [SBP2]
Establish multidisciplinary relationships needed to effect quality care. [SBP2]
Understand, access, and utilize the resources, providers, and systems necessary to provide optimal care.
Must be able to work cooperatively with primary and consulting services.
Must perform the part of the Critical Care practitioner's role as patient advocate and advocate for quality of care.
Recognize, describe, and ensure compliance with unit and institutional policies as well as regulatory policies from accreditation agencies, regulators, and payers.
Must be able to use algorithms and protocols.
Must pay attention to cost-effectiveness in ordering tests and planning interventions.
Must be able to use basic compensation methodologies for critical care services.
Method of evaluation: audit of clinical practice, case logs

Anesthesia/Perioperative Medicine

Participating Site Director(s): Raphael Y. Gershon, MD, MBA, Chief of Anesthesiology

ROTATION GOALS:
The goal of this month-long rotation is to educate and expose the trainee to the unique aspects of care of patients in an acute perioperative setting.

COMPETENCY BASED GOALS AND OBJECTIVES

Patient Care and Procedural Skills
PGY4:
Pre-procedure assessment [PC4]
Airway management with and without adjuncts [PC5]
Placement of peripheral lines [PC5]
Central venous access [PC5]
Method of evaluation: Direct observation

Medical Knowledge
PGY4:
Enhance the trainee's skills to assess the airway of patients to aid potential management planning. [MK1, MK2]
Enhance the trainee's intellectual and technical skills to manage the airway of patients in need of assisted ventilation. [MK1, MK2]
Educate trainees on American Society of Anesthesiologists (ASA) guidelines for managing a difficult airway. [MK1, MK2]
Educate trainees on ASA guidelines on acute pain management in the operative setting [MK1, MK2, PBLI1]
Educate the trainee on issues related to intubation in specific situations, such as increased intracranial pressure, obstructive sleep apnea, asthma … [MK1, MK2]
Educate the trainee on issues arising from the use of induction agents, paralytics, and airway devices. [MK1, MK2]
Educate the trainee on airway management during the COVID pandemic [MK1, MK2]

Educate the trainee on postanesthetic care [MK1, MK2]

Methods of evaluation: Direct observation, in-training examinations

Systems-Based Practice
PGY4:
Educate the trainee on specific issues related to coordination and transition of care in the immediate postoperative setting [SB2]
Educate the trainee on standards for pre-anesthesia care [SBP1]
Educate the trainee on standards for basic anesthesia monitoring [SBP1]
Educate the trainee on standards for post-anesthesia care [SBP1]
Methods of evaluation: Direct observation, quality performance indicators

Interpersonal and Communication Skills
PGY4:
Communicate effectively with patients and families [ICS2, ICS3, ICS4, PROF1, PROF2]
Communicate effectively with the intraoperative and postoperative care team [ICS2, ICS3, ICS4, PROF1, PROF2]
Method of evaluation: Direct observation

Professionalism
PGY4:
Be sensitive to and aware of the unique stress that patients and their families may experience in the perioperative period [PROF1]
Be an advocate for the patient and adhere to high ethical and moral principles [PROF1]
Respect cultural and other differences in a diverse patient population [PROF1]
Be reliable, punctual, prepared, and informed [PROF1, PROF2]
Methods of evaluation: Direct observation, multisource feedback

Practice-based learning and improvement
PGY4:
Promote best practices for patients within the health system [SBP4]
Work with physicians and ancillary personnel for the safe administration of anesthesia [SBP4]

FELLOW RESPONSIBILITIES:
Obtain scrubs
Arrive in time to prepare OR prior to surgical cases and morning conference when applicable
Attend conferences on Tuesday-Thursday at 6:45 AM
Function under the supervision and direction of Dr. Sona Arora

EVALUATION:
Global assessment form (assess all 6 competencies)
360 evaluation (assess SBP, ICS, PROF)
Maintain log or cases, procedures, topics discussed

EDUCATIONAL RESOURCES:

Shrestha GS et al. Emergency intubation in COVID-19. N Engl J Med 2021;384:e20. May be accessed at https://www.nejm.org/doi/full/10.1056/NEJMvcm2007198

Practice guidelines for the perioperative management of patients with obstructive sleep apnea: an updated report by the American Society of Anesthesiologists Task Force on management of patients with obstructive sleep apnea. Anesthesiology February 2014;120:268-286 https://doi.org/10.1097/ALN.0000000000000053

Practice guidelines for management of the difficult airway: an updated report by the American Society of Anesthesiologists Task Force on management of the difficult airway. Anesthesiology February 2013;118:251-270 https://doi.org/10.1097/ALN.0b013e31827773b2

GRADY HEALTH SYSTEM Medical Intensive Care Unit

Rotation Overview

In the Medical Intensive Care Unit (MICU) rotation, the Fellow will lead a team composed of an Attending Physician, block-assigned residents in Internal Medicine and other disciplines, and fourth year medical students. Morehouse School of Medicine is assigned a 10-bed unit on 7B in Grady Hospital. On occasion, patients may be temporarily housed in the Emergency Department or other intensive care units.

Rotation Goal

The goal of the MICU rotation is to provide training and a comprehensive learning experience in the evaluation and treatment of adult critically ill patients with acute, life-threatening medical disorders.

Methods for Evaluation of Fellows

Fellows are evaluated through direct observation by the Pulmonary and Critical Care Attending. At the conclusion of the rotation, a Pulmonary and Critical Care Attending completes a performance evaluation form in Med Hub.

Methods for Evaluation of Rotation/Attendings

At the conclusion of the rotation, the Fellows complete evaluations of the rotation and the Attending anonymously in the Residency Management System.

Rotation Competency-Based Objectives—Criteria for Advancement

All Fellows rotating in the MICU are expected to achieve the following goals based on the six (6) general competencies:

Patient Care

PGY4:

During the rotation, Fellows will:

Take a complete history by soliciting patient information and by consulting other sources of primary data in a logical and organized manner [PC1]

Perform a hypothesis-driven history with interviewing adapted to the time available and the stability of the patient.

Use appropriate nonverbal techniques, as necessary

Perform a comprehensive physical examination describing the physiologic and anatomic explanations for abnormal findings. [PC1]

Record data in a thorough and systematic manner in the electronic medical record. [PC2]
Gain knowledge of procedural indications, contraindications, risks, necessary equipment, specimen handling, and patient after-care. During this rotation, Fellows will strive to minimize discomfort. [PC4, PC5]
Identify patients' problems and develop prioritized differential diagnosis. [PC2]
Demonstrate understanding of the correct administration of medications, describe drug-drug interactions, anticipate adverse effects, and have knowledge of expected outcomes. [PC2]
Anticipate specific organ dysfunction based on known side effects of therapy. [PC2]
Describe the rationale for a chosen therapy. [PC2]
Describe the side effects of medications in layperson's terms. [PC2, ICS4]
Methods of evaluation: Direct observation, immediate feedback from the Attending Physician

PGY5:
In addition to the Patient Care competencies listed for PGY4, PGY5 Fellows will also competently perform all essential medical and invasive procedures [PC2]
Methods of evaluation: Direct observation, multi-source evaluation

PGY6:
In addition to the Patient Care competencies listed for PGY4 and PGY5, PGY6 Fellows are expected to be able to perform semi-autonomously. [PC2]
Methods of evaluation: Direct observation, multi-source evaluation

Medical Knowledge
PGY4, PGY5, PGY6:
During the rotation, Fellows will:
Apply current concepts in basic sciences to clinical problem-solving in a consistent manner. [MK1, MK2]
Become familiar with topics in critical care medicine. [MK2]
Search for and use information from evidence-based sources and electronic databases on critical care topics pertinent to individual patients. [MK2]
Demonstrate the ability to discuss knowledge of common medical conditions and use that knowledge to manage urgent situations with supervision progressing to independence over the three years of training. [MK1, MK2]
Anticipate expected and prepare for unexpected outcomes. [MK2]
Methods of evaluation: Direct observation
During the rotation, Fellows will:
Use hospital and university resources to critically appraise medical literature and apply evidence to patient care. [PBLI1]
Recognize limits in clinical experience and recognize when to ask for help. [PBLI2, PROF2]
Demonstrate willingness to learn from mistakes. [PBLI2]
Accept feedback and develop self-improvement plans. [PBLI2]
Methods of evaluation: Audit of clinical practice, case logs

Interpersonal and Communication Skills
PGY4, PGY5, PGY6:
During the rotation, Fellows will:
Develop and refine their individual style when communicating with patients. [ICS1]
Strive to create ethically sound relationships with patients and the health care team. [ICS1, ICS2]
Create effective written communication through accurate and complete notes. [ICS2]
Dictate timely, concise, and cohesive discharge summaries. [ICS2]
Use effective listening, narrative, and non-verbal skills to elicit and provide information. [ICS1]

Engage patients' (or families') perspectives in shared decision making. [ICS1, ICS4
Methods of evaluation: Direct observation, multi-source feedback

Professionalism
PGY4, PGY5, PGY6:
During the rotation, Fellows must:
Demonstrate compassion, integrity, accountability, respect, patient advocacy, and dedication to patient care. [PROF1
Demonstrate a commitment to self-improvement and excellence in all aspects of professional life. [PROF2]
Demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care. [PROF1]
Demonstrate a commitment to ethical principles pertaining to the confidentiality of patient information and informed consent. [PROF1]
Demonstrate a commitment to caring for all patients regardless of medical diagnosis, gender, race, socioeconomic status, ethnicity, cultural background, and disabilities. [PROF1]
Engage as part of a team and show respect including reliability, responsibility, honesty, helpfulness, and initiative in working with all members of the health care team. [PROF1]
Assess the patient's and family's understanding and provide information as necessary. [PROF1, ICS1]
Serve as a patient advocate [PROF1]
Methods of evaluation: Direct observation, multi-source feedback

Systems-Based Practice
PGY4, PGY5, PGY6:
During the rotation, Fellows will:
Demonstrate an understanding of the multidisciplinary approach to ICU management. [SBP2]
Coordinate individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness. [SBP2, SBP3]
Demonstrate an understanding of the role effective team-based care plays in patient safety. [SBP2]
Follow protocols to promote patient safety and prevent medical errors, understanding their purpose and function. [SBP2]
Participate in effective and safe hand-offs and transitions of care. [SBP2]
Methods of evaluation: Quality performance indicators, multi-source feedback

UAB CYSTIC FIBROSIS AND NON-CYSTIC FIBROSIS BRONCHIECTASIS CLINIC

Participating Site Director: George M. Solomon, M.D.

ROTATION GOALS:
The goal of this 2-week rotation is to provide exposure to comprehensive management and current
treatment guidelines for the following pulmonary disorders: 1. cystic fibrosis, a genetic and developmental disorder of the respiratory system, and 2. bronchiectasis. Emphasis will be placed on recognition and prevention of complications, and acute and long-term treatment strategies.

Learning Objectives

1. To know the sequence of diagnostic testing for cystic fibrosis with the indications, limitations and interpretations
2. To recognize common symptoms and characteristic presentations for patients with cystic fibrosis
3. To recognize complications of cystic fibrosis, such as infertility, frequent exacerbations, intestinal intussusception, hemoptysis
4. To be familiar with common treatment strategies to improve mucociliary clearance
5. To be familiar with various anti-pseudomonal treatment strategies
6. To know the role and indications for bronchodilators and corticosteroids in airflow obstruction
7. To know the indications for referral for lung transplantation for advanced lung or liver disease
8. To know the importance of nutrition, pancreatic enzyme replacement, and fat-soluble vitamin supplementation in patients with cystic fibrosis
9. To be familiar with CFTR modulator therapies for CF
10. To be familiar with current CF guidelines
11. To be familiar with current guidelines for bronchiectasis

COMPETENCY BASED GOALS AND OBJECTIVES

1. Patient Care and Procedural Skills

PGY 5 and PGY6 Fellows will

A. Perform a comprehensive history and physical examination [PC1]

B. Identify the most important and relevant information from prior outpatient visits for continuity [PC1]

C. Recognize the physical findings and symptoms of an acute exacerbation of cystic fibrosis or bronchiectasis [PC3]

Methods of evaluation: Direct observation, immediate feedback from an Attending Physician

2. Medical Knowledge

PGY5 an PGY6 Fellows will

A. Access and critically evaluate the medical literature pertinent to the care of patients with cystic fibrosis and bronchiectasis [MK2]

B. Know the role of non-tuberculous mycobacteria in bronchiectasis and cystic fibrosis [MK1, MK2]

C. Describe the pathophysiology of lung involvement in cystic fibrosis and/or bronchiectasis [MK3]

D. Know the current treatment guidelines for the treatment of pulmonary exacerbations in patients with cystic fibrosis and/or bronchiectasis [MK2]

E. Describe the natural history of cystic fibrosis [MK2,]

F. Know acute and long-term management strategies for cystic fibrosis and/or bronchiectasis [MK1, MK2]

Methods of evaluation: Direct observation, in-training examinations

3. Systems-Based Practice

PGY5 and PGY6 Fellows will

A. Know the specific issues related to coordination and transition of care for patients preand post-transplant [SB2]

B. Appropriately utilize consultative and other services [SBP2]

Methods of Evaluation: Direct observation, audit of clinical practice

4. Interpersonal and Communication Skills
PGY5 and PGY6 Fellows will
A. Communicate effectively with patients and families [ICS1]
B. Communicate effectively with the treatment team and consultants [ICS2, ICS3]
Methods of Evaluation: Direct observation, multi-source feedback

5. Professionalism
PGY5 and PGY6 Fellows will
A. Demonstrate integrity, honesty and accountability to patients and profession. [PROF1]
B. Actively manages conflict of interest and ethical dilemmas. [PROF1, PFOF2]
Method of Evaluation: Direct observation, multi-source feedback
6. Practice-Based Learning and Improvement
PGY5 and PGY6 Fellows will
A. Self-reflect on practice and performance [PBLI2]
B. Solicit feedback from all members of team and incorporates feedback [PBLI2]
Methods of Evaluation: Direct observation, quality performance indicators

Return to Table of Contents

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

Adverse Academic Decisions and Due Process Policy

I. PURPOSE:

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

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

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

II. SCOPE:

2.1. 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.

2.2. 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:

3.1. Academic Deficiency

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

3.1.2. Evidence of academic deficiency for a resident/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/fellow's level of training

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

3.1.2.5. Unsatisfactory written evaluation(s)

3.1.2.6. Failure to perform assigned duties

3.1.2.7. Unsatisfactory performance based on program faculty's observation

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

3.2. Opportunity to Cure occurs when a resident/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.

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

3.4. 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 includes/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.

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

3.6. Due Process

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

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

3.6.1.2. Offering the resident/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.

3.7. Due Process Disciplinary Actions include suspension, non-renewal, non-promotion, or dismissal.

3.8. GME—Graduate Medical Education

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

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

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

3.10.2. Unless otherwise indicated, it is not necessary in order to comply with the notice requirements in this policy to hand-deliver the notice or use certified or registered mail. However, such methods of delivery, when documented, will verify actual notice. It is the resident's responsibility to ensure that his or her program and the GME office possess the resident/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/fellows. Emailing information to the resident's official MSM email address is sufficient to meet MSM's notification and mail obligations except where otherwise indicated. Residents/fellows are responsible for ensuring that they check and are receiving email communication.

3.11. 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 decision by the program director, department chairperson, or Clinical Competency Committee to take action for non-renewal or dismissal is unwarranted.

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

3.12. Misconduct

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

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

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

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

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

3.14. Non-Promotion

3.14.1. Resident/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 limited situations include, but are not limited to, instances where a resident has an overall unsatisfactory performance during the academic year or fails to meet any promotion criteria as outlined by the program.

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

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

3.17. Probation—a residency/fellowship program may use corrective action when a resident's/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. Failure to cure notice of academic deficiency or other corrective action;

3.17.4. Negatively impacting healthcare team functioning; or

3.17.5. Causing residency/fellowship program dysfunction.

3.18. Remediation

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

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

3.19. Suspension

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

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

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

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

IV. POLICY:

4.1. When a resident/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/fellows depending on the unique circumstances of a given issue.

4.2. Residents/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, depending on the nature of the offense, be dismissed.

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.

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

V. PROCEDURES:

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

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

5.2.4. It is the responsibility of the resident/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.

5.3. Probation

5.3.1. A residency/fellowship program may use this corrective action when a resident/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/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.

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

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

5.3.3.3. The length of the probationary period will depend on the nature of the particular infraction and be determined by the program director. However, the program director should set a timed expectation of when improvement should be attained. The duration will allow the resident/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 cannot be placed on probation for the same infraction/violation for longer than 12 consecutive months (i.e., maximum of two (2) probationary periods).

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

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

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

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

5.3.6.3. The resident/fellow must prepare a written remediation plan, with the express approval of the program director as to form and implementation. The program director may require the participation of the resident/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 placed on probation are required to meet with the Director for Graduate Medical Education.

5.3.8. If the deficiency(ies) persist during the probationary period and are not cured, the residency program director may initiate further corrective or disciplinary action including but not limited to continuation of probation with or without non-promotion, non-renewal of residency/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/fellow's appointment year, the program will provide the resident/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/fellow and to the Office of Graduate Medical Education.

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

5.4. Suspension

5.4.1. Suspension shall be used as an immediate disciplinary action because of a resident/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/fellow be removed from the workplace.

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

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

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

5.4.3.2. Concerns arise that the immediate presence of the resident/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/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 a resident/fellow will be suspended.

