

GRADUATE MEDICAL EDUCATION

DIVISION

POLICIES AND PROCEDURES



Feb. 2018

Presented by: The Florida State University College of Medicine



FSU College of Medicine Graduate Medical Education (GME)

Institutional Sponsorship Policies and Guidelines

Rev. Feb. 2018

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Section I: FSU College of Medicine and GME

1.1 ABOUT US: FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE AND GRADUATE MEDICAL EDUCATION

MISSION / VISION:

Founded in 2000 and located in Tallahassee, Florida, the Florida State University College of Medicine educates and develops exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.

The FSU College of Medicine leads the nation in preparing compassionate physicians to deliver the highest quality 21st Century patient-centered medicine to communities of greatest need.

INTRODUCTION TO GRADUATE MEDICAL EDUCATION (GME):

Graduate Medical Education prepares physicians for practice in a medical specialty. GME focuses on the development of professional skills and clinical competencies as well as on the attainment of detailed factual knowledge in a specialty. The GME process is intended to prepare the physician for the independent practice of medicine and to assist in the development of a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

The single most important responsibility of any GME program is to provide an organized educational program with guidance and supervision of the resident/fellow that facilitates professional and personal growth while ensuring safe and appropriate patient care. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge and skill.

The education of residents/fellows relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. The quality of the GME experience is directly related to the quality of patient care. Within any program, the quality of patient care must be given the highest priority. A program must not rely on residents solely to meet service needs. Residents must also gain experience and skills in maintaining patient safety and improving the quality of the care provided in the health system.

Upon satisfactory completion of a residency, the resident is prepared to undertake independent practice within the chosen specialty. Residents in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) typically complete the educational requirements for certification as specified by the appropriate specialty board recognized by the America Board of Medical Specialties (ABMS).

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Date Reviewed by FSU GMEC: 2.22.18

1.2 Statement of Commitment to Graduate Medical Education

EDUCATING THE NEXT GENERATION OF PHYSICIANS

The Florida State University (FSU) College of Medicine is committed to Graduate Medical Education (GME) as central to its mission to maintain a scholarly environment that is dedicated to excellence in education, patient care and research. The College of Medicine seeks to educate the next generation of physicians and will ensure the financial support of the infrastructure to do so. We will provide educational and human resources in order to achieve compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common and Individual Program Requirements. We are committed to having an organized administration system, including a Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO), which complies with the ACGME Institutional Requirements. We further commit ourselves to ongoing monitoring of the quality of the GME programs, the performance of their residents, and the use of outcome assessment results for program improvement.

The FSU College of Medicine provides an environment of organized GME programs in which residents develop personal, ethical, clinical and professional competence under careful guidance and supervision. The GME program is designed to enable residents and fellows to develop the knowledge, skills and values that can serve as the basis for competent and compassionate clinical practice, scholarly research and public service. The GME programs are organized around a framework of competency based education and assessment, using the ACGME core competencies. Program directors and faculty will monitor the progress of resident physicians providing graduated responsibility consistent with each trainee's demonstrated clinical experience and performance based upon program specific milestones. Programs will assure the safe and appropriate care of patients. Faculty will commit to ongoing professional development in their own medical specialties, as well as in their teaching and evaluation skills.

Residents and fellows are encouraged to develop a process for self-evaluation and critical reflection to sustain a lifetime of responsible and committed practice of medicine. The educational program prepares residents to continue their own education and to teach their patients, colleagues and medical trainees throughout their careers. We are committed to ensuring that our graduates understand the scientific foundation of medicine, apply that knowledge to clinical practice, and extend that knowledge through scholarly activities. In addition, we provide the experience necessary for residents to become life-long learners who consistently evaluate, monitor, and improve their own practice patterns and enhance the quality of care and improve patient safety in the institutions in which they serve. The FSU College of Medicine encourages its trainees, faculty, and graduates to participate in providing care to the underserved and rural communities and to improve access to care, while decreasing disparities in health care delivery.

This statement is supported by the governing authority, the Florida State University Board of Trustees, the Dean of the College of Medicine, GME Administration, Program Administration, and the teaching faculty.