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

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

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

5.4.8.2.2. Place the resident/fellow on probation; or

5.4.8.2.3. Initiate the resident/fellows' dismissal from the program.

5.5. Failure to Cure Academic Deficiency—if a resident/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/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

5.6. The resident/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/fellow's appointment

5.7. Appeal Procedures—Program and Department

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

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

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

5.7.3.1. The Departmental Appeal Committee shall consist of a minimum of three (3) faculty members and one (1) administrative person (usually the residency/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 of the three faculty members as lead to complete the written recommendation on behalf of the committee.

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

5.7.3.3. The Departmental Appeal Committee will notify the resident/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 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/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/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'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/fellow via mail and email. This should occur within ten (10) days of the final decision.

5.8. Appeal to the Dean

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

5.8.2. If the resident/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 or not the residency/fellowship program afforded the resident/fellow due process in its decision to dismiss or not renew the resident'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/fellow's training documents and hear directly from the resident/fellow and program director regarding the matter.

5.8.5.3. The Institutional Appeal Committee will notify the resident/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.

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

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

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

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

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

5.8.5.8. Recording of 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/fellow.

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

5.8.7.1. That the resident/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/fellow is removed from the payroll effective the day of the dean's decision.

Return to Table of Contents

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, 2014 with minor revisions effective July 1, 2019.

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/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.

4.2. Annual Institutional Review (**AIR**)—Oversight of the sponsoring institution's accreditation is performed through the Annual Institutional Review (AIR).

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

- The most recent ACGME institutional letter of notification,
- Results of ACGME surveys of residents/fellows and core faculty members, and
- Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

4.2.2. 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:

- A summary of the institutional performance on indicators for the AIR, and
- Action plans and performance monitoring procedures resulting from the AIR.

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

- The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs, and its participating sites,
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and Specialty/subspecialty-specific Program Requirements, and
- The programs' annual evaluation and improvement activities.

4.4. 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.

4.5. 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:

- Changes in program and participating sites,
- Progress of addressing any citations,
- Educational environment—curriculum, duty hours, supervision, etc.,
- Faculty and resident scholarly activity,
- Faculty development activities, and
- Resident and faculty participation in Patient Safety and Quality Improvement activities.

4.6. Programs must annually review and monitor their compliance with the following program performance indicators:

- ACGME resident and faculty survey results,
- Program Board pass rates,
- Semi-annual resident evaluation—Milestone-based evaluation reporting, and
- Clinical experience—case/patient/procedure logs.

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

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

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

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

- ACGME letters of warning, concern, complaint, and/or focused or full site visit announcements
- Underperformance in five (5) or more of 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
  - Duty hour monitoring and oversight
  - Milestone data/reporting
  - Faculty development
- Failure to comply with ACGME Common and Specialty Specific program requirements not stated/listed in this policy
- Noncompliance with Specialty Board pass rates
- Noncompliance with ACGME Resident Survey in two (2) or more of the seven (7) content areas below the national compliance rate:
  - Duty hours
  - Faculty
  - Evaluation
  - Educational content
  - Resources
  - Patient safety/teamwork
  - Overall evaluation of program

4.9.2. Special Review Protocol

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

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

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

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

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

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

4.9.3. **Special Review Report**, **Institutional Decisions**, and **GMEC Monitoring**

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

4.9.3.2. 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.

4.9.3.3. Period of time for Special Review status

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

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

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

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

Return to Table of Contents

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/fellow grievances at the program and institutional level that minimizes conflicts of interest (ACGME Institutional Requirements IV.D.).

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/fellows have a mechanism through which to express concerns and complaints.

1.3. **Note**: 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 (duty 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 resident/fellow 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/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/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 (duty 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/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/fellow believes their concern is not adequately addressed or there is a conflict of interest, then the resident/fellow should discuss their concerns with the program director or associate program director.

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

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

4.2. Other Grievance Resources and Options

4.2.1. If for any reason the resident 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 Assistant Dean and Director at (404) 752-1011 or tsamuels@msm.edu.

4.2.1.2. For problems involving interpersonal issues, the resident/fellow may be more comfortable discussing confidential informal issues apart and separate from the resident/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/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:

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

Refer to the 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.

Return to Table of Contents

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 or more residency programs.

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

- Acute disaster with little or no warning (e.g., tornado or bombing)
- Intermediate disaster with some lead time or warning (e.g., flooding or ice)
- Insidious disruption or disaster (e.g., avian flu)

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

IV. DISASTER POLICIES AND PROCEDURES:

4.1. In accordance with ACGME, the Sponsoring Institutional must maintain a policy consistent with ACGME policies and procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows 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/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. This shall supersede departmental team plans for manpower management.

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

4.4.2.2. 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.

4.4.3. Due to the unique nature of the Grady Health System, it is intended that its supporting academic institutions strive to provide support, such as resident placement, in concert with Grady Health System and Emory University School of Medicine in times of disaster or in the case of other events resulting in the interruption of patient care. The MSM DIO will maintain contact with Grady Medical Affairs and Emory GME officials, the DIO, and other administrative personnel from other area academic institutions to determine the scope and impact of the disaster on each institution's residency programs.

4.5. 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 (requirements attached).

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

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

4.7. 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 NI 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. They 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. 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/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close.

4.11.3. The Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an)other ACGME-accredited program(s) 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.

Return to Table of Contents

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, which must be made available to program applicants, residents, and 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/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. Educational components must include formal educational activities that promote patient safety-related goals, tools, and techniques.

2.5. A broad range of structured didactic activities

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., "The program(s) must integrate the following ACGME Competencies into the curriculum (Core):"

3.2.1. Professionalism (IV.B.1.a)

3.2.1.1. Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.

3.2.1.2. Residents must demonstrate competence in:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society, and the profession;
- 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;
- Cultural humility
- Ability to:
  - Recognize and develop a plan for one's own personal and professional well-being; and
  - Appropriately disclose and address conflict or duality of interest.

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

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

3.2.2.2. Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

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

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry.

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

3.2.4.1. 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.

3.2.4.2. Residents must demonstrate competence in:

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

3.2.4.2.2. Setting learning and improvement goals;

3.2.4.2.3. Identifying and performing appropriate learning activities;

3.2.4.2.4. Systematically analyzing practice, using quality improvement methods, including activities at reducing health care disparities;

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

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

3.2.4.2.7. Using information technology to optimize learning.

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

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

3.2.5.2. Residents must demonstrate competence in:

3.2.5.2.1. Communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide an appropriate care to each patient;

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

3.2.5.2.3. Working effectively as a member or leader of a healthcare team or other professional group;

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

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

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

3.2.5.3. 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.

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

3.2.6.1. Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal healthcare using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated).

3.2.6.2. Residents must demonstrate competence in:

3.2.6.2.1. Working effectively in various healthcare delivery settings and systems relevant to their clinical specialty;

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

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

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

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

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

3.2.6.2.7. Understanding healthcare finances and the impact those finances have on individual patients' health decisions.

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

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 the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.

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(s) 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:

- Research in basic science, education, translational science, patient care, or population health;
- Peer-reviewed grants;
- Quality improvement and/or patient safety initiatives;
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports;
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials;
- Contribution to professional committees, educational organizations, or editorial boards;
- 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/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.

Return to Table of Contents

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 New Innovations 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 resident/fellow 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 and/or fellows.

3.3.4. The Clinical Competency Committee must:

3.3.4.1. Review all resident/fellow evaluations at least semi-annually;

3.3.4.2. Determine each resident/fellow's progress on achievement of the specialty-specific Milestones; and

3.3.4.3. Meet prior to the resident/fellow's 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/fellow's academic performance.

4.2.1. The purpose of this requirement is to provide the resident/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 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/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/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 will have an ACGME, competency-based, global assessment of performance for the period of assignment.

4.6.1. The faculty must evaluate resident/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. Resident/fellow notification of completed evaluations should be set up in New Innovations by requiring that residents/fellows sign 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'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/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/fellow will be assigned supervisory and teaching responsibilities for medical students and junior residents as they progress through the program.

4.11. Residents/fellows will be evaluated on both clinical and didactic performance by faculty, other residents/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/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/fellows failing to progress, following institutional policies and procedures.

4.13. Resident/Fellow Progression Evaluation

4.13.1. At least annually, each resident/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/fellow evaluations, and examinations will remain in the resident/fellow's permanent educational file and be accessible for review by the resident/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/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/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/fellows may use the following modification of evaluation submissions:

- Generalized and grouped residents' comments to avoid identifying specific resident feedback and
- Aggregate faculty performance evaluations across multiple academic years,

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

- Automated alerts regarding low evaluation scores on end-of-rotation evaluations by residents,
- Regular surveillance of end-of-rotation evaluations, and
- Regular verbal communication with residents regarding their experiences.

5.6. 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/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:

- Curriculum
- Outcomes from prior APEs
- ACGME LONs including citations, areas for improvement, and comments
- Quality and safety of patient care
- 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)
- Aggregate resident:
  - Achievement of the Milestones
  - In-training examinations
  - Board pass and certification rates
  - Graduate performance
- 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:

6.5.1. Be distributed to and discussed with the members of the teaching faculty and the residents/fellows; and

6.5.2. Be 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.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-07
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	SUBJECT GRADUATE MEDICAL EDUCATION COMMITTEE PURPOSE AND STRUCTURE POLICY	SUPERSEDES	04/01/2011

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, 2018.

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);
- 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/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 ten (10) 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/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 eleven months of each year.

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

3.1.2. GMEC meetings occur on the first Tuesday of the month from August through June, from 3:30 pm to 5:00 pm.

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

3.2. These meetings are designed to allow for the exchange of ideas, problem-solving, engagement among members, and updates on future planning initiatives. They are vital, and the expectation is that all 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 lead to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements and Common and Specialty /Subspecialty-specific Program Requirements;

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

4.1.5. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the sponsoring institution.

4.1.6. 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/fellow stipends and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in the resident/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:

- The most recent ACGME institutional letter of notification;
- Results of ACGME surveys of residents/fellows and core faculty members; and
- 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:

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

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

- Establishes criteria for identifying underperformance and
- Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

Return to Table of Contents

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/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/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/fellow completing an international rotation may not adversely affect the education of another MSM resident/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 PD 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/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/fellow must provide proof of malpractice coverage for international work for the duration of the international elective rotation.

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

4.5. The resident/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/fellow's international elective rotation.

4.7. A resident/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/fellow must meet the following international elective rotation requirement. The resident/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/fellow must discuss the rotation with and obtain approval from the program director.

5.2. After obtaining approval from the program director, the resident/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/fellow rotations, contact Tammy Samuels, Assistant Dean and Director at (404) 752-1011 or tsamuels@msm.edu.

Return to Table of Contents

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 U.S. 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 U.S. Department of State and the Centers for Disease Control and Prevention for U.S. 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 while I 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 Foreign Training 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 Foreign Training Program shall be in a state or federal court located in Fulton County, Georgia, United States.

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/or any 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

MOREHOUSE SCHOOL OF MEDICINE

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 Tammy Samuels, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310 or via email to tsamuels@msm.edu.

Direct questions to the GME Office at (404) 752-1011.

REQUIRED SUPPORTING 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
- ❒ Curriculum Vitae
- ❒ Copy of Malpractice Insurance Policy
- ❒ Completed and signed *Morehouse School of Medicine International Rotations Release*
- ❒ Signed medical clearance

The resident/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, no outstanding 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 program and 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 date for 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 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.

Describe the general patient population.

Describe the burden of disease.

Describe the anticipated Duty 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/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 as specified. I confirm that the resident/fellow's completion of this international elective rotation will not adversely affect the educational experience of any Morehouse School of Medicine resident and/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: _____

DIO Signature of Approval: _____ Date: _____

Return to Table of Contents

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's 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/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 residents/fellows 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/fellow requesting entry into such activities shall have a State of Georgia physician's license.

3.6. Residents/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/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/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 must be a PGY-2 or higher; PGY-1 residents may not moonlight.

4.2. J1-Visa sponsored residents may not moonlight.

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

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

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

4.6. Moonlighting must occur within the state of Georgia.

Return to Table of Contents

Moonlighting Request Form

To be completed by the Resident/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 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 _____ _____

Yolanda Wimberly, MD Date

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 ❑

Signed: _____ Date: _____

Social Security Number: _____

Home Address: _____

City:_____ State: _____

Zip Code: _____

Return Signed Original to Office of Graduate Medical Education

Return to Table of Contents

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:

- Direct patient care on the inpatient wards, both admitting to and covering medicine teams at night
- Interaction with consultants and support staff
- Participation in morning report
- Participation in daily night float rounds, typically at the bedside with the accepting Attending physician and team
- Literature searches to answer clinical questions that arise on rounds or during patient care; review of these literature searches
- Interaction with the interdisciplinary healthcare team
- Chart stimulated recall exercise (at least one per night float rotation)

VI. REQUIRED READING/RESOURCES:

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

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

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

VII. EVALUATION:

7.1. Supervising Attendings will evaluate residents.

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

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

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

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

SAMPLE NIGHT FLOAT CURRICULUM

Learning Objectives:

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

1. **Patient Care**:
    - **History taking**: Residents at all levels of training will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion.
        - History taking will be hypothesis-driven.
        - Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient.
        - The resident will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
    - **Physical Examination**: Residents at all levels of training will perform a comprehensive physical exam, describing the physiological and anatomical basis for normal and abnormal findings.
    - **Charting**: Residents at all levels of training will record data in a legible, thorough, systematic manner. Upper level residents will communicate clinical information in succinct resident admit notes, focusing on the communication of assessment and plan, and the thought process behind both.
2. **Procedures**:
    - PGY-1 residents will demonstrate knowledge of:
        - Procedural indications
        - Contraindications
        - Necessary equipment
        - Specimen handling
        - Patient after-care
        - Risk and discomfort minimization
    - PGY-1 residents will participate in informed consent and assist patients with decision making. They will correctly identify the meaning of test results.
    - PGY-2 and PGY-3 residents will demonstrate extensive knowledge and facility in the performance of procedures while minimizing risk and discomfort to patients. They will assist their junior peers in skill acquisition.

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

   All residents will demonstrate improving their skill in assimilating information that they have gathered from the history and physical exam.

   - PGY-2 residents will:
     - Regularly integrate medical facts and clinical data while weighing alternatives and keeping patient preference in mind.
     - Regularly incorporate consideration of risks and benefits when considering testing and therapies.
     - Present up-to-date scientific evidence to support their hypotheses.
     - Consistently monitor and follow up with patients appropriately.
     - Develop plans to avoid or delay known treatment complications and be able to identify when illness has reached a point where treatment no longer contributes to improved quality of life.
   - PGY-3 residents will demonstrate all the skills listed above for PGY-2 residents and in addition, will:
     - Demonstrate appropriate reasoning in ambiguous situations while continuing to seek clarity
     - Not overly rely on tests and procedures
     - Continuously revise assessments in the face of new data

4. **Medical Knowledge**:

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

5. **Practice-Based Learning and Improvement**:

   - PGY-2 and PGY-3 residents will be able to investigate and evaluate their own inpatient care practices and identify areas for improvement. They will demonstrate critical evaluation of their individual medical decisions through documentation of chart reviews on selected patients followed for diagnostic and therapeutic learning points after initial admission by the night float resident.

- PGY-2 and PGY-3 residents will also demonstrate the ability to formulate well-designed clinical questions, initiate electronic literature searches, and critically appraise search results for validity and usefulness in accessing best evidence for clinical decisions. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual patients.
- PGY-2 and PGY-3 residents will also demonstrate the ability to teach resident colleagues during morning report with appropriate preparation and research for assigned topics.

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

   All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. Residents will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentially of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender, and disabilities. Residents will be punctual and prepared for teaching sessions.
8. **Systems-Based Practice**:
   - PGY-2 residents will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators, and social workers to coordinate and improve patient care and outcomes.
   - PGY-3 residents, in addition, will enlist social and other out-of-hospital resources to assist patients with therapeutic plans and know how these activities can affect the hospital system performance. PGY-3 residents are expected to model cost-effective therapy.

Return to Table of Contents

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

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

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

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

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

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

VII. STRUCTURED HAND-OFF:

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

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

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

VIII. FORMATTED PROCEDURE:

8.1. A receiving physician shall:

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

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

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

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

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

A SAMPLE FORMAT

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

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

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

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

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

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

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

_____ _____

Receiving Resident's Name and Signature Date/Time

_____ _____

Departing Resident's Name and Signature Date/Time

Return to Table of Contents

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 **Procedure** regarding confidential professionalism reporting systems and resources.

II. SCOPE:

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

2.2. Each program must have a program-level professionalism policy which describes how the program provides professionalism education to residents. The program director will ensure that all program policies relating to professionalism are distributed to residents and faculty. A copy of the program policy on professionalism must be included in the official program manual and provided to each resident upon matriculation into the program.

III. POLICY:

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

3.1.1. Provision of patient- and family-centered care

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

3.1.3. Assurance of their fitness for work, including:

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

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

3.1.4. Commitment to lifelong learning

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

3.1.6. Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data

3.2. Professionalism—Code of Conduct

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

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

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

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

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

- Timely completion of evaluations and program documentation;
- Logging of duty hours, cases, procedures, and experiences; and
- Promptly arriving for educational, administrative, and service activities.

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

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

- Respect patient privacy and confidentiality.
- Knock on the door before entering a patient's room.
- Appropriately drape a patient during an examination.
- Do not discuss patient information in public areas, including elevators and cafeterias.
- Keep noise levels low, especially when patients are sleeping.

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

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

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

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

3.2.8. Respect the sanctity of the healing relationship.

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

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

3.2.8.3. Respond promptly to phone messages, pages, 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 within a timely fashion.

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

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

3.2.11.1. 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

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.

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

3.3.2. White Coats: A lab coat is required as is the resident's identifiable name badges (MSM and hospital ID) while within the hospital. Hoodies may not be worn in place of white coats.

3.3.3. Personal Hygiene:

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

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

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

3.3.3.4. Scent of fragrance or tobacco should be limited/minimized.

3.3.3.5. Personal grooming is expected at all times including post call.

3.3.4. Shoes/footwear: Must be clean, in good repair, and of a professional style appropriate to work performed. No open-toed shoes, flip-flops, or sandals may be worn. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.

3.3.5. Jewelry: Must not interfere with job performance or safety.

3.3.6. Inappropriate/not permitted: Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message may not be worn.

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

3.3.8. Clothing: Must reflect a professional image.

3.3.8.1. Men should wear dress-type pants slacks or khakis chinos, not jeans or jeans-style pants, with collared or mock-collared shirts. Ties are not required, unless required by the Attending physician.

3.3.8.2. Women should wear professional-looking attire. This may be a dress or jumper, skirt of knee length or longer, or dress slacks (not jeans), with a sweater or blouse. Clothing should cover the back, shoulders, and midriff; a modest neckline is expected (no cleavage). Shoes should be close-toed dress shoes, or clogs (Grady mandate). Clean tennis shoes are acceptable when on call. The following are also unacceptable:

- Suggestive, revealing, or tight-fitting clothing
- Miniskirts (leggings worn as pants)
- Camisole-type tops or other shirts that expose shoulders, bra straps, or midriff

3.3.8.3. The following guidelines apply when you are on-call or post-call:

- Scrubs and comfortable shoes may be worn (sneakers are acceptable).
- The white lab coat must be worn.
- The resident must change out of scrubs before continuity clinic duty.

3.3.9. Scrubs:

3.3.9.1. Residents may wear scrubs in any clinical situation where appropriate.

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

3.3.9.3. Scrubs should not be worn outside the hospital.

3.3.9.4. Hospital scrubs are permissible at appropriate times within the hospital (post call, ED, or ICU).

3.4. Professionalism: Social Media Guidelines

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

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

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

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

3.4.4.1. **Think before posting**—There is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your department/unit, and on the institution.

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

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

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

3.4.4.4. **Remember your audience**—Though you may have a target audience, be aware that anything posted on your social media account is also available to the public at large, including prospective students, current students, staff, faculty, and peers.

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

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

3.4.5. Guidelines for all social media sites, including personal sites

3.4.5.1. **Protect confidential and proprietary information**—Do not post confidential information about MSM, students, faculty, staff, patients, or alumni; nor should you post information that is proprietary to an entity other than yourself.

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

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

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

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-13
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	12
	SUBJECT RESIDENT AND FELLOW ELIGIBILITY, SELECTION, AND APPOINTMENT POLICY	SUPERSEDES	05/0//2015 06/01/2014 04/02/2013 03/01/2011 10/01/1992

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) comply 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/fellow appointments at Morehouse School of Medicine.

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 by 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 (IMGs), 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 and throughout a professional career.

3.6.1.2. Those abilities that residents/fellows must possess to practice safely are reflected in the technical standards that follow. These technical standards/ essential functions are to be understood as requirements for training in all Morehouse School of Medicine residencies and are not to be construed as competencies for practice in any given specialty.

3.6.1.3. 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/fellows must be able to observe demonstrations and participate in procedures as required.

3.6.2.2. Residents/fellows must be able to observe a patient accurately and completely, at a distance as well as closely.

3.6.2.3. Residents/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/fellows must be able to communicate effectively and sensitively in oral and written form with patients to elicit information as well as perceive non-verbal communications.

3.6.4. Standards—Motor

3.6.4.1. Residents/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/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/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/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/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/fellows must be able to tolerate physically and mentally taxing workloads and be able to function effectively under stress.

3.6.6.3. Residents/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/fellows must be able to work effectively and collaboratively as team members.

3.6.6.5. Residents/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 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.

4.5. 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 resident/fellow 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/Fellow Recruitment, and the ACGME Common Program Requirements—Resident/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 accessible to residents/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 prior 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, 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: 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.

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 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/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/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/fellow, and the candidate's Milestones evaluations.

8.2. 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).

8.3. 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.

8.4. 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.

8.4.1. MSM residency programs, however, shall identify all residents who would begin the residency program and would have to continue beyond the initial residency period.

8.4.2. The initial residency period is the length of time required to complete a general residency program (e.g., Internal Medicine: 3 years; Psychiatry: 4 years).

IX. ADDITIONAL ELIGIBILITY REQUIREMENTS:

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.

9.1. All MSM residency and fellowship programs shall participate in the National Resident Matching Program (NRMP) for PGY-1 level resident and fellowship positions.

9.1.1. All parties participating in the match shall contractually be subject to the rules of the NRMP.

9.1.2. This includes MSM, its residency/fellowship programs, and applicants.

9.1.3. Match violations will not be tolerated.

9.2. All applicants to MSM residency and fellowship programs must apply through the Electronic Residency Application Service (ERAS).

9.2.1. This service shall be used to screen required information on all applicants.

9.2.2. 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.

9.3. 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.

9.4. 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/fellow applicants shall be selected and appointed only according to ACGME, NRMP, and MSM's requirements and policies.

9.5. Applicants from United States- or Canadian-accredited medical schools shall request that an original copy of a letter of recommendation or verification from the dean of the medical school be sent to the program administration via ERAS.

9.6. 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.

9.7. 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.

9.8. 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.

9.8.1. This time is applicable whether the applicant completed the period of residency or not.

9.8.2. A letter of explanation/verification is required of the applicant and the past residency program director.

9.9. 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.

9.10. A current (stamped indefinite) certificate from the Educational Commission on Foreign Medical School Graduates (ECFMG) must also be submitted with ERAS documents.

9.10.1. Initial ECFMG Certificates should not be pending when applicants are reporting to a residency program.

9.10.2. Failure to obtain an ECFMG Certificate by the start date of the resident appointment will void both NRMP and MSM resident/fellow agreements.

9.11. Program directors must ensure that IMG/FMG candidates are eligible for J-1 Visa sponsorship before ranking these candidates in NRMP.

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

9.13. 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.

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

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

9.14. 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 accessible to residents/fellows and their eligible dependents

9.15. Personal interviews of applicants shall be conducted by at least two (2) faculty members assigned to the program.

9.15.1. These interviews should be documented for the residency program files and be retained for the period determined by MSM management policies.

9.15.2. These interviews also become a permanent part of a selected applicant's file.

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

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

9.18. 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).

9.19. 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 (IMGs) seeking resident positions in MSM-sponsored programs (Reference: AAMC Legislative and Regulatory Update, October 15, 1993).

10.2. All IMGs shall provide a current (stamped indefinite) certificate of proof of meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements for clinical proficiency.

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/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 that have other non-immigrant status such as Transitional Employment Authorization Documents, Asylum status, etc., may need to seek legal counsel to effect entry into a residency program. This review will be coordinated through the MSM 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 (IMGs).

10.5.2.2. IMGs 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. IMGs applying to residency programs requiring the J-1 Visa must contact the specific residency program and the Office of Graduate Medical Education where they have been accepted in a program 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 IMGs

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 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 IMGs 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/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.

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 website at https://www.msm.edu/Education/GME/index.php.

Return to Table of Contents

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 patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

II. SCOPE:

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

III. DEFINITIONS:

3.1. **Impaired Physician**: The American Medical Association (AMA) defines the impaired physician as one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or use of drugs including alcohol. This definition includes the impairment of a physician due to a mentally or emotionally disabling state.

3.1.1. An impaired resident physician is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety.

3.1.2. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- Observed negative changes in performance of assigned duties
- Frequent or unexplained absences and/or tardiness from school responsibilities
- Frequent or unexplained illnesses or accidents both on and off duty
- Decreased quality of care or unexplained lack of progression during the training year

- Significant inability to contend with routine difficulties and take action to overcome them
- Unusual or inappropriate behavior
- Violations of law, including citations for driving while impaired
- Other psychiatric disturbances or medical illness

3.2. Fatigue Management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety, and enactment of a solution to mitigate the fatigue.

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

3.4. Under the Influence: The condition wherein any of the body's sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. "Under the influence" also means any detectable presence of alcohol or drugs within the body.

IV. POLICY:

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 duty 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 duty 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:

- Management of the resident's time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- 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;
- Education of all program faculty members and residents to recognize the signs of fatigue and sleep deprivation; and
- Education of all faculty members and residents in alertness management and fatigue mitigation processes.

5.3. 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:

At MSM, changes in ordinary behavior and erratic actions by a resident physician may indicate that he or she is not fit for duty. This may be cause for concern by the resident, by colleagues, supervisors, and administrators. In addition, there can be concern for the safety of patients.

6.1. The patient safety concern should be brought to the supervisor's attention immediately.

6.2. If a problem is identified, the residency director should be notified for administrative action. According to MSM's Resident Affiliation Agreements, a resident can be immediately removed from duty at the discretion of the supervisor or administrator at a clinical affiliate.

6.3. Resident impairment that is associated with the commission of a crime is immediately referred to the Department of Human Resources and General Counsel for disposition.

VII. COUNSELING:

All recommendations for the resident to seek counseling must be with the resident's well-being in mind but must be initiated with the provider or agency by the resident.

7.1. Residents must not be unduly influenced or coerced to seek treatment or other counseling services.

7.2. 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.

7.2.1. 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.

7.2.2. Short term counseling is available from MSM Counseling Services (404) 752-1789.

7.3. MSM has an Employee Assistance Program (EAP), CARE 24, available for residents as a self-referral or for family assistance.

7.3.1. Residents are briefed on these programs by Human Resources during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.

7.3.2. More information regarding these programs is available in the Human Resources Department at (404) 752-1600 or directly at (888) 887-4114.

7.3.3. Resident educational programs for impaired physicians are offered on a case-by-case basis.

7.4. A written determination must be made by the provider of care to the resident that a resident is fit to return to duty. This recommendation for a return to duty must be presented to the Office of Disability Services. Any restrictions or accommodations in conjunction with the return to duty must be identified and approved by the Office of Disability Services prior to the resident's return.

7.5. Complete information is found on the MSM Human Resources Office of Disability Services web page at:

http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php

VIII. REMEDIATION PROBATION:

When a resident fails to achieve the standards set forth by the program, decisions must be made with regard to notice of deficiency, suspension, remediation, non-promotion, non-renewal of appointment, and in some cases, dismissal.

8.1. MSM is not required to progressively discipline residents but may determine the appropriate course of action to take regarding its residents, depending on the unique circumstances of a given issue.

8.2. Such misconduct will be considered a breach of the Resident Appointment Agreement or Reappointment Agreement. In such instances, the Office of Graduate Medical Education and the Department of Human Resources may be involved in the process of evaluating the violation.

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

8.4. In the event of an impaired resident's continuation in the residency program, state requirements may apply to his or her status as a resident physician, including mandatory examination and treatment.

IX. STATE OF GEORGIA REQUIREMENTS:

All MSM residency program directors in the State of Georgia have a mandatory obligation to report troubled or dysfunctional resident physicians according to State of Georgia Medical Board Rule 360-2-.12, Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders in accordance with Georgia Law.

X. CONFIDENTIALITY:

The identification, counseling, and treatment of an impaired resident are deemed confidential, except as needed to carry out the policies of the Office of Graduate Medical Education or MSM as required by law.

Return to Table of Contents

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 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:

- Excellence in the safety and quality of care rendered to patients by residents today
- Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - The effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - The joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, faculty members, and all members of the healthcare team

3.2. Patient Safety

3.2.1. **Culture of safety** is defined as 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 healthcare which includes quality-related goals, tools, and techniques that are necessary for healthcare professionals to achieve quality improvement goals.

Residents must receive training and experience in quality improvement processes, including an understanding of healthcare disparities.

3.3.2. Quality Metrics refers to access to data which is essential to prioritizing activities for care improvement and for evaluating success of improvement efforts.

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

3.3.3. Engagement in Quality Improvement Activities—Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

3.3.3.1. Residents must have the opportunity to participate in inter-professional quality improvement activities.

3.3.3.2. This should include activities aimed at reducing healthcare disparities.

3.4. Clinical Experience and Education (formerly Duty Hours)

3.4.1. Programs, in partnership with their sponsoring institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

3.4.2. Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

3.4.3. Mandatory time free of clinical work and education

3.4.3.1. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

3.4.3.2. Residents should have eight (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.

3.4.4. Maximum clinical work and education period length

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

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

3.4.4.3. Additional patient care responsibilities must not be assigned to a resident during this time.

3.4.5. Clinical and Educational Work Hour Exceptions

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

3.4.5.1.1. To continue to provide care to a single severely ill or unstable patient;

3.4.5.1.2. To provide humanistic attention to the needs of a patient or family; or

3.4.5.1.3. To attend unique educational events.

3.4.5.2. These additional hours of care or education will be counted toward the 80-hour weekly limit.

3.4.6. 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.

3.4.6.1. 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.

3.4.6.2. 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

Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour limit.

3.7.1. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four (4) weeks.

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

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

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 duty 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 duty 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 program requirements, 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 duty hours, according to MSM institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
- How the program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable;
- How the program monitors fatigue, and how the program will adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- If the program allows moonlighting; if moonlighting is allowed, the policy must comply with and reference the MSM GME Moonlighting Guidelines;
- If the program allows call trading; if so, document how the program oversees insurance of compliance with clinical work and education requirements; and
- Mechanisms used by the program to ensure that residents log their duty hours in New Innovations.

3.8.3.1.4. Program directors must complete weekly/monthly duty hour review periods in the New Innovations system and provide oversight comment(s) for any violation. (See document: Duty Hour Oversight—Program Level for step-by-step instructions.)

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.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-16
		EFFECTIVE DATE	04/02/2013
		PAGE(S)	04
	SUBJECT RESIDENT AND FELLOW LEAVE POLICY	SUPERSEDES	04/01/2011

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. Available sick leave, 15 days maximum, and/or available vacation leave, 15 days maximum, may be used to provide paid leave in situations requiring time off for the purpose of caring for oneself or an immediate family member due to serious health conditions.

4.3. Administrative Leave: Granted at the discretion of the program director, may not exceed ten days per twelve-month period. Residents should be advised that some medical boards count educational leave as time away from training and may require an extension of their training dates.

4.4. Holiday Leave: Time off for a holiday is based on a resident's rotation assignment. When rotating on a clinic or service that closes due to a holiday, the resident may take that time off as paid holiday leave with approval of the program director.

4.5. Family and Medical Leave: MSM provides job-protected family and medical leave to eligible residents for up to 12 workweeks of unpaid leave during a 12-month period based on the following qualifying events:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

4.5.1. Eligible residents who care for covered service members may also be eligible for up to 26 workweeks of unpaid leave in a single 12-month period.

4.5.2. Residents are eligible for FMLA leave if they have worked for MSM for at least one (1) year, have worked 1,250 hours over the previous 12 months, and have a qualifying event as outlined above. Direct all questions about FMLA leave to the Human Resources Department.

V. SHORT TERM DISABILITY:

5.1. Short-term disability (STD) is an MSM employee paid benefit offered to regular full-time employees and part-time employees who are eligible for benefits. The benefits are administered by an insurance carrier, which provides income continuation to employees who are unable to work for up to twenty-six (26) weeks due to a non-work-related illness or injury that prevents the performance of normal duties of their position.

5.2. Eligible employees must enroll for the STD program within thirty (30) days of employment. If the employee does not enroll within thirty (30) days of eligibility and would like coverage at a later date, the employee must provide evidence of insurability to gain coverage subject to approval by the insurance carrier.

5.3. There is a required 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 HR Manager for Leave Management prior to taking LWOP.

VII. OTHER LEAVE TYPES:

All other leave types (e.g., military, bereavement, jury duty, etc.) are explained in detail in MSM's Policy Manual which is available on the Human Resources Department Intranet webpage.

VIII. RETURN TO DUTY:

8.1. For leave due to or serious health conditions of the resident, parent, or other family member, a physician's written Release to Return to Duty 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 entering and tracking resident leave in New Innovations and the Kronos systems.

Return to Table of Contents

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:

- A copy of the MSM Graduate Medical Education (GME) General Information Policy
- 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 of the 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 into the resident’s portfolio indicating that the resident has successfully met the specialty requirements for promotion to the next educational level. If this is a graduating resident, the program director should place the Final Summative Assessment in the resident’s portfolio.

4.3. Process and Timeline for Promotional Decisions

4.3.1. Normal promotion decisions are made no later than the fourth month of the appointment. Reappointment agreements are prepared based on the residency Clinical Competency Committee and program director's recommendation for promotion.

4.3.2. When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.

4.3.3. If a resident's appointment agreement is not going to be renewed, the residency program must notify the resident in writing no later than four (4) months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four (4) months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the appointment agreement expiration.

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

Return to Table of Contents

Sleep Deprivation and Fatigue Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition) and training requirements of the Accreditation Council on Graduate Medical Education (ACGME). Resident education and patient care management can be greatly inhibited by resident sleepiness and fatigue.

II. SCOPE:

This policy is in direct response to requirements of the ACGME pertaining to fatigue mitigation and is designed to ensure the safety of patients as well as to protect the residents' learning environment. This policy is in addition to any policy established by MSM and its affiliate institutions regarding sleep deprivation and fatigue.

III. DEFINITION OF FATIGUE:

3.1. Fatigue is a feeling of weariness, tiredness, or lack of energy. Fatigue can impair a physician's judgment, attention, and reaction time which can lead to medical errors, thus compromising patient safety.