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Date Reviewed by FSU GMEC: 2.22.18

1.3 DIRECTION: GME ADMINISTRATIVE ORGANIZATION

The GME Office of the FSU College of Medicine is responsible for administering the activities that are common to all of its residency/fellowship programs.

GME Office Administration:

Designated Institutional Official (DIO)

Joan Younger Meek, MD, MS, RD, FAAP, FABM, IBCLC

Assistant Director / Program Manager

Connie Donohoe, MPH, C-TAGME

Program Associate

Jessee Graham

The FSU COM ensures that the Designated Institutional Official (DIO) has sufficient financial support and protected time to effectively carry out his or her educational, administrative, and leadership responsibilities the DIO engages in.

Activities of the GME Office include, but are not limited to, oversight of:

- Program director and coordinator
- Structure of educational oversight of the ACGME Institutional Requirements
- Graduate Medical Education Committee
- *Institutional Policies and Procedures*
- ACGME resident and faculty surveys
- Special Internal Reviews
- Clinical Learning Environment Reviews
- Evaluation
- The Next Accreditation System
- Compliance / risk management & liability insurance coverage
- Annual Institutional Review
- Review of resident/fellow contracts and program housestaff manuals
- Human resource initiatives to include all residency related appointments with the FSU COM
- Processes for annual evaluations, promotion, AORs, and accurate completion of FACET reporting
- Program(s) budget development
- Institutional curriculum using live and online modules
- Tracking of ACGME citations and responses
- Resident/fellow forums
- Public relations/communications, e.g., social media, printed publications for recruitment, photography including *On Camera Release* forms
- FSU COM all-resident/fellow orientation
- Annual resident/fellow stipend review
- Affiliation Agreements / Program Letters of Agreement
- Resident/fellow diplomas and certificates
- Post-graduation, e.g., alumni database, proof of malpractice (tail) coverage, proof of completion of program

The *Graduate Medical Education Policies and Procedures* reflects the minimum guidelines acceptable to the FSU COM. Programs must meet these minimum guidelines, but are free to adopt more rigorous policies as they see fit or as necessary to meet the requirements of their particular RRCs or specialty boards. In some cases, program specific policies are mandated to augment these policies. Should material conflict between this Manual and those adopted by a program arise, the institutional document will take precedence. Similarly, should conflict arise between the institutional or program documents and the requirements of the particular RRC and/or specialty board, the RRC and/or board requirements shall take precedence.

GME Program Administration:

Currently, the following are under the institutional sponsorship of the FSU COM:

Clinical Institution/ Program	Program Director	Program Coordinator
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Dermatology Associates of Tallahassee			
Micrographic Surgery and Dermatologic Oncology Fellowship	Armand B. Cognetta, Jr., MD	Faith Stoutamire, B.S.	
Dermatology Residency	George Cohen, MD	Faith Stoutamire, B.S.	
Lee Health			
Family Medicine Residency	Gary A. Goforth, MD	Katelyn Caldwell	
Global Health Fellowship	Gary A. Goforth, MD	Katelyn Caldwell	
Sarasota Memorial Health System			
Emergency Medicine Residency	Kelly O'Keefe, MD	Jean Dunn	
Internal Medicine Residency	Wilhelmine Wiese-Rometsch, MD	Katie Axiotis, M.Ed.	
Tallahassee Memorial HealthCare			
Internal Medicine Residency	Gregory K. Todd, MD	Inez Hudlow	
General Surgery Residency	Wade G. Douglas, MD	Kathleen Mattis, B.S.	
Winter Haven Hospital (Bay Care)			
Family Medicine Residency	TBD	TBD	

The FSU COM, in collaboration with each accredited ACGME and non-ACGME program, ensures that the program director(s) has sufficient financial support and protected time to effectively carry out his/her educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-specific Program Requirements.

The program(s) must receive adequate support for core faculty members to ensure both effective supervision and quality resident/fellow education; the program director(s) and core faculty members must engage in professional development applicable to their responsibilities as educational leaders, the program coordinator(s) must have sufficient support and time to effectively carry out his/her responsibilities, as well as the resources,

including space, technology, and supplies, to provide effective support for each of its ACGME-accredited programs.