3.2. There are many signs and symptoms that would provide insight to one's impairment based on sleep deprivation. Clinical signs include:

- Moodiness
- Depression
- Irritability
- Apathy
- Impoverished speech
- Flattened affect
- Impaired memory
- Confusion
- Difficulty focusing on tasks
- Sedentary nodding off during conferences or while driving
- Repeatedly checking work and medical errors

IV. POLICY:

4.1. Programs must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes.

4.2. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

4.3. Each program must ensure continuity of patient care consistent with program resident wellness policies and procedures, if a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

4.4. The program's education and processes must be designed to:

4.4.1. Raise faculty and residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care.

4.4.2. Provide faculty and residents with tools for recognizing when they are at risk.

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

4.4.4. Help identify and manage impaired residents.

V. INDIVIDUAL RESPONSIBILITY:

5.1. Resident's Responsibilities in Identifying and Counteracting Fatigue

5.1.1. The resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (e.g., motor vehicle accidents).

5.1.2. The resident is expected to adopt habits that will provide him or her with adequate sleep to perform the daily activities required by the program.

5.1.3. If the resident is too fatigued to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (e.g., taxicab) or take a nap prior to leaving the training site.

5.2. Faculty Responsibilities in Identifying and Counteracting Fatigue

5.2.1. Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of care to patients.

5.2.2. Faculty members will be able to determine if residents are sleep deprived and will make the appropriate recommendations to the resident that will correct this problem.

VI. MSM IMPLEMENTATION:

6.1. This policy uses the LIFE Curriculum as the source for recommendations and guidance on the management of sleepiness and fatigue in residents. The LIFE Curriculum was created to educate faculty and residents about the effects by fatigue and other common impairments on performance.

6.2. The policy is designed to:

6.2.1. Identify strategies to assist in the prevention of these conditions;

6.2.2. Provide an early warning system for impairments and ways to effectively manage them;

6.2.3. Access appropriate referral resources; 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 duty hours), sleep deprivation and fatigue, and other impairments.

6.4.1. New residents will continue the discussion on sleep deprivation and fatigue in their residency program.

6.4.2. Each program will revisit the topic periodically throughout the year through role play, videos, and other discussions (many of these materials are available through the LIFE Curriculum).

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

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

6.5.2. The LIFE Curriculum will suffice for this educational session; however, programs are encouraged, where appropriate, to adapt the modules or create new modules that are specific to their specialty.

6.6. 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:

- The number of residents who report that they have received the training (ACGME Resident survey);
- The number of residents who comply with the clinical experience and education requirements;
- The assessment by faculty and others of the number of incidents by which a resident can be identified as fatigued during work hours and the number of medical errors attributed to resident fatigue.

Return to Table of Contents

Supervision and Accountability Policy

I. PURPOSE:

The purpose of this policy is to ensure that the Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) comply with ACGME supervision requirements and that the programs meet the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition) and the specialty program goals and objectives. The resident physician is expected to progressively increase his or her level of proficiency with the provision of predetermined levels of supervision.

II. SCOPE:

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

III. POLICY:

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

3.1.1. 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 healthcare team, and patients.

3.3. Residents and faculty members must inform patients of their respective roles in each patient's care when providing direct patient care.

3.4. All residents working in clinical settings must be supervised by a licensed physician. The supervising physician must hold a regular faculty or adjunct faculty appointment from the Morehouse School of Medicine. For clinical rotations occurring outside of Georgia the supervising physician must be approved by the residency program director.

3.5. The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

3.5.1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

3.5.2. The program director must evaluate each resident's abilities based on specific criteria guided by the Milestones.

3.5.3. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate him or her the appropriate level of patient care authority and responsibility. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of the residents.

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

3.5.5. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.

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

IV. LEVELS OF SUPERVISION:

4.1. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classifications of supervision:

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

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

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

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

4.2. Each program must specify in writing the type and level of supervision required for each level of the program.

4.2.1. Levels of supervision must be consistent with the Joint Commission regulations for supervision of trainees, graduated job responsibilities/job descriptions.

4.2.2. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

4.2.3. The Joint Commission Standards for GME Supervision include:

4.2.3.1. Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.

4.2.3.2. The descriptions include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

4.2.3.3. Organized medical staff rules and regulations and policies delineate participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting licensed independent practitioners from writing orders), and what entries, if any, must be countersigned by a supervising licensed independent practitioner.

V. SUPERVISION OF PROCEDURAL COMPETENCY:

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

5.2. This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying residents' procedural competency.

5.2.1. Residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the medical staff office to perform that procedure.

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

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

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

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

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

VI. GME PROGRAM SUPERVISION PROCEDURES AND PROCESSES:

6.1. Each program will maintain current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member.

6.2. Verification of required levels of supervision for invasive procedures will be reviewed as part of the Annual Program Review process. Programs must advise the Associate Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive procedures.

6.3. The GMEC Committee must approve requests for significant changes in levels of supervision.

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

6.5. The GME Office provides a Program Supervision Policy Template and Example for programs to utilize.

VII. MECHANISMS FOR RESIDENTS/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 **PROCEDURE:** 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/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.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-20
		EFFECTIVE DATE	04/01/2020
		PAGE(S)	02
	SUBJECT TELEMEDICINE POLICY	SUPERSEDES	N/A

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 healthcare, 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. Published 2019. 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)

4.4.2.3. 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)

4.4.2.4. 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.

Return to Table of Contents

Tracking, Monitoring, Logging, and Reporting Policy

(Fellowship Procedure Requirements and Logging Policy for Cases and Procedures)

I. PURPOSE:

1.1. The purpose of this policy is to delineate how fellows and the MSM Pulmonary Disease Critical Care Medicine Fellowship Program will track procedures.

1.2. Documentation on supervision of specific procedures is included within the MSM Pulmonary Disease Critical Care Medicine Fellowship Supervision Policy.

II. BACKGROUND:

2.1. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

2.2. In accordance with the ABIM, the MSM PDCCM Fellowship Program has a number of procedures in which the fellow must show competency prior to completion of his or her fellowship training.

III. POLICY:

3.1. All fellows are given an ABIM Procedure log book at the beginning of their fellowship training.

3.2. It is expected that fellows are first supervised by an upper level fellow or Attending competent in the procedure prior to performing the procedure, unless it is a procedure where competence is expected at the end of medical school training.

3.3. Attending physicians should be notified of all patient procedures other than venipuncture and IV line placement.

3.4. Fellows record procedures as directed.

3.4.1. Fellows are instructed to log their procedures in the Residency Management System on a weekly basis.

3.4.2. Procedures will be tracked by the fellowship program every six (6) months at the semi-annual evaluation.

3.4.3. If there are required procedures in which fellows do not appear to be getting enough experience, the program will work with fellows, faculty, and staff to expand exposure to those procedures.

3.5. For the five (5) procedures that fellows must be able to perform competently (see the Procedures for Subspecialties section below), the fellow must perform the procedure at least five (5) times over three (3) years of training to show competence.

3.6. After the fellow has successfully performed those procedures twice under supervision, they may supervise other fellows, residents, and interns performing the procedure.

3.7. Regarding simulation, required procedures such as ACLS and training for code blue situations are done at least once per year by ICU Attendings.

IV. Education/Preparation:

4.1. The program recommends fellows use the NEJM procedure video library for the purpose of viewing and reviewing procedures.

4.2. Videos can be accessed by clicking the following link: http://www.nejm.org/multimedia/medical-videos#qs=%3Fdescription%3Dvideosinclinicalmedicine%26searchType%3Dfigure%26topic%3D14

V. Procedures for Subspecialties:

5.1. Required procedures for Critical Care Medicine:

5.1.1. Airway management and endotracheal intubation;

5.1.2. Ventilator management and noninvasive ventilation;

5.1.3. Fiber-optic bronchoscopy, thoracentesis;

5.1.4. Advanced cardiac life support (ACLS);

5.1.5. Placement of arterial, central venous, and;

5.1.6. Proficiency in use of ultrasound to guide central line placement and thoracentesis is required.

5.2. Candidates should know the indications, contraindications, complications, and limitations of the following procedures:

5.2.1. Pericardiocentesis and

5.2.2. Transvenous pacemaker insertion.

5.3. Practical experience is recommended.

5.4. Recommended Procedures:

5.4.1. Insertion and management of chest tubes;

5.4.2. Pulmonary artery balloon flotation catheters;

5.4.3. Calibration and operation of hemodynamic recording systems.

5.5. Required procedures for Pulmonary Disease:

5.5.1. Airway management including endotracheal intubation;

5.5.2. Fiber-optic bronchoscopy and accompanying procedures;

5.5.3. Noninvasive and invasive ventilator management;

5.5.4. Ultrasound guided thoracentesis;

5.5.5. Arterial puncture;

5.5.6. Supervision of the technical aspects of pulmonary function testing;

5.5.7. Moderate sedation.

5.5.8. Proficiency in use of ultra-sound to guide central line placement is required.

5.6. Recommended Procedures:

5.6.1. Placement of arterial, central venous, and pulmonary artery balloon flotation catheters;

5.6.2. Calibration and operation of hemodynamic recording systems, progressive exercise testing; and

5.6.3. Insertion and management of chest tubes.

Return to Table of Contents

Transitions of Care Policy for Pulmonary Disease Critical Care

I. PURPOSE:

1.1. The Pulmonary Disease Critical Care Medicine Fellowship Program must facilitate professional development for faculty and fellows regarding effective transitions of care and ensure that sites engage in standardized transitions of care consistent with the setting and type of patient care.

1.2. The purpose of the Pulmonary Disease Critical Care Transitions of Care Policy is to establish protocol and standards to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

II. BACKGROUND:

2.1. The MSM Pulmonary Disease Critical Care Medicine Fellowship Program works to design schedules and clinical assignments that maximize the learning experience for fellows, as well as to ensure quality care and patient safety, and to adhere to general institutional policies concerning transitions of patient care.

III. POLICY:

3.1. Transitions of care are necessary in the hospital setting for various reasons.

3.1.1. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another.

3.1.2. Transition of care occurs regularly under the following conditions:

3.1.2.1. Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit;

3.1.2.2. Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas;

3.1.2.3. Discharge, including discharge to home or another facility such as skilled nursing care;

3.1.2.4. Change in provider or service change, including change of shift for nurses, resident/fellow sign-out, and rotation changes for residents/fellows.

3.2. The transition/handoff process must involve face-to-face interaction with both verbal and written communication.

3.3. At a minimum, the transition process should include the following information in a standardized format that is universal across all services:

3.3.1. Identification of patient, including name, medical record number, and date of birth;

3.3.2. Identification of admitting/primary physician; documents;

3.3.3. Diagnosis and current status/condition of patient;

3.3.4. Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken;

3.3.5. Changes in patient condition that may occur requiring interventions or contingency plans.

3.4. The MSM Pulmonary Disease Critical Care Medicine Fellowship Program requires all fellows and residents to undergo training in patient handoffs.

3.5. The preferred method of standardizing handoffs in the program is to use the "SBAR?" method where:

- S signifies **S**ituation.
- B signifies **B**ackground.
- A signifies **A**ssessment.
- R signifies **R**ecommendation.
- ? signifies that there is time for **questions**.

IV. HANDOFF SCHEDULE:

4.1. AM sign out rounds are between 7:00 a.m. and 7:30 a.m.

4.2. These rounds are supervised by the chief fellow.

4.3. PM sign out rounds are performed at 5 p.m. and are supervised by a senior (PGY-6) fellow.

4.4. The in-house resident on call reviews patients with the fellow overnight between 8 p.m. to 10 p.m.

V. DEFINITIONS:

5.1. Transfers

5.1.1. Transfer notes should be written on all patients transferring to and from the ICU and patients who are transferred to and from non-medicine services (e.g., Surgery or OB/GYN).

5.1.2. Receiving interns and residents will then write a *transfer accept note* which has the same components as a SOAP note (Subjective, Objective, Assessment, and Plan), but includes *hospital course*.

5.2. Admissions

5.2.1. The fellow should notify the Attending of admissions within 40 minutes of being called by the ED or primary floor team.

5.2.2. This should be done by phone or in-person.

5.3. Discharge Summaries

5.3.1. To facilitate transition of care at discharge, discharge summaries *should* be completed on the day of discharge/death, but *must* be done within seven (7) days.

5.3.2. Patients being discharged to other facilities should have the discharge summary sent to the provider of record at the accepting facility.

5.3.3. Note that whenever possible, a verbal sign-out should be provided.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-23
		EFFECTIVE DATE	04/02/2013
		PAGE(S)	02
	SUBJECT USMLE STEP 3 REQUIREMENT POLICY	SUPERSEDES	04/01/2011

USMLE Step 3 Requirement Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition) and the specialty program goals and objectives. A resident who 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 after beginning training in a PGY-1 preliminary position in internal medicine or surgery to a categorical position in another MSM program are recognized as a transfer resident.

3.4.2. This policy applies even if the resident remains in Internal Medicine or Surgery (preliminary to categorical).

3.5. MSM residency programs shall not select transfer residents above the PGY-2 level for an MSM appointment if they have not passed USMLE Step 3.

3.6. Residents shall be briefed on this policy in the annual GME orientation.

3.6.1. Residents who have not passed USMLE Step 3, but are still within the time limits, must sign a letter of understanding that they acknowledge the policy.

3.6.2. A copy of the letter of understanding is co-signed by the GME Director and shall be placed in the resident's educational file as well as in the Office of Graduate Medical Education file.

3.7. Individual waivers to this policy may be considered by the Senior Associate Dean for Graduate Medical Education under the following circumstances:

- Extended illness or personal leave, and/or
- Personal hardship or extenuating circumstances.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-24
		EFFECTIVE DATE	07/01/2020
		PAGE(S)	06
	SUBJECT VISITING RESIDENT AND FELLOW ROTATIONS POLICY AND APPLICATION	SUPERSEDES	N/A

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/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/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/fellows visiting from other ACGME-accredited programs by completion of the visiting resident/fellow's application process.

3.2. Visiting resident/fellow rotations must be in support of the mission of MSM and/or provide a unique educational experience for the visiting resident/fellow.

3.3. The education of a visiting resident/fellow must not interfere with the education of MSM residents/fellows.

3.4. MSM will not pay the salary and benefits of the visiting resident/fellow.

3.5. Visiting residents/fellows may not take vacation time during visiting rotations.

IV. VISITING RESIDENT/FELLOW REQUIREMENTS AND APPLICABLE PROCEDURES:

4.1. Visiting residents/fellows must be in good standing at their sponsoring institution/program.

4.2. The visiting resident/fellow must request approval from the program director of the MSM residency or fellowship program before between 4 to 6 months of the visiting rotation start date.

4.3. When approved, the visiting resident/fellow must work with their program and sponsoring institution to complete and submit the MSM Application for Visiting Residents/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/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/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/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/fellow by completing and submitting the visiting resident/fellow request form and required documentation to the GME office within between 4 to 6 months before the start of the rotation. Required information includes:

5.1.1. Resident/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/fellows' home training program and GME office, and

5.1.4. Proposed rotation dates.

5.2. Ensure that the visiting resident/fellow education will not interfere with the education of any MSM residents/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/fellow is in good standing in an ACGME-accredited program.

5.5. Verify that the visiting resident/fellow possesses or is eligible for a Georgia physician training permit or full physician license.

5.6. Provide appropriate evaluation of the visiting resident/fellow to his or her current program within two (2) weeks of the end of the rotation.

VI. MSM GME OFFICE PROCEDURES AND REQUIREMENTS:

After the visiting resident/fellow rotation is approved by the DIO and GMS, the MSM Graduate Medical Education Office will complete the following steps:

6.1. Provide the visiting resident/fellow with the application and required paperwork to complete and return within between 3 and 4 months of the rotation start date.

6.2. Ensure compliance with the MSM and Grady visiting resident and fellow rotations policy.

6.3. Verify that the visiting resident/fellow has documented continuation of salary, benefits, and medical professional liability coverage.

6.4. Provide the visiting resident/fellow with information to complete the application process to obtain a Georgia training permit or full license per the Georgia Composite Medical Board requirements.

6.5. Work with GMH to obtain parking and ID badges.

Visiting Resident/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/fellow rotations, contact Colleen Stevens, GME Institutional Program Manager at (404) 752-1566 or costevens@msm.edu.

Return to Table of Contents

MOREHOUSE SCHOOL OF MEDICINE

GRADUATE MEDICAL EDUCATION

Application for Visiting Resident/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 costevens@msm.edu or send by postal mail to Colleen Stevens, MBA, 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/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: _____ PGY Level: _____

Phone Number: _____ Date of Birth: _____

NPI: _____ Last Four Numbers 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/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/fellow's home institution will continue to provide the stipend, benefits, and professional liability insurance for the resident.

Home Institution Program Director Signature: _____

Printed Name: _____

Date: _____

MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL

I approve the rotation of the above-named resident as specified. I confirm that the visiting resident/fellow rotation will not adversely affect the educational experience of any Morehouse School of Medicine residents and/or fellows.

Program Director Signature: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL

Approved: _____

Approved By: _____

Date of Approval: _____

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	PCCM-25
		EFFECTIVE DATE	07/01/2019
		PAGE(S)	02
	SUBJECT WELL-BEING POLICY	SUPERSEDES	06/01/2017

Well-Being Policy

I. PURPOSE:

In compliance with ACGME well-being requirements section VI.C., in the current healthcare environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is a vital component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

II. SCOPE:

Programs, in partnership with their sponsoring institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

III. POLICY:

3.1. The responsibility of programs in partnership with their sponsoring institutions must include:

3.1.1. 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. Individual Residency and Fellowship Program Directors

contact the program director of your training program for any concerns and/or issues with 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 as 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 Cigna EAP directly at (877) 622-4327, online at www.CignaBehavioral.com and log in using employer ID: MSM.