Every resident/fellow expects his or her training program to be of high quality. Similarly, each program expects its residents/fellows to pursue their educational goals and to carry out their patient care responsibilities with a high degree of professionalism.

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1.4 POLICY: GRADUATE MEDICAL EDUCATION COMMITTEE

PURPOSE:

In accordance with the ACGME, the Graduate Medical Education Committee (GMEC) is an organized administrative system that oversees all residency and fellowship programs sponsored by the FSU COM. The GMEC functions as an important mechanism through which the program directors, residents, fellows, administrators and other interested parties, in concert with the Designated Institutional Official (DIO), meet to advise on and monitor all aspects of the programs. The Associate Dean for GME serves as the DIO and chairs the committee.

POLICY:

The GMEC has oversight over all aspects of GME. It serves as a forum for and serves to facilitate informed discussions on critical external and institutional administrative and educational aspects, including such issues as financing, physician workforce planning, educational quality measures, institutional and program accreditation, and curriculum. The DIO and GMEC are responsible for assuring compliance with ACGME requirements.

In addition to the DIO, membership includes program residents/fellows nominated by their peers, program directors, quality and patient safety officer(s) and administrators. Committee may also include other members of the faculty or other members as determined. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow, and the subcommittee actions that address required GMEC responsibilities are reviewed and approved by the GMEC. The FSU COM GMEC meets quarterly and written minutes are maintained and distributed. The GMEC reports to the FSU Board of Trustees annually and to the FSU COM Executive Committee periodically.

Responsibilities include, but are not limited to oversight of:

- The ACCME accreditation status of the Sponsoring Institution and each of its ACGME accredited and non-ACGME programs
- The quality of the GME learning and working environment within the sponsoring institution, each of its ACGME-accredited and non-ACGME programs, and its participating sites
- The quality of educational experiences in each ACGME-accredited and non-ACGME program that leads to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements
- The ACGME-accredited programs' annual evaluation and improvement activities
- All processes related to reductions and closures of individual ACGME-accredited and non-accredited programs major participating sites, and the Sponsoring Institution

Review and approval of:

- Institutional GME policies and procedures
- Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends
- Applications for ACGME accreditation and non-ACGME new programs
- Requests for permanent changes in resident/fellow complement
- Major changes in each of its ACGME-accredited and non-ACGME programs' structure or duration of education
- Additions and deletions each of its ACGME-accredited programs' participation sites
- Appointment of new program directors
- Progress reports requested by a Review Committee
- Responses to Clinical Learning Environment Review (CLER) Reports
- Requests for exceptions to duty hour requirements
- Voluntary withdrawal of ACGME and non-ACGME program accreditation
- Requests for appeal of adverse action by a Review Committee
- Appeal presentations to an ACGME Appeals Panel

Demonstrate effective oversight of the Sponsoring Institutions accreditation through an Annual Institutional Review (AIR):

- Identify institutional performance indicators for the AIR to include –
 - Results of the most recent institutional self-study visit
 - Results of ACGME surveys of residents/fellows and core faculty members
 - Notification of each of its ACGME-accredited programs' accreditation statuses and self-study visits
- Monitor procedures for action plans resulting from the review
- Submit annual executive summary of the AIR to the governing body

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:

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

Clinical Experience & Education

A summary report of each program's clinical experience and educational hours is provided to the GMEC prior to each meeting and is reviewed during the meeting. Written policies and procedures are in place regarding these hours to ensure compliance with the institutional, common and specialty/subspecialty-specific program requirements. The GMEC would consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME policies and procedures for duty hour exceptions.

Program Reports

Each program provides a resident/fellow and program director report to the committee. In addition to the resident/fellow report(s), prior to the quarterly GMEC meeting a teleconference with the DIO, GME Program Manager, and resident/fellow representatives is held to provide an additional forum for the trainees to share about their program(s).

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1.5 POLICY: OUTSIDE AGREEMENTS

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine (FSU COM) governing body for graduate medical education, institutes and maintains Affiliation Agreements for each of the institutions participating in graduate medical education in order to provide direction and outline responsibilities between the parties.