4.4. 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, Ph.D.
http://www.msm.edu/Current_Students/counselingservices/index.php

Return to Table of Contents

MSM Institutional Policies

Contact the MSM Human Resources Department
For the Most Current and Up-to-Date
MSM Institutional Policies
(404) 752-1600

OR

Marla Thompson
Title IX Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Harris Building
Atlanta, GA 30310
Direct Dial: (404) 752-1871
Fax: (404) 752-1639
Email: mthompson@msm.edu

Accommodation of Disabilities Policy

I. PURPOSE:

1.1. Morehouse School of Medicine is an equal opportunity employer.

1.2. This policy sets forth the school's commitment to compliance with all applicable state and federal laws concerning persons with disabilities, including the Americans with Disabilities Act (ADA).

1.3. MSM will conduct all employment practices in a non-discriminatory manner and will make a reasonable accommodation available to any qualified employee with a disability who requests an accommodation.

II. APPLICABILITY:

This policy applies to all current employees, including student employees, employees seeking promotion, and job applicants.

III. POLICY:

3.1. MSM prohibits discrimination and/or harassment of disabled employees and applicants.

3.1.1. An individual is considered to have a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

3.1.2. A qualified individual with a disability is one who can perform the essential functions of his or her job with or without a reasonable accommodation.

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

3.3. Reasonable Accommodation of Disabilities

3.3.1. MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.

3.3.2. A reasonable accommodation is designed to assist an employee or applicant in the performance of the essential functions of his or her job or MSM's application requirements.

3.3.3. Some examples of accommodations include, but are not limited to, the following:

- Restructuring a job
- Modifying work schedules
- Providing interpreters
- Redesigning work areas and equipment or acquiring new equipment
- Ensuring facility accessibility to those with physical disabilities

3.3.4. Accommodations are made on a case-by-case basis.

3.3.5. MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation.

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

3.3.7. MSM will not provide a reasonable accommodation if the accommodation would result in undue hardship to MSM or if the employee, even with reasonable accommodation, poses a direct threat to the health or safety of the employee or other persons.

3.3.8. Any decision to deny a reasonable accommodation on the basis of cost will be reviewed and approved by the Chief Financial Officer and Senior Vice President for Administration of MSM.

3.3.9. In most cases, it is an employee's or applicant's responsibility to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. Information on how to request a reasonable accommodation is below.

IV. GUIDELINES:

4.1. Procedures for Requesting an Accommodation

4.1.1. The Human Resources Department has been designated to coordinate applicant and employee requests for workplace accommodations.

4.1.2. A person with a disability may request a reasonable accommodation by contacting the Human Resources Department.

4.1.3. If the need for the accommodation is not obvious, a certification of disability from an appropriate healthcare provider, as determined by the school, must accompany the request.

4.1.3.1. In addition, if the initial information provided by an individual's healthcare provider is insufficient to substantiate that the individual has an ADA-qualifying disability and is in need of a reasonable accommodation, the school may require the person requesting the accommodation to provide additional data or be evaluated by a healthcare provider of the school's choice.

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

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

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

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

4.1.4.3. Government officials engaged in enforcing laws such as those administered by the Office of Federal Contract Compliance Programs or the Americans with Disabilities Act may be informed.

4.2. Determination of whether an employee is a qualified person with a disability and whether a requested accommodation or any other accommodation is reasonable will be made on a case-by-case basis by the supervisor in consultation with the Human Resources Department after discussion as appropriate with the person requesting the accommodation.

V. INTERNAL GRIEVANCE PROCEDURE:

5.1. If a person has concerns regarding denial of a reasonable accommodation or the specific accommodation selected by the school, that person is encouraged to review the process with the Office of Compliance and Internal Audit.

5.2. In the event that a person disagrees with the determination or proposed accommodation or believes he or she has been discriminated against and/or harassed based on a disability, that person should contact the Office of General Counsel.

VI. RETALIATION

6.1. MSM takes a very strong stance against retaliation. No employee or applicant will be subject to retaliation for attempting to exercise their rights under this policy.

6.2. Those who retaliate against an employee or applicant for making a report of disability discrimination and/or harassment, for attempting to secure a reasonable accommodation or otherwise acting in accordance with this policy will be subject to severe discipline, up to and including termination of employment.

6.3. If an employee or applicant believes that he or she has been retaliated against, he or she should immediately request assistance from their supervisor or the Human Resources Department.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE HUMAN RESOURCES POLICIES AND PROCEDURES	POLICY NUMBER	HR 1.02
		EFFECTIVE DATE	06/22/2009
		PAGE(S)	01
	SUBJECT AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY POLICY	SUPERSEDES	N/A

Affirmative Action/Equal Employment Opportunity Policy

I. POLICY:

1.1. Equal Employment Opportunity Statement

1.1.1. Morehouse School of Medicine ("MSM" or "School") is fully committed to a policy of equal opportunity throughout the school, and to this end abides by all applicable federal, state, and local laws pertaining to discrimination and fair employment practices.

1.1.2. Accordingly, MSM recruits, hires, trains, promotes, and educates individuals without regard to race, color, citizenship status, national origin, ancestry, gender (sex), sexual orientation, age, religion, creed, disability, marital status, veteran status, political affiliation, genetic information, HIV/AIDS status, or any classification protected by local, state, or federal law.

1.2. Affirmative Action Statement

1.2.1. MSM's affirmative action program is designed to achieve diversity among faculty, administrators, and staff and to treat all appointments and promotions in a manner free from discrimination.

1.2.2. At MSM, we seek an inclusive working environment where all talented personnel have an equal opportunity to be recruited, employed, and promoted and to enjoy equally all other terms and conditions of employment.

1.2.3. For that reason, along with the principle of nondiscrimination, MSM is mindful of its affirmative action commitment of ensuring that groups specified by the United States Department of Labor (qualified members of minority groups, women, disabled individuals who are otherwise qualified, special disabled veterans, and veterans of the Vietnam era) also have an equal opportunity to be considered for hire, recruitment, promotion, and other terms and conditions of employment.

1.2.4. If you have any questions relating to equal opportunity, affirmative action, or if you want the school to pursue a possible violation of the policy, contact MSM's Human Resources Department at (404) 752-1600 or the Chief Compliance and Internal Audit Officer at (404) 756-8919.

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE HUMAN RESOURCES POLICIES AND PROCEDURES	POLICY NUMBER	HR 2.04
		EFFECTIVE DATE	03-01-2010
		PAGE(S)	02
	SUBJECT NEPOTISM POLICY	SUPERSEDES	N/A

Nepotism Policy

I. PURPOSE:

1.1. This policy defines Morehouse School of Medicine's policy regarding the standards for close relatives either working for or obtaining educational instruction at the Morehouse School of Medicine in the same or different departments.

1.2. This policy is designed to minimize the occurrence of a conflict of interest in employment decisions and to manage them when they do arise.

1.3. This policy applies to all faculty and staff.

II. POLICY:

2.1. 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.

2.2. For purposes of this policy, "relative" is defined as a spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, cousin, corresponding in-law, "step" relation, or equivalent, or any person with whom the employee has a close personal relationship such as a domestic partner, romantic partner, or co-habitant.

III. GUIDELINES:

MSM will use sound judgment in the placement of related employees in accordance with the following guidelines.

3.1. Individuals who are related by blood, marriage, or who reside in the same household are permitted to work or engage in academic pursuits in the same MSM department, provided no direct reporting or supervisor-to-subordinate relationship exists.

3.1.1. For academic purposes, no direct teaching, instructor-to-resident, or instructor-to-student relationship can exist.

3.1.2. That is, 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.

3.1.3. Similarly, no student is permitted to pursue an educational opportunity within the "chain of command" when one relative's academic duties, grades and responsibilities could be influenced by the other relative.

3.2. Related employees may have no influence over the wages, hours, benefits, career progress, and other terms and conditions of the other related staff members, students, or academicians.

3.3. Employees or persons pursuing academic opportunities who marry while employed, or become part of the same household, are treated in accordance with these guidelines. That is, if in the opinion of MSM, a conflict arises as a result of the relationship, one of the employees and/or residents may be transferred at the earliest practicable time.

3.4. Each employee, student, or resident has a responsibility to keep his or her supervisor, the appropriate associate dean or residency program director and the Human Resources Office informed of changes relevant to this policy, such as becoming a domestic partner or relative of another employee through marriage or new supervisory conflicts created by changes in organizational structure.

3.5. Failure to disclose this information to your supervisor, the appropriate associate dean, residency program director, or the Human Resources Office before the decision, or when the information is first learned, may result in disciplinary action up to and including termination or dismissal from one's academic program.

3.6. If the special talents, background, or training of the relative would be in the overall interest of MSM, the department head may request an exception to this policy.

3.7. Exceptions to this policy require the approval of the president, dean, and/or Associate Vice President of Human Resources.

Return to Table of Contents

Sex/Gender Non-Discrimination and Sexual Harassment Policy

I. POLICY:

1.1. Morehouse School of Medicine ("MSM" or "School") does not discriminate on the basis of sex in its employment decisions, education programs and education activities as required under Title IX of the Education Amendments of 1972 and in its implementing regulations, and in part under Title VII of the Civil Rights Act of 1964, as well as any other applicable federal and state laws or local ordinances.

1.2. This policy covers all employment and admissions decisions affecting any member of the "MSM Community" (as defined below) as they related to conduct prohibited under this policy, including sex/gender discrimination, as well as all types of sexual misconduct, including, but not limited to, sexual harassment and sexual violence.

1.3. MSM also prohibits retaliation against members of the MSM Community (as defined below) who raise concerns about or report incidents of sex discrimination and sexual harassment.

1.4. Any individual found to have violated this Policy will be subject to disciplinary action up to and including termination for employees, expulsion for students, and non-renewal for resident physicians.

1.5. Certain behavior also violates MSM's policy even when it does not constitute a violation of law.

1.6. General inquiries about the application of Title IX should be directed to the U.S. Department of Education's Office of Civil Rights or the School's Title IX Coordinator or Deputy Title IX Coordinator:

Marla Thompson
Title IX Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Harris Building
Atlanta, GA 30310
Direct Dial: (404) 752-1871
Fax: (404) 752-1639
Email: mthompson@msm.edu

Valerie Walton
Deputy Title IX Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Harris Building
Atlanta, GA 30310
Direct Dial: (404) 752-1606
Fax: (404) 752-1639
Email: vjwalton@msm.edu

II. APPLICABILITY:

2.1. This Policy applies to all faculty, staff, administration, supervisors, employees, resident physicians, students, applicants, volunteers, patients and visitors to campus, including guests, patrons, independent contractors or clients of MSM (individually "Person(s)"; collectively "the MSM Community").

2.2. This Policy prohibits unlawful discrimination, harassment and retaliation on the basis of sex in any employment decision, education program or educational activity, which means all academic, educational, extracurricular, and other programs and operations.

2.3. Any MSM Persons designated by MSM to have the authority to address or duty to report alleged gender-based discrimination, sexual harassment and/or retaliation who fails to address or report alleged gender-based discrimination, sexual harassment and/or retaliation of which they know or should have known, may be subjected to sanctions up to and including termination of employment, dismissal or expulsion.

III. DEFINITIONS:

3.1. **Complaint** means a Complaint alleging any action, policy, procedure, or practice which would be prohibited by Title IX, such as gender-based discrimination or sexual harassment.

3.2. **Complaint Answer** means the written statement of the Respondent regarding the Complaint allegation and possible corrective action.

3.3. **Complainant** means an MSM Person who submits a Complaint under this Policy, or an individual or group submitting a Complaint on behalf of an MSM student or employee.

3.4. **Consent** means clear, unambiguous, and voluntary agreement between participants to engage in specific sexual activity.

3.4.1. Consent is active, not passive, and is given by clear actions or words.

3.4.2. Consent may not be inferred from silence, passivity, or lack of active resistance alone.

3.4.3. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity.

3.4.4. Being intoxicated does not diminish one's responsibility to obtain consent. In some situations, an individual may be deemed incapable of consenting to sexual activity because of circumstances or the behavior of another, or due to their age. Examples of such situations absent of consent include, but are not limited to, incompetence, impairment from alcohol and/or other drugs, fear, unconsciousness, intimidation, coercion, confinement, isolation, or mental or physical impairment.

3.5. **Corrective Action** means action which is taken by MSM to eliminate or modify any policy, procedure, or practice found to be in violation of Title IX and/or to provide redress to any Complainant injured by the identified violation. Corrective action includes sanctions up to and including, termination of employment, suspension, expulsion, or non-renewal.

3.6. **Dating Violence** is violence committed by a person:

3.6.1. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and

3.6.2. Where the existence of such a relationship may be determined based on the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship.

3.7. **Discrimination** is adverse treatment of any Person based on that Person's gender, rather than on the basis of his/her individual merit or other lawful considerations. Decisions made with respect to the terms, conditions, or privileges of employment and education including, but not limited to hiring, firing, promoting, disciplining, scheduling, training, or deciding how to compensate an employee, resident, student, or applicant must be made without consideration of an individual's gender.

3.8. **Domestic Violence** (or **Family Violence**) is a category of felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. Georgia state law specifically defines such violence as the occurrence of a felony or the commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass between:

- Past or present spouses;
- Persons who are parents of the same child;
- Parents and children;
- Stepparents and stepchildren;
- Foster parents and foster children; or
- Other persons living or formerly living in the same household.

3.9. **Notice of Outcome** means the written statement of a Title IX Coordinator, Deputy Title IX Coordinator, or other investigator of his/her findings regarding the validity of the complaint and the recommended Corrective Actions to be taken and/or sanctions to be imposed.

3.10. **Respondent** means a person alleged to be responsible, or who is accused of conduct alleged in the complaint to constitute a Title IX violation. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the complaint (i.e. a department head or chairperson).

3.11. **Retaliation** is any adverse action taken against an individual because he or she filed a charge of discrimination (including harassment), complained to the School or a government agency about discrimination and/or harassment on the job or in an academic setting, or participated in an employment or student discrimination proceeding (such as an internal investigation or lawsuit), including as a witness.

3.11.1. Retaliation also includes adverse action taken against someone who is associated with the individual opposing the perceived discrimination or harassment, such as a family member.

3.11.2. Examples of retaliation include termination, dismissal, demotion, refusal to promote, or any other adverse action involving a term, condition, or privilege of employment or academic opportunity.

3.12. **Sexual harassment** is conduct that is sexual in nature, is unwelcome and denies or limits a student's ability to participate in or benefit from a school's education programs, or negatively impacts an individual's work environment at MSM.

3.12.1. It is a form of misconduct that is demeaning to others and undermines the integrity of the employment relationship and learning environment.

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

3.12.3. Sexual harassment also may consist of inappropriate gender- based comments and gender stereotyping.

3.12.4. Examples of conduct constituting sexual harassment and which create a hostile environment include, but is not limited to:

- Making unwelcome sexual advances, propositions or other sexual or gender-based comments, such as sexual or gender-oriented gestures, sounds, remarks, jokes or comments about a Person's gender, sex, sexuality or sexual experiences;
- Requesting sexual favors, or engaging in other verbal or physical conduct of a sexual nature;
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, drawings, pictures or invitations;
- Conditioning any aspect of an individual's employment or academic participation on his or her response to sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature;
- Creating an intimidating, hostile or offensive working or academic environment by sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature; and
- Conduct that is criminal in nature, such as rape, sexual assault, domestic violence, dating violence, sexually motivated stalking and other forms of sexual violence.

3.13. **Sexual assault** is a sexual act against the will and without the consent of the individual (alleged victim).

3.13.1. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, rape, attempted rape, sexual battery and aggravated sexual battery.

3.13.2. Additionally, Georgia law defines sexual assault as sexual contact that is perpetrated by a person who has supervisory or disciplinary authority over another individual. Sexual assault is a criminal sex offense under Georgia law.

3.14. **Stalking** occurs when a person follows, places under surveillance or contacts another person (i.e. the victim) at or about any public or private property occupied by the victim other than the residence of the person without the consent of the victim for the purpose of harassing and intimidating the victim.

3.14.1. Harassment and intimidation is a knowing and willful course of conduct directed at a specific person which causes emotional distress by placing such person in reasonable fear for such person's safety or the safety of a member of his or her immediate family, by establishing a pattern of harassing and intimidating behavior, and which serves no legitimate purpose.

3.14.2. Examples of contacting another person include, but are not limited to, communicating in person, by telephone, by mail, by broadcast, by computer or computer network, or by any other electronic device.

3.15. **Title VII**, as referenced in this Policy, means Title VII of the Civil Rights Act of 1964, the Title VII implementing regulations, and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted specifically in the context of sex/gender discrimination. Like Title XII, Title VII prohibits, in part, employment discrimination based on sex/gender. All other types of non-gender related prohibited

3.16. **Title VII conduct** is addressed and covered by the School's General Statement of Nondiscrimination and Anti-Harassment Policy.

3.17. **Title IX** means Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681 and 1682), the 1980 implementing regulations (34 C.F.R. Subpart E), and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted. Title IX states, in relevant part, that “no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

3.18. **Title IX Coordinator**, as referenced in this Policy, means the employee(s) designated to coordinate the School's efforts to comply with and carry out its responsibilities under Title IX and the Title IX implementing regulations.

3.18.1. The Title IX Coordinator (and the Deputy Title IX Coordinator) is responsible for investigating and disposing of all complaints of unlawful sex-based discrimination, sexual harassment and retaliation involving Persons covered under this Policy; monitoring the School's overall implementation of Title IX complaint proceedings; coordinating the School’s compliance with Title IX; and determining the corrective action necessary for future prevention of unlawful sex-based discrimination, sexual harassment, and retaliation.

3.18.2. In cases where sex-based employment discrimination is alleged, the Title IX Coordinator (or deputy) will also coordinate the School's efforts to comply with and carry out its responsibilities under Title VII and the Title VII implementing regulations, where the application of Title IX and Title VII overlap.

3.19. **Title IX Investigator**, as referenced in this Policy, means the Title IX Coordinator, Deputy Title IX Coordinator, or their designee, tasked with investigating any complaints made under this Policy, and issuing an Interim Notice of Outcome regarding same.

IV. PROHIBITION AGAINST RETALIATION:

4.1. Title IX (and Title VII) expressly prohibits retaliation against anyone who, in good faith, reports what s/he believes is discrimination or harassment, who participates or cooperates in any investigation, or who otherwise opposes unlawful conduct believed to be in violation of this policy.

4.2. Retaliation includes intimidation, harassment, threats, or other adverse action or speech against the person who reported the misconduct, the Complainant(s), or witnesses. MSM will not only take steps to prevent retaliation, but it will also take strong corrective action if it occurs.

4.3. Anyone who believes he or she has been the victim of retaliation for reporting discrimination or harassment, participating or cooperating in an investigation or otherwise opposing unlawful conduct believed to be in violation of this policy should immediately contact the Title IX Coordinator or the Deputy Title IX Coordinator, who have authority to investigate all such claims.

4.4. Any individual found to have retaliated against another individual who engaged in conduct consistent with the protections afforded under this Policy will be in violation of this policy and will be subject to disciplinary action.

V. FALSE ACCUSATIONS:

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

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

VI. JURISDICTION AND AUTHORITY OF MSM AND THE TITLE IX COORDINATOR:

6.1. MSM through the Title IX Coordinator and/or Deputy Title IX Coordinator has jurisdiction to receive, investigate, hear and resolve reports and/or formal complaints brought by MSM faculty, staff, Resident Physicians, students and other members of the MSM Community that involve or invoke Title IX.

6.2. The Title IX Coordinator is authorized to enact procedures that include specific instructions for reporting, investigating and resolving incidents and/or Title IX complaints.

6.3. There is no time limit to filing a complaint, making a report or commencing an investigation under these procedures.

6.3.1. However, victims are encouraged to report a complaint immediately in order to maximize the School's ability to obtain information, and conduct an adequate, thorough, prompt, and impartial investigation.

6.3.2. Failure to promptly report alleged sex discrimination or sexual violence may result in the loss of relevant information, evidence, and reliable witness testimony, and may impair the School's ability to carry out these procedures.

VII. PROCEDURES A VICTIM SHOULD FOLLOW IMMEDIATELY FOLLOWING THE OCCURRENCE OF SEX DISCRIMINATION OR SEXUAL HARASSMENT:

7.1. MSM is acutely aware that a victim of sex discrimination and/or of a sex offense, in particular, may experience physical, mental and emotional trauma as a result of the incident.

7.2. Therefore, in order for MSM to conduct a prompt, fair and thorough investigation into the incident and commence appropriate disciplinary proceedings (if the victim so chooses), a victim of sexual violence (e.g., rape, sexual assault, dating violence, domestic violence, stalking) is encouraged to follow these procedures immediately following the occurrence, when possible:

7.2.1. Go to a safe place as soon as possible.

7.2.2. Do not wash, shower, bathe, use the toilet or change clothing.

7.2.3. Preserve any evidence as would be necessary to prove the offense, or in obtaining a protective order, restraining order, and/or no-contact order. Examples of such evidence include:

7.2.3.1. Clothing worn during the incident, including, but not limited to, undergarments;

7.2.3.2. Sheets, bedding, and condoms, if used;

7.2.3.3. A list of witnesses with contact information;

7.2.3.4. Text messages, emails, call history, and social media posts; and

7.2.3.5. Pictures of any injuries.

7.2.4. Call the appropriate law enforcement agency.

7.2.4.1. If the sex offense occurred on campus, contact the Department of Public Safety as soon as possible by (404) 752-1794 or (404) 752-1795.

7.2.4.2. If the attack did not occur on campus, call the law enforcement agency having jurisdiction where the sex offense (i.e. the rape, sexual assault, dating violence, domestic violence, etc.) occurred.

7.2.5. Get medical attention.

7.2.5.1. If called, the Department of Public Safety will assist the victim in calling an EMS, if wanted.

7.2.5.2. You may also take yourself or have someone else take you directly to the medical facility or medical provider of choice.

7.2.5.3. Please ensure that any medical assistance you receive will include collecting any evidence.

7.2.6. Talk to a counselor.

7.2.6.1. The victim may contact MSM Counseling Services at (404) 752-1789 for guidance on medical and counseling services.

7.2.6.2. Employees should consult the Employee Assistance Program at 1-877-622-4327 for guidance on medical and counseling service referrals.

7.2.6.3. The victim also has a right to have an advocate and support person present at the hospital, doctor's office, or urgent care unit for examination.

VIII. OPTIONS FOR REPORTING OR DISCLOSING INCIDENTS OF SEXUAL VIOLENCE:

8.1. If a victim of a sex offense, domestic violence, dating violence, sexual assault or stalking or other form of sexual violence is able and feels safe, he or she should clearly explain to the alleged offender that the behavior is objectionable and request that it cease.

8.2. Alternatively, if the victim is not able or does not feel safe confronting the alleged offender, or the behavior does not stop, or if the victim believes some adverse employment, academic or educational consequences may result from the discussion, the victim may do one or more of the following:

8.2.1. Report the offense to his/her immediate supervisor or department chairperson, the Title IX Coordinator, or the Deputy Title IX Coordinator.

8.2.2. Notify the Department of Public Safety or other law enforcement authorities;

8.2.3. Request assistance in notifying appropriate law enforcement authorities, which assistance MSM will provide; or

8.2.4. Decline to notify any such authorities.

IX. FILING A COMPLAINT FOR VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:

9.1. Any Person, or any individual or group acting on behalf of a Person, seeking to raise concerns with individual or institutional sex-based discrimination, sexual harassment or sexual violence may file a formal complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.

9.2. The Title IX Coordinator (or Deputy Title IX Coordinator) must be contacted in order to initiate a complaint.

9.3. The complaint should be brought as soon as possible after the most recent incident.

9.4. No Person should assume that an official of MSM knows about a particular situation.

9.5. The School encourages any individual who feels he or she has been discriminated against or harassed to promptly report the incident to the Title IX Coordinator or the Deputy Title IX Coordinator.

9.6. Any person who knows of, or receives a complaint of sex discrimination or sexual harassment should report the information to or file a complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.

9.7. Complaints filed with the Title IX Coordinator or the Deputy Title IX Coordinator must be in writing and provide the following information: (i) name and contact information for the complaining Person(s) ("Complainant(s)"); (ii) nature and date of alleged violation; (iii) names and contact information for the Person(s) responsible for the alleged violation (where known) ("Respondent(s)"); (iv) requested relief or corrective action (specification of desired relief shall be the option of the Complainant); and (v) any other background or supplemental information that the Complainant believes to be relevant (e.g., names of other persons affected by the violation, etc.).

9.8. Upon receipt of a complaint alleging dating violence, domestic violence, sexual assault, stalking, or sexual violence, the Title IX Coordinator or the Deputy Title IX Coordinator will promptly schedule an individual meeting with the victim to:

9.8.1. Provide him/her a general understanding of these complaint procedures, the prohibition against retaliation, and the investigative process;

9.8.2. Discuss and provide written information regarding forms of support or immediate interventions available to the victim, such as on- and off-campus resources and interim measures;

9.8.3. Discuss and provide written information regarding the victim's options for, and available assistance in, changing any accommodations that may be appropriate and reasonably available concerning the victim's academic, living, transportation and working situations;

9.8.4. Seek to determine if the victim wishes to notify law enforcement authorities, wishes to be assisted in notifying law enforcement authorities, or does not wish to notify law enforcement authorities;

9.8.5. Where applicable, provide information to the victim of his or her rights and the School's responsibilities regarding orders of protection, no contact orders, restraining orders, or similar lawful orders issued by a criminal, civil or tribal court; and

9.8.6. Inform the victim about how MSM will protect his or her confidentiality, including the omission of the victim's identifying information in publicly-available records or in oral and written communications to the accused, to the extent permissible by law.

X. WHEN THE VICTIM REQUESTS CONFIDENTIALITY AND/OR ELECTS NOT TO PROCEED WITH AN INVESTIGATION OR PURSUE FORMAL DISCIPLINARY PROCEEDINGS:

10.1. If the victim does not wish to proceed with an investigation and/or requests that the complaint or report remain confidential, the Title IX Coordinator or the Deputy Title IX Coordinator will inform the victim that the School's ability to respond fully to the incident may be limited because of this desire. The victim should also understand that Title IX prohibits retaliation, and that School officials will not only take steps to prevent retaliation but also take strong responsive action if it occurs.

10.2. The Title IX Coordinator or Deputy Title IX Coordinator will weigh the victim's request(s) for confidentiality and/or wish not to proceed with an investigation against the School's obligation to provide a safe, non-discriminatory environment for all students. Specifically, the Title IX Coordinator or Deputy Title IX Coordinator will consider the following factors:

10.2.1. The seriousness of the misconduct;

10.2.2. Whether there have been other complaints of sex discrimination or sexual violence against the accused at the School or any other school or in the nature of prior criminal charges;

10.2.3. Whether the accused threatened further misconduct or violence against the victim or others;

10.2.4. Whether the misconduct was committed by multiple perpetrators;

10.2.5. Whether the misconduct involved use of a weapon;

10.2.6. The age of the victim;

10.2.7. Whether the School possesses other means to obtain relevant evidence of the misconduct;

10.2.8. Whether the complaint reveals a pattern of conduct at a particular location or by a particular individual and group of individuals; and

10.2.9. The accused's right to receive information about the allegations if the information is maintained by the University as an "education record" under the Family Educational Rights and Privacy Act (FERPA), if applicable.

10.3. Even if the victim does not wish to file a formal complaint or proceed with an investigation because he or she insists on confidentiality or requests that the complaint not be resolved, Title IX still allows MSM to investigate and take reasonable corrective action in response to the victim's complaint if the Title IX Coordinator or the Deputy Title IX Coordinator determines, subject to the factors listed above, that the School must override the victim's request for confidentiality in order to meet its Title IX obligations. However, these instances will be limited and evaluated on a case-by-case basis. The Title IX Coordinator or Deputy Title IX Coordinator will ultimately inform the victim if the School cannot ensure confidentiality.

10.4. In an instance where the School must disclose a victim's identity to the accused, the Title IX Coordinator or Deputy Title IX Coordinator will inform the victim prior to making the disclosure.

XI. INTERIM AND REMEDIAL MEASURES:

11.1. Regardless of whether a victim of sex discrimination, sexual violence or sexual harassment chooses to report the incident or file a formal complaint, the School shall take one or more of the following remedies, as well as other remedies deemed appropriate for each specific case, while keeping the victim's identity confidential:

11.1.1. Providing the victim with a campus security escort to ensure that he or she can move safely between buildings on campus;

11.1.2. Ensuring that the victim and the accused do not attend the same classes, seminars, functions, meetings, etc.;

11.1.3. Providing counseling services;

11.1.4. Providing medical services;

11.1.5. Providing academic support services, such as tutoring (in cases involving students);

11.1.6. Arranging for the victim to re-take a course or withdraw from a class without penalty, including ensuring that any changes do not adversely affect the victim's academic records;

11.1.7. Reviewing any disciplinary actions taken against the victim to see if there is a causal connection between the harassment and the misconduct that may have resulted in the victim being disciplined.

11.2. The School also reserves the right to suspend the accused or place him/her on administrative leave pending the investigation of the victim's complaint or disciplinary or criminal proceedings. The interim suspension or leave shall become immediately effective without prior notice whenever there is evidence that the continued presence of the student or employee, respectively, at the School poses a substantial and immediate threat to himself or herself, or to others. A student or employee suspended or placed on administrative leave, respectively, on an interim basis under this policy shall be given a prompt opportunity to appear personally before the Title IX Coordinator or Deputy Title IX Coordinator to discuss the following issues only:

11.2.1. The reliability of the information concerning the Respondent conduct, including the matter of his or her identity; and

11.2.2. Whether the conduct and surrounding circumstances reasonably indicate that the continued presence of the accused on School premises poses a substantial and immediate threat to himself or herself, or to others.

11.3. The School may also consider and take interim remedial measures that affect the broader MSM population, including, but not limited to, offering School-wide counseling and training; developing, updating and disseminating materials on sex discrimination or sexual harassment, developing and implementing new policies and complaint procedures; and conducting internal School investigations to assess the effectiveness of the School's efforts to eliminate sex discrimination or sexual harassment and promote an environment free of sex discrimination and harassment.

11.4. Mediation will not be used to resolve complaints of sexual assault, sexual violence, domestic violence, dating violence, or stalking.

XII. PROCEDURES FOR INVESTIGATING VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:

12.1. Procedure for investigating allegations of co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination

Upon receipt of complaint of any allegation of sex discrimination or sexual harassment between co-workers or employees, the School will promptly investigate, and take prompt, remedial action to remedy any confirmed conduct in violation of this Policy.

12.2. Procedure for investigating allegations of sexual assault, sexual violence, domestic violence, dating violence, stalking or any other Title IX violations not involving co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination:

12.2.1. A Title IX/Discrimination Complaint Form will be prepared by the Title IX Coordinator or the Deputy Title IX Coordinator to facilitate the filing of the complaint. This form can be obtained from the Title IX Coordinator (or deputy).

12.2.2. Within five (5) days of the filing of a Complaint, the Title IX Coordinator or the Deputy Title IX Coordinator will schedule an individual meeting with the accused (i.e. the Respondent) in order to provide him/her with notice of the complaint, of his/her responsibility to submit a written complaint answer within five (5) days after receipt of the complaint notification. The Title IX Coordinator or the Deputy Title IX Coordinator will also provide the Respondent with a general understanding of the procedures for investigating and resolving complaints of sex discrimination and/or sexual harassment, and identify forms of support or immediate interventions available to him/her, if applicable.

12.2.3. The Respondent(s) receiving a copy of a complaint shall, within five (5) days, submit a written complaint answer to the Complainant and the Title IX Coordinator or the Deputy Title IX Coordinator. Such answer shall: (i) confirm or deny each fact alleged in the complaint; (ii) indicate the extent to which the complaint has merit and offer any facts or evidence to disprove the allegations made against him/her; and (iii) indicate acceptance or rejection of any desired redress specified by the Complainant, or outline an alternative proposal for redress.

12.2.4. Within five (5) days after receipt of the Respondent's written complaint answer, the Title IX Coordinator or the Deputy Title IX Coordinator will investigate the allegations. If no complaint answer has been received on the fifth (5th) day after notification of the Respondent, the Title IX Coordinator or the Deputy Title IX Coordinator shall send a "Notice of Nonresponse" to the Respondent and, if an MSM employee is involved, the employee's immediate supervisor. If no answer has been received within five (5) days after issuance of the "Notice of Nonresponse," the Title IX Coordinator or the Deputy Title IX Coordinator shall begin the investigation and recommend corrective action without the input of the Respondent. A "Notice of Nonresponse" shall also be sent to the Complainant.

12.2.5. Pursuing a complaint under these procedures does not affect a victim's ability to pursue a criminal action against the accused through the criminal justice system. A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, other sex offense, or any other crime recognized by local, state, or federal law may choose to pursue a complaint under these procedures, through the criminal justice system, or both simultaneously.

12.2.6. A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, or any other Title IX violation may also choose to file a formal complaint with the U.S. Department of Education's Office of Civil Rights.

12.3. Investigations, Findings of Fact and Recommendations for Corrective Action by the Title IX Coordinator or the Deputy Title IX Coordinator

12.3.1. All Complaints of sex discrimination, sexual violence and sexual harassment will be promptly investigated and appropriate interim measures will be taken as expeditiously as possible. MSM reiterates that it reserves the right to investigate and resolve a Complaint or report of sex discrimination and/or sexual harassment regardless of whether the Complainant ultimately desires the School to pursue the complaint.

12.3.2. The amount of time needed to investigate a Complaint will depend in part on the nature of the allegation(s) and the evidence to be investigated (e.g., the number and/or availability of witnesses involved). However, most Complaints will be investigated and resolved within sixty (60) calendar days of the filing of the Complaint, excluding any appeal(s).

12.3.3. The parties to the Complaint will each have an opportunity to be heard by the Title IX Coordinator or Deputy Title IX Coordinator during the investigation, and to present witnesses and other evidence to the Title IX Coordinator or Deputy Title IX Coordinator. The investigation may include conducting interviews of the Complainant, the alleged perpetrator, and any witnesses; reviewing law enforcement investigation documents, if applicable, reviewing student and personnel files; and gathering and examining other relevant documents or evidence.

12.3.4. When investigating an incident, MSM will make reasonable efforts to protect the rights of both the Complainant and the Respondent. MSM will respect the privacy of the Complainant, the Respondent, and the witnesses in a manner consistent with the School’s legal obligations to investigate, to take appropriate action, and to comply with any discovery or disclosure obligations required by law.