POLICY:

In addition to Affiliation Agreements maintained by the FSU COM, rotations required by ACGME or the GME training program that cannot be provided by the program, must be completed at external sites and require Program Letters of Agreement (PLA). PLAs provide details on faculty, supervision, evaluation, educational content, length of assignment, and policy and procedures for each required assignment that occurs outside of an accredited program's sponsoring institution. These documents are intended to protect the program's residents/fellows by ensuring an appropriate educational experience under adequate supervision.

The GME Office must originally review and approve PLAs prior to the DIO and/or program director signing the initial PLAs, and thereafter at the time the PLAs are renewed which is at least every 5 years. All required external rotations regardless of the length of the rotation, or regardless of the number of residents, require a PLA if the external site is not under the governance of the FSU COM residency/fellowship program and its facilities.

PLAs are intended to be brief, informal documents (approximately one-to-two pages in length) that as simply as possible:

- a) identify the faculty members who will assume both educational and supervisory responsibilities for residents/fellows;
- b) specify these faculty members' responsibilities for the teaching, supervision, and formal evaluation of residents/fellows;
- c) specify the duration and content of the educational experience; and,
- d) state the policies and procedures that will govern resident/fellow education during the assignment.

Note: When possible, the name(s) of the resident participating in the outside rotation should be listed.

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1.6 POLICY: SOCIAL MEDIA

PURPOSE:

To establish an institutional policy regarding social and business networking for all Graduate Medical Education (GME) training programs within the institution.

DEFINITION:

Social media is defined as forms of electronic communication through which users create online communities to share information, ideas, personal messages and other content. Some examples of social media are blogs,

Facebook, Instagram, Snapchat, Twitter, etc. When utilizing social media it is important for residents/fellows to remember basic principles and policies of professionalism that hold true in online forums.

POLICY:

Business Use - Only employees authorized by their departments may use social networking websites to conduct FSU College of Medicine GME residency business.

Personal Views – Individuals or groups within the residency community are not permitted to present personal opinions in ways that imply endorsement by or reflect negatively upon the University and/or its clinical partner.

Posting About Others – Respect for the privacy rights of colleagues and other health care workers is important in a work environment; if you are in doubt about whether to post something ask for their permission, preferably in writing. Demeaning comments to third parties about co-workers is unprofessional behavior.

Posting About Institutions – The University and clinical partner(s) need to maintain public trust. Consult with the appropriate resources such as the communications office or media relations for advice in reference to posting material that might identify the institution. Always confirm correct use of and verify that you are authorized to use any institutional logos, which includes posting of hospital badges.

Proprietary Information – Residents/Fellows will not share confidential information about the residency program and/or its affiliates, and will never disclose Protected Health Information without official, signed consent from the patient or research subject in keeping with Health Insurance Portability and Accountability Act (HIPAA) regulations. Even a casual reference of being a patient's physician is a HIPAA violation.

Copyright Laws – Respect copyright and/or trademark laws as posting content, photos or other images implies that the individual owns or has the right to use those items.

Guidelines –

- Maintain professionalism.

It is good practice to keep personal online presence separate from professional. Residents/Fellows will exercise good judgment and take personal and professional responsibility for online behavior.

- Prepare content.

Be accurate and remember your audience. Provide context to ensure your audience understands the purpose of your site and your posting. Be thoughtful and respectful regarding how others may be affected by your actions. Obtain consent from your professional colleagues before posting any images or information that reflect them in a professional or personal post.

- Use best practices.

Be the first to respond to your mistakes and correct them quickly. Use your best judgment remembering social media can be public, and anything published to social media sites can have consequences. When in doubt, ask your program director, supervisor or a colleague for input – ask more than one person. You may also seek advice from the GME Office.

- Ensure security as possible.

A compromised account is an open door for malicious entities to post inappropriate material as though it were from the resident/fellow. If you have permission to administer a GME Residency Program's social media account, use a different password than used for personal accounts. Immediately notify the GME program if a residency site has been compromised.