12.3.5. When investigating a Complaint, MSM will coordinate with any other ongoing School or criminal investigations of the incident.

12.3.6. At reasonable times and various stages until the School's final disposition of the investigation, the Complainant(s) and the Respondent(s) will be informed of the status of the investigation.

12.3.7. Within sixty (60) days of receipt of the complaint filed to commence institutional disciplinary proceedings, the Title IX Coordinator or the Deputy Title IX Coordinator will provide an Interim Notice of Outcome of the investigation or will advise the parties of the additional estimated amount of time needed for the investigation.

12.3.8. In the event the investigation reveals that, by application of the preponderance of evidence standard, it is more likely than not that a Policy Violation (or other inappropriate or unprofessional conduct even if not unlawful), or retaliation occurred, within ten (10) business days following the completion of the investigation, the Title IX Investigator will simultaneously provide the written "Interim Notice of Outcome" to Complainant, Respondent, and appropriate MSM officials for adoption or modification as outlined in Section XIII, below. The Interim Notice of Outcome will include:

12.3.8.1. The determination of whether the Respondent was found responsible or not responsible for the alleged violations;

12.3.8.2. Where applicable, sanction(s) assigned or remedial measures, the due date(s) of the sanction(s), and any available appeal rights and deadlines;

12.3.8.3. Any change to the results that occurs prior to the time that such results become final; and

12.3.8.4. When such results will become final.

12.3.9. Written notice to the appropriate parties relating to discipline, resolutions, and/or final dispositions is deemed to be official correspondence from the School. Disciplinary sanctions imposed may be appealed through the appropriate appeals process depending on the status of the alleged policy violator. MSM will take the appropriate remedial action based on results of the investigation and will follow up as appropriate to ensure that the corrective action is effective.

12.3.10. Complainants are encouraged to report any reoccurrences of conduct that were found to violate this policy or any other related concerns.

XIII. CORRECTIVE ACTION, SANCTIONS, AND NOTICES OF OUTCOME:

Where it is determined that it is more likely than not that the Respondent has committed a violation of this Policy, the following guidelines shall apply:

13.1. For Respondents Classified as Students: Sanctions include one or a combination of the following disciplinary actions:

13.1.1. Warning: Verbal notice that violation of specified regulations and/or continuation or repetition of prohibited conduct may be cause for additional disciplinary action;

13.1.2. Official Reprimand: A written notice of reprimand for violation of specified regulations, including a warning that continuation or repetition of prohibited conduct may be cause for additional disciplinary action;

13.1.3. Disciplinary Probation: Exclusion from participation in privileged or extracurricular School-sponsored activities for a specified period of time. Additional restrictions or conditions may also be imposed. Violations of the terms of disciplinary probation, or any other violation of this Code during the period of probation, may result in suspension or expulsion from MSM;

13.1.4. Restitution: Monetary repayment or reimbursement to the School or to an affected party for economic damages resulting from the student's misconduct;

13.1.5. Suspension: Temporary exclusion from MSM premises and other privileges or activities, as set forth in the suspension notice.

13.1.6. Expulsion: Permanent termination of student status, and exclusion from MSM premises, privileges and activities

13.1.7. Other Sanctions: Other sanctions may be imposed instead of, or in addition to, those specified in sections (a) through (f) of this part. For example, community service may also be assigned.

13.1.8. Please note, nothing in the Student Handbook shall prevent the Title IX Investigator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.

13.1.9. The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Dean of Admissions and Student Affairs or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Admissions and Student Affairs or his/her designee.

13.1.10. The Associate Dean of Admissions and Student Affairs or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

13.2. For Respondents Classified as Resident Physicians: Sanctions include one or a combination of the following disciplinary actions:

13.2.1. Notice of Deficiency: The School may issue a written or oral warning to the Resident to give notice that deficiencies exist that are not yet severe enough to require remediation, disciplinary action, or other adverse actions, but that do require the Resident to take immediate corrective action to cure the deficiency;

13.2.2. Non-Promotion: Resident appointments are for a maximum of twelve (12) months, year-to-year. Where a Resident has demonstrated unsatisfactory performance during an academic year or fails a specific rotation required for promotion, the School may elect to delay a Resident's promotion to the next level;

13.2.3. Suspension: The School may elect to suspend a Resident from all program activities for a period of time when it has determined that a Resident’s performance or behavior does not appear to be in the best interests of the patients or other medical staff. Depending on the circumstances surrounding the suspension, it may be paid or unpaid;

13.2.4. Non-Renewal of Appointment: The School may elect to not re-appoint a Resident for the next academic year if it determines that a Resident's performance does not meet the School's academic or professional standards, or the requirements of the Program, the Residency Review Committee Program, GME, or the Specialty Board;

13.2.5. Restitution: Monetary repayment or reimbursement to the School or to an affected party for economic damages resulting from the Resident's misconduct;

13.2.6. Other Sanctions: Other sanctions may be imposed instead of, or in addition to, those specified in sections (a) through (e) of this part. For example, community service or additional training may also be assigned.

13.2.7. Please note, nothing in the Graduate Medical Education ("GME") Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.

13.2.8. The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee.

13.2.9. The Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

13.3. For Respondents Classified as Faculty: The Respondent shall be subject to the investigation authority of the Title IX Coordinator or Deputy Title IX Coordinator in addition to the procedures outlined in Appendix III of the Faculty Bylaws, and to sanctions up to and including termination.

13.3.1. Nothing in the Faculty Bylaws shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including, but not limited to, sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.

13.3.2. The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee.

13.3.3. The Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

13.4. For Respondents Classified as MSM Staff Employees: The Respondent shall be subject to disciplinary action, suspension, and termination as provided in the Discipline and Corrective Action Policy in the HR Policy Manual. Nothing in the HR Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.

13.4.1. The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Vice President of Human Resources or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Vice President of Human Resources or his/her designee.

13.4.2. The Associate Vice President of Human Resources or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

XIV. TITLE IX APPEALS/GRIEVANCE PROCEDURES:

14.1. For purposes of this Policy Section, a “Title IX Grievance” is a complaint concerning any perceived Title IX violation resulting from an MSM policy, practice or procedure. Any member of the MSM Community may file a written Title IX Grievance at any time.

14.2. For purposes of this Policy Section, a “Title IX Appeal” is an appeal by an affected individual to a decision in an Interim or Final Notice of Outcome resulting from a Title IX Complaint Investigation or Hearing.

14.3. First level Appeals/Grievances:

14.3.1. As outlined above, the Title IX Investigator will simultaneously forward the Interim Notice of Outcome to the Complainant, Respondent, and: (i) the Associate Vice President of Human Resources or his/her designee (for Staff decisions or decisions affecting other members of the MSM Community (vendors, visitors, applicants, etc.); (ii) the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee (for Faculty decisions); (iii) the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee (for Resident Physician decisions); or (iv) the Associate Dean of Admissions and Student Affairs or his/her designee (for Student decisions). Complainants and Respondents have ten (10) business days from receipt of an Interim Notice of Outcome to object to the findings or recommendations contained therein.

14.3.2. The appropriate designated official will review and consider the Interim Notice of Outcome, as well as any Complainant or Respondent objections to same, and issue a Final Notice of Outcome within the timeframe set forth herein which may adopt, reject, or modify the Interim Notice of Appeal.

14.3.3. For all first level appeals and grievances, the President and Dean will select and designate two (2) independent senior-level members of the MSM Community to monitor and oversee the review process conducted by the appropriate designated official.

14.4. Second Level Appeals/Grievances:

14.4.1. Appeals to the Final Notice of Outcome must be filed within ten (10) business days of receipt with the Chief Compliance Officer and may only be brought on one or more of the following three (3) grounds:

14.4.1.1. To determine whether there was a material deviation from the substantive and procedural protections provided in the complaint proceedings;

14.4.1.2. To determine whether the final decision was based on substantial evidence or information; or

14.4.1.3. To consider new information sufficient to alter the decision or relevant facts not brought out in the investigation or hearing.

14.4.2. All grievances and appeals of Final Notice of Outcome must be submitted in writing, and must include the following information:

14.4.2.1. The name, address, and signature of the Grievant or Appellant;

14.4.2.2. A sufficient description of the issue on appeal (material deviation from substantive/procedural compliant proceedings; failure to base final decision on substantial evidence/information; or new issue or information sufficient to alter the decision) or the allegedly improper policy, practice or procedure resulting in a Title IX violation;

14.4.2.3. The identity of additional witnesses or affected individuals.

14.4.2.4. Attach and/or identify any other documents, facts, or evidence that MSM should consider in reviewing the grievance or appeal.

14.4.3. An appellant is not required to re-submit any documents or information that MSM already has in its possession as a result of its original Title IX investigation.

14.4.4. The Chief Compliance Officer will investigate the appeal, including, but not limited to, review of the grounds for appeal and evidence submitting, seeking the opinion of the Title IX Coordinator's office regarding whether and why the policy, practice, or procedure being grieved or the decision being appealed complies with Title IX, or if not, what, if any, steps should be taken to bring the policy, practice, procedure or decision into compliance with Title IX. The Chief Compliance Officer may also conduct a follow-up conference or hearing with the appellant or other affected individuals or interested parties. The Chief Compliance Officer will, within sixty (60) days of receipt of the appeal, issue a Notice of Appeal Determination either affirming, modifying, or reversing the decision being appealed, or the policy/practice/procedure being grieved. The Notice of Appeal Determination is final and non-appealable.

Return to Table of Contents

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

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

I. PURPOSE:

1.1. The Morehouse School of Medicine and Morehouse Medical Associates, Inc. ("MSM") is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

1.2. This shared mission requires that faculty, students, trainees, and staff of MSM interact with representatives of the pharmaceutical, biotechnology, medical device, and hospital equipment supply industry ("Industry") in a manner that advances the use of the best available evidence so that medical advancements and new technologies become broadly and appropriately used. While the interaction with Industry can be beneficial, Industry influence can also result in unacceptable conflicts of interest that may lead to increased costs of healthcare, the compromise of patient safety, negative socialization of students and trainees, bias of research results, and diminished confidence and respect among patients, the general public, and regulatory officials.

1.3. Because provision of financial support or gifts, even in modest amounts, can exert a subtle but measurable impact on recipients' behavior, MSM has adopted the following policy to govern the interactions between Industry and MSM personnel.

1.4. There is a growing body of evidence demonstrating the adverse consequences of interactions between healthcare providers and Industry, including practices such as receipt of small gifts that have traditionally been considered acceptable by professional standards, such as the ethical opinions of the American Medical Association's Council on Medical and Judicial Affairs. While healthcare professionals may not believe that they are personally biased by Industry, retailing by Industry representatives is designed to sell products and advance the interests of Industry's shareholders. This policy has been designed on the basis of the best available literature on conflict of interest and is intended to provide a set of guiding principles that members of the MSM community as well as representatives of Industry can use to ensure that their interactions result in optimal benefit to clinical care, education and research, and maintenance of the public trust.

1.5. This policy is designed to affect the behavior and practices of Industry, as much as the behavior of MSM personnel. While partnerships between Industry and physicians may further mutual interests to improve clinical management of diseases and improve patient care, the provision of gifts, food, or other blandishments add nothing to the substance of the exchange and leave both parties subject to questions of integrity and commitment to professional practice responsibilities.

1.6. This policy is established to provide guidelines for interactions with Industry representatives for medical staff, faculty, staff, residents, students, and trainees of MSM. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical, and research missions of MSM. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either a faculty member or the school.

II. SCOPE:

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

2.2. While this policy addresses many aspects of Industry interaction, it supplements the existing conflict of interest policies of MSM, particularly as they apply to research conflicts of interest:

- Institutional conflicts of interest
- Individual conflicts of interest
- Research conflicts of interest

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

2.4. This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry, including those individuals whose purpose is to provide information to clinicians about company products, even though such personnel are not classified in their company as “sales or marketing.”

III. POLICY:

3.1. It is the policy of MSM that clinical decision-making, education, and research activities be free from influence created by improper financial relationships with, or gifts provided by, Industry.

3.2. For purposes of this policy, “Industry” is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital and research equipment supply Industry entities and their representatives.

3.3. In addition, clinicians and their staffs should not be the target of commercial blandishments or inducements—great or small—the costs of which are ultimately borne by our patients and the public at large.

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

3.5. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, MSM personnel should consult in advance with their deans or department chairs or administrative management to obtain further guidance and clarification.

3.6. Charitable gifts provided by Industry in connection with fundraising done by or on behalf of MSM shall be subject to other policies adopted from time to time by MSM or foundations fundraising on their behalf.

IV. SPECIFIC ACTIVITIES:

4.1. Gifts and Provision of Meals

4.1.1. MSM personnel are prohibited from accepting or using personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Although personal gifts of nominal value may not violate professional standards or anti-kickback laws, such gifts do not improve the quality of patient care, may subtly influence clinical decisions, and add unnecessary costs to the healthcare system.

4.1.2. Gifts from Industry that incorporate a product or company logo on the gift (e.g., pens, notepads, stethoscopes, journals, textbooks, or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system.

4.1.3. Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by MSM, except as outlined in subsection “Support of Continuing Medical Education or Graduate Medical Education” below.

4.1.4. MSM personnel may not accept meals or other hospitality funded by Industry, whether on campus or off campus, nor accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event that complies with the provisions of subsection “Industry-Sponsored Meetings or Industry Support for Off-Campus Meetings” below may be accepted.

4.1.5. Industry wishing to make charitable contributions to MSM may contact the Office of Institutional Advancement. Such contributions shall be subject to any applicable policies maintained by MSM, and the receiving organizations.

4.2. Consulting Relationships

4.2.1. MSM recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member and MSM. However, consulting arrangements that simply pay MSM personnel a guaranteed amount without any associated duties (such as participation on scientific advisory boards that do not regularly meet and provide scientific advice) shall be considered gifts and are consequently prohibited.

4.2.2. In order to avoid gifts disguised as consulting contracts, where MSM personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, and must be restricted to scientific issues.

4.2.3. The compensation paid must be reasonable and reflect fair market value for the service and time provided, and must be commensurate with the tasks assigned. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved prior to initiation in accordance with appropriate MSM policies.

4.2.4. For MSM personnel, consulting relationships with Industry may be entered into only with the prior permission of a faculty member's dean, department chair, or administrative management.

4.2.5. In addition, prior review and written approval from the faculty member's dean is required if consulting relationships with any one company (including the parent and subsidiary companies) will pay the faculty member in excess of $10,000 in any twelve-month period.

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

4.2.7. MSM reserves the right to require faculty and employees to request changes in the terms of their consulting agreements to bring those consulting agreements into compliance with MSM policies.

4.3. Drug or Device Samples

4.3.1. The provision by manufacturers of "free" samples of prescription drug or device products is a marketing practice designed to promote the use of these products and to gain access to prescribers to influence their behavior. Studies from the literature quite convincingly demonstrate the effectiveness of this technique to boost sales. At the same time, this practice provides invaluable assistance to some patients to quickly begin a course of treatment or to determine which therapeutic option is most beneficial for that patient. Free samples also have been responsibly incorporated into the evidence-based decision making of some individual and group practices. While societal benefits result from the availability of medications at the point of care, pharmaceutical samples are not preferred because often their prior storage and handling are suspect (temperature/humidity control), accountability is generally low (pilferage, diversion, theft), documentation is usually weak (incomplete logs), patient directions and patient information are not provided and/or are inadequate, and pharmacist review/profiling is left incomplete.

4.3.2. Therefore, with limited exceptions, sample medications are not permitted in MSM facilities.

4.3.3. As an alternative, pharmaceutical sales representatives should be encouraged to offer voucher programs which allow patients to get starter supplies of medications through organized distribution channels instead of pharmaceutical samples.

4.3.4. Definitions

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

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

4.3.4.3. **Pharmaceutical Sales Representatives (PSR)**: A representative of a pharmaceutical manufacturer who visits the ambulatory care sites for the purpose of soliciting the use of, or providing information about pharmaceutical products. Representatives who visit MSM facilities for the sole purpose of initiating or monitoring research studies are exempt from these guidelines.

4.3.5. Standards

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

4.3.5.2. Sample medications are not permitted in MSM facilities except as noted in paragraph “Site Access” below. This includes both patient care and non-patient care areas.

4.3.5.3. Vouchers approved by the MMA Operations Committee (“the Committee”) may be distributed by MSM ambulatory care sites in order for patients to receive complimentary starter medications from a pharmacy of their choice. The MMA Operations Committee will determine a formulary of MSM-preferred medications, which then may be available through vouchers. Only vouchers approved by the committee are permitted to be used by MSM clinicians at MSM facilities.

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

4.3.5.5. Under special circumstances in which there is a legitimate clinical need, with the approval noted below, sample medications may be permitted in MSM facilities. Specific requests to have physical samples in an MSM clinic must be made on the Special Cause Sample Request Form, and be approved by the MMA Operations Committee and the MMA Associate Dean for Clinical Affairs.

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

4.3.6. Procedure Actions

4.3.6.1. Participating pharmaceutical companies may distribute the MMA Operations Committee-approved vouchers to MSM/MMA clinics through their sales representatives. These vouchers are for generic medications or brand drugs that are designated as “preferred” by the committee.

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

4.3.6.3. If a clinic medical director believes there is a clinical need to maintain some physical samples, a request will be made to the MMA Operations Committee, the MMA Associate Dean for Clinical Affairs, and the Clinical Compliance and Privacy Officer using the Special Cause Sample Request Form. If the request is approved, the succeeding steps must be followed:

1. A formulary of approved sample products must be approved for the clinic and samples of only those products are permitted at the site.
2. The approved products must be reviewed annually by the Associate Dean for Clinical Affairs and the Clinical Compliance and Privacy Officer.
3. Samples must be stored in a locked secure area that prohibits unauthorized access or that is under constant supervision or surveillance. PSRs are not authorized to have access to drug sample storage areas.
4. Samples are properly stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and safety, according to manufacturer's specifications and law and regulation.
5. When samples are received from the manufacturer, they must be recorded on the Sample Drug Log-In Form.
6. The sample drugs must be inspected monthly by the Associate Dean for Clinical Affairs or designee, and a copy of this review sent to the Clinical Compliance and Privacy Officer.
7. Samples are organized to allow for easy retrieval, yet segregated to prevent medication errors. Storage areas must be routinely inspected to check for expired and deteriorated sample medications; samples stored in the wrong place; drugs that can no longer be identified by name, strength, and expiration date; and other medications that do not belong in that area.
8. Samples for prescription drugs are labeled and dispensed according to the same standardized method that MSM uses for non-sample prescription medications.
9. In the event of a drug recall, the Clinical Compliance and Privacy Officer will notify the clinic. The Associate Dean for Clinical Affairs or designee must review sample inventory and return recalled drugs to the pharmacy.
10. When dispensing a sample medication to a patient, the physician must select the drug, dose, and quantity of medication to be dispensed. This must be recorded in the patient's medical record. The physician must review the dose-pack and patient label with written instructions prior to the medication being dispensed to the patient.

11. The physician may delegate to a medical assistant or nurse the following steps:
    1) Complete the Sample Drug Sign-Out Log.
    2) Complete the Sample Medication Label.
    3) Document the patient waiver of a child-proof container.
    4) Obtain final approval from the physician before dispensing.
    5) Provide patient education regarding the medication.

4.3.6.4. The Clinical Compliance and Privacy Officer will inspect the sample medication storage, log, and dispensing process at least annually. If adherence to this policy is not being met, the privilege of maintaining samples will be revoked.

4.4. Site Access

4.4.1. MSM does not allow use of their facilities or other resources for marketing activities by Industry.

4.4.2. MSM always reserves the right to refuse access to their facilities or to limit activities by Industry representatives consistent with their non-profit mission. However, interaction with representatives of Industry is appropriate as it relates to exchange of scientifically valid information and other data, interactions designed to enhance continuity of care for specific patients or patient populations, as well as training intended to advance healthcare and scientific investigation.

4.4.3. To balance these interests, MSM's Procurement Office will develop a registry to assist in the management of site access by Industry representatives for appropriate purposes.

4.4.4. Sales or marketing representatives of Industry may access MSM facilities only if the company with which they are associated has registered with the MSM Procurement Office, and they have been specifically invited to meet with an individual healthcare provider or a group of healthcare providers for a particular purpose. Individual physicians or groups of physicians or other healthcare professionals may request a presentation by or other information from a particular company through the MSM Procurement Office or another designated institutional official.

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

- The representative is present to provide in-service training on devices and other equipment, including provision of essential guidance on the use of such equipment.
- The presence of the representative is expressly requested and approved in advance by a faculty member.
- The device representative is certified by their employer to provide the requested device training.

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

4.4.7. Industry representatives are permitted in non-patient care areas by scheduled appointment only. Therefore, representatives should not be in any MSM facilities without a scheduled appointment with a faculty member or other authorized MSM personnel.

4.4.8. Industry representatives without an appointment as outlined above are not allowed to conduct business in patient care areas (inpatient or outpatient), in practitioners' office areas, or other areas of MSM clinical facilities.

4.4.9. All Industry personnel seeking sales or vendor relationships must work directly with the MSM Procurement Office. While in MSM facilities, all Industry representatives must be identified by name and current company affiliation in a manner determined by such department, as applicable.

4.4.10. All Industry representatives with access to MSM clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.

4.5. Support of Continuing Medical Education or Graduate Medical Education

4.5.1. Industry support of continuing medical education ("CME/GME") in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is provided to healthcare practitioners. In order to ensure that potential for bias is minimized and that CME/GME programs are not a guise for marketing, all CME/GME events hosted or sponsored by MSM must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CME/GME credit is awarded for attendance at the event.

4.5.2. All such agreements for Industry support of CME/GME programs must be negotiated through and executed by the Continuing Medical Education Department and must comply with all policies for such agreements.

4.5.2.1. Funding may be restricted to a clinical department and must be overseen by the chair of that department.

4.5.2.2. Funding may not be restricted to a clinical division, a specific program or an individual physician. The CME Committee will oversee Industry sponsorship exceeding established thresholds (see below) to ensure that potential conflicts of interest are appropriately managed.

4.5.3. Any such educational programs must be open on equal terms to all interested practitioners and may not be limited to attendees selected by the company sponsor(s).

4.5.3.1. Industry funding for such programming should be used to improve the quality of the education provided and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level.

4.5.3.2. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on- or off-campus).

4.5.4. Product symposia by MSM exclusively for the education of MSM personnel, MMA patients or the broader community are permissible. Industry products directly related to an MSM educational event may be displayed and discussed as part of the educational event. Industry funding to support these activities is acceptable provided it is processed consistent with this section.

4.5.5. Industry product fairs are prohibited. Industry representatives are never permitted to display or market any products on any MSM premises, unless they are directly related to an MSM-sponsored education event, as noted above.

4.5.6. MSM facilities (clinical or non-clinical) may not be rented by or used for Industry funded and/or directed programs, unless there is a CME/GME agreement for Industry support that complies with the policies of the CME Committee. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.

4.5.7. The Office of Compliance and Internal Audit will review and oversee Industry sponsorship to assess potential conflicts of interest and to propose approaches for management of such potential or actual conflicts of interest. The Office of Compliance and Internal Audit and the Office of General Counsel will review any Industry contribution exceeding $10,000 in support of CME/GME (fellowship or other support) or general research support in any one fiscal year.

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

4.6.1. MSM medical staff, faculty, staff, residents, interns, students, and trainees may participate in or attend Industry-sponsored meetings, or other off-campus meetings where Industry support is provided, so long as:

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

4.6.1.2. The financial support of Industry is prominently disclosed;

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

4.6.1.4. Attendees do not receive gifts or other compensation for attendance;

4.6.1.5. Meals provided are modest (i.e., the value of which is comparable to the Standard Meal Allowance as specified by the United States Internal Revenue Service) and consistent with the educational or scientific purpose of the event.

4.6.2. MSM shall not market the event and MSM faculty shall not instruct or encourage participation in or attendance at the event. In addition, if an MSM representative is participating as a speaker:

4.6.2.1. All lecture content is determined by the MSM speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not MSM and

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

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

4.7.1. MSM may accept Industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:

4.7.1.1. Industry support for scholarships and fellowships must comply with all MSM requirements for such funds, including the execution of an approved budget and written gift agreement through the Office of Institutional Advancement, and be maintained in an appropriate restricted account, managed at the school or department as determined by the president, the dean, or his or her designee.

4.7.1.2. Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the school in which the student or trainee is enrolled or, in the case of graduate medical education, the Associate Dean for Graduate Medical Education.

4.7.1.3. Written documentation of the selection process will be maintained.

4.7.1.4. Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the dean or department (as specified in the funding agreement) for the relevant school.

4.7.1.5. Industry may not earmark contributions to fund specific recipients or to support specific expenses.

4.7.1.6. Departments or divisions may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents, students, or other trainees to attend conferences or training that have legitimate educational merit. Attendees must be selected by the department based upon merit and/or financial need, with documentation of the selection process provided with the request.

4.7.1.7. Approval of particular requests shall be at the discretion of the dean.

4.8. Frequent Speaker Arrangements (Speakers Bureaus) and Ghostwriting

4.8.1. While one of the most common ways for MSM to disseminate new knowledge is through lectures, “speakers bureaus” sponsored by Industry may serve as little more than an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration should be given to determine whether the event meets the criteria set forth in Section 4.6 of this policy, relating to Industry Sponsored Meetings.

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

4.8.2.1. The events do not meet the criteria of Section 6; or

4.8.2.2. If the content of the lectures given is provided by Industry or is subject to any form of prior approval by either representatives of Industry or event planners contracted by Industry; or

4.8.2.3. The content of the presentation is not based on the best available scientific evidence; or

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

4.8.3. Under no circumstances may MSM personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, MSM personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

4.8.4. Speaking relationships with company or company event planners are subject to review and approval of the participant's administrator, department chair, or dean as delineated in Section 4.2, Consulting Relationships.

4.9. Other Industry Support for Research

4.9.1. MSM, through the Office for Sponsored Research Administration, has established policies and contract forms to permit Industry support of research in a manner consistent with the nonprofit mission of MSM.

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

V. REPORTING AND ENFORCEMENT:

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

5.2. Alleged violations of this policy within MSM shall be investigated by the Office of Compliance and Internal Audit. Suspected violations of this policy shall be referred to the individual's dean and department chair, or administrative management, who shall determine what actions, if any, shall be taken.

5.3. Violations of this policy by MSM employees may result in the following actions (singly or in any combination), depending on the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:

- Counseling of the individual involved;
- Written reprimand, entered into the violator's employment or faculty record;
- Banning the violator from any further outside engagements for a period of time;
- Requiring that the violator return any monies received from the improper outside relationship;
- Requiring the violator to complete additional training on conflict of interest;
- Removing the violator from supervision of trainees or students;
- Revoking the violator's MMA hospital privileges;
- Fines;
- Termination for cause.

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

5.5. Industry representatives who violate this policy may be subject to penalties outlined in MSM Procurement Guidelines, or other applicable MSM policies, as well as other actions or sanctions imposed at the discretion of the President of MSM. Such penalties are described in the following guideline. Violation of any of the above procedures by representatives shall result in disciplinary action which may include, but shall not be limited to, the following actions:

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

5.5.2. Second violation: Suspension of representative and all other company sales/marketing representatives from MSM for six (6) months.

5.5.3. Third violation: Suspension of representative and all other sales and marketing representatives of the company from MSM for one (1) year or more. A review of multi-source products obtained from the company will be conducted.

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

Return to Table of Contents

	MOREHOUSE SCHOOL OF MEDICINE HUMAN RESOURCES POLICY AND PROCEDURE	POLICY NUMBER	6.03
		EFFECTIVE DATE	3-26-2014
		PAGE(S)	04
	SUBJECT WORKERS' COMPENSATION POLICY	SUPERSEDES	01/15/2013

Workers' Compensation Policy

I. PURPOSE:

The purpose of this policy is to provide employees, residents, and supervisors information concerning employee benefits and instructions for treatment of work-related illnesses, injuries, accidents, and exposures, and for the completion of the required forms.

GME Note: Contact the Human Resources Office for current versions of forms and healthcare providers listed in this policy.

II. APPLICABILITY:

All regular full-time and part-time employees and residents are eligible for workers' compensation benefits. Temporary workers and student employees are also eligible to receive workers' compensation benefits. Independent Contractors are not eligible to receive workers' compensation benefits.

III. GUIDELINES:

3.1. Employee Responsibilities

3.1.1. The employee should immediately provide as much information as possible about his or her injury or illness to the employee's supervisor or departmental designee. This person will assess the situation, assist with arranging proper medical care, and begin the injury reporting process.

3.1.2. If the employee requires medical treatment, he or she must follow the procedures outlined below and go to one of the healthcare providers as set forth on the Panel of Healthcare Providers.

3.1.3. The employee must complete the Employee's Incident Report Form. After the form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building, Room H-132.

3.2. Supervisor Responsibilities

3.2.1. The supervisor must immediately assess the incident and then assist the employee in seeking appropriate medical care or necessary treatment for any work-related injury. If an injury is a potential life-threatening emergency, the supervisor should call 911.

3.2.2. The supervisor must complete the Supervisor's Incident Report Form. After the form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building, Room H-132.

3.2.3. The supervisor must immediately contact the Department of Human Resources if the employee is a temporary employee from a temporary agency. Human Resources will contact the agency to inform the appropriate person of the incident.

3.3. Human Resources Responsibilities

3.3.1. Human Resources will discuss the facts with the employee and the supervisor and determine compensability or non-compensability of each incident.

3.3.2. Human Resources will coordinate efforts for returning an injured employee to work.

IV. PROCEDURES:

4.1. First Steps If an Injury Occurs

The employee's health and safety should be a primary concern at all times. When an incident occurs, these general guidelines should be followed in the event of an incident that causes or almost causes a work injury.

4.1.1. Emergencies: Call 911 whenever appropriate and necessary. If the injury requires immediate medical attention, the employee will go to the nearest emergency room, utilizing an ambulance service when needed. Public Safety should be notified if emergency personnel have been contacted (fire, ambulance, etc.).

4.1.2. Non-Emergencies: An Employee's Incident Report Form should be completed immediately and sent to the Human Resources Disability and Leave Services Manager. A Supervisor's Incident Report Form should also be completed with the assistance of the employee and sent to the Human Resources Disability and Leave Services Manager. Once the Human Resources Disability and Leave Services Manager has determined that the injured employee needs to see a medical provider, the employee must use one of the physicians on our Panel of Healthcare Providers for treatment.

4.1.3. **Note**: All injuries, whether covered by Workers' Compensation or not must be reported to the employee's supervisor. The guidelines in this document are in addition to any local campus-related injuries, illnesses, and incident reporting. Any person who knowingly makes false claims or statements, or conceals facts in order to receive workers' compensation benefits, may be subject to penalties.

4.2. Reporting the Injury

4.2.1. STEP 1: The employee must notify his or her supervisor (within 24 hours) of the injury. The employee must also report incidents that are minor in nature and incidents that could have caused an injury. This will assist the school in possibly avoiding any further incidents in the future.

4.2.2. STEP 2: With the employee's assistance, the employee's supervisor must complete the Supervisor's Incident Report Form. After this form is completed, it must be submitted to the Human Resources Disability and Leave Services Manager. If needed, the Human Resources Disability and Leave Services Manager will assist the employee or supervisor in completing the form.

4.2.3. STEP 3: The employee must seek prompt medical attention from our Panel of Healthcare Providers. If the incident is an emergency, the employee must seek immediate medical attention from any doctor (or emergency room). When the emergency is over, the employee must get follow-up treatment from a physician on our Panel of Healthcare Providers.

4.2.4. STEP 4: If the injury requires accommodations or modified duty for returning to work, the employee should notify the Human Resources Disability and Leave Services Manager and the employee's supervisor. When follow-up appointments are necessary, the employee should inform his or her supervisor.

4.2.5. STEP 5: The employee must always inform the Human Resources Disability and Leave Services Manager and his or her supervisor when released to return to work full-time with no restrictions.

4.2.6. The Human Resources Disability and Leave Services Manager will notify the School's workers' compensation insurance carrier by completing a report through their reporting system. After this has been completed, a workers' compensation claim number will be generated and forwarded to the employee and the designated healthcare provider. This number will be used to identify the incident and for processing any medical expenses incurred.

4.3. The Claim Process

4.3.1. After the claim has been submitted through our reporting system, the claims representative will investigate the injury and the circumstances surrounding it to determine if the claim is compensable. If it is determined that a claim is not compensable, the claims representative will deny the claim and the employee has the right to challenge this denial.

4.3.2. If the employee is unable to work due to the injury, the claims representative will monitor the situation and work with the Human Resources Disability and Leave Services Manager with regard to the employee returning to work.

4.3.3. **IMPORTANT**: For questions about payment of bills, reimbursements, lost wage benefits, or other financial matters related to workers' compensation, the employee or any treating physician, hospital, pharmacy, or other medical provider should contact the workers' compensation insurance carrier at:

PMA Insurance Group
P.O. Box 5231
Janesville, WI 53547-5231

4.4. The Weekly Benefit

4.4.1. If an employee is absent from work less than seven (7) calendar days, then he or she will be required to use any accrued sick/vacation time for those days.

4.4.2. Employees who lose at least seven (7) calendar days from work as a result of a work-related injury are entitled to a weekly loss-of-earnings benefit, equivalent to 66-⅔ of the employee's weekly wages up to the maximum as determined by the Georgia Workers' Compensation Act. Employees may elect to use their accrued sick and vacation time in lieu of workers' compensation pay by completing the Election of Salary Form. An employee may not supplement workers' compensation pay with his or her accrued leave.

4.4.3. If the injury causes the employee to miss at least seven (7) calendar days of work, a Georgia Workers' Compensation Wage Statement will be completed by the Human Resources Disability and Leave Services Manager and sent to:

PMA Insurance Group,
1100 Abernathy Road NE,
Bldg. 500 Suite 650,
Atlanta, GA 30328.

V. LEAVE WITHOUT PAY:

5.1. The Family and Medical Leave Act (FMLA) or a medical leave of absence is available to employees who have missed work as a result of a work-related injury. While on this type of leave, the employee will not be eligible to accrue paid leave benefits (e.g., sick, vacation leave.)

5.2. Human Resources will consult with the employee's department manager in order to process a Personnel Action Form (PAF) to change the employee's status to Leave Without Pay (LWOP) while the employee is out due to a work-related injury. When the employee is cleared to return to work, the employee is entitled to the same status and rate of pay, including any salary adjustments.

5.3. **Note**: If an employee is eligible for FMLA and his or her absence is because of a work-related injury, this time away from work will count against the Employee's FMLA leave entitlement, provided the employee's condition constitutes a Serious Health Condition as defined by the FMLA. For additional information, refer to MSM's FMLA policy (HR 7.05).

Return to Table of Contents