1.7 POLICY: SOFTWARE - NEW INNOVATIONS RESIDENCY MANAGEMENT SUITE

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine (FSU COM) governing body for graduate medical education, is to provide guidance to residency/fellowship programs in the usage and administration of program software.

POLICY:

New Innovations (NI) is a highly configurable software suite that assists residency/fellowship personnel with the task of managing their training program(s). It is the required software application for all FSU COM GME programs both ACGME accredited and non-accredited. The GME Office provides institutional level maintenance including, but not limited to, data and access, and initiating new program portals.

Both the program and institution can grant access to individuals based on appropriate position or level, however GME makes a final determination if a question or dispute arises regarding privileges for an individual.

Privileges are assigned to all users in their NI personnel file to control what modules and the level of access in the module the user has been granted. There are six levels of access to the software with one (1) being the lowest access and six (6) being the highest. Each level grants the user specific access to the modules that will primarily be used, e.g., the resident level of privileges includes Duty Hours (Clinical Experience and Education) while the faculty level does not.

Access levels are (pre-set) as follows:

- Level 6 – Institutional Administrator
- Level 5* – Department Coordinator (*may include Program Director and/or Associate Program Director*)
- Level 4 – Administrative Assistant/Program Director/Associate Program Director
- Level 3 – Faculty/Attending
- Level 2 – Residents/Fellows
- Level 1 – General Staff

*primary authorization and access over all of the program or department specific data (such as personnel, schedules, academic years, evaluations, etc.)

NI contains distinct (separate) platforms including personnel/program and finance. A program's financial department may need entry to the financial area(s) of NI in order to access the IRIS section for Medicare, cost reporting, etc. The institutional administrator is tasked with setting up the financial section(s) in NI and providing the residency clinical accounting personnel access as necessary to perform needed tasks.

NI offers complimentary live webinars and modules, in addition to modules that may be purchased at a nominal cost via yearly subscription. Program coordinators are encouraged to view NI online trainings and should contact the institutional administrator regarding purchase as applicable.

Varying components of the NI software are required for programmatic use, e.g., evaluations, duty hours (clinical experience and education), conferences and attendance, scholarly activity, and resident/fellow portfolio.

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Date Reviewed by FSU GMEC: 2.22.18

1.8 POLICY: POSTER PRESENTATION

PURPOSE:

To establish an institutional policy regarding poster presentation for all Graduate Medical Education (GME) training programs within the institution.

POLICY:

When representing the FSU College of Medicine, as well as the hospital/clinical partner, it is important for residents/fellows to remember basic principles and policies of professionalism also hold true in printed publications.

Guidelines –

- Ensure correct, approved, usage of logos
- It is recommended residents/fellows utilize the complimentary poster templates available on the FSU COM website. There are several to choose from. Complimentary printing is also available. <https://intranet.med.fsu.edu/sites/general/posters/SitePages/Home.aspx>
- Proofread well to ensure all text is correct and large enough to be read easily up close
- Give proper credit to all authoring parties
- Show references accurately

Proprietary Information – Residents/Fellows will never disclose Protected Health Information without official, signed consent from the patient or research subject, and/or Institutional Review Board approval, in keeping with Health Insurance Portability and Accountability Act (HIPAA) regulations.

Copyright Laws – Respect copyright and/or trademark laws when including content, photos or other images.

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Section II: Eligibility / Appointment / Transfer / Promotion

2.1 POLICY: RESIDENT/FELLOW ELIGIBILITY AND SELECTION

PURPOSE:

The purpose of this policy is to establish an institutional procedure regarding the selection and appointment of

residents/fellows to complete ACGME accredited residency or fellowship training. Only residents/fellows eligible by ACGME requirements will be recruited and appointed to Florida State University (FSU) College of Medicine Graduate Medical Education (GME) programs.

POLICY:

The FSU College of Medicine GME programs share common criteria and processes for the recruitment and selection of candidates for training in residency or fellowship programs. All eligible FSU GME programs participate in the National Resident Matching Program (NRMP) or equivalent programs, where available, and must abide by all rules and regulations of the NRMP. The application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Act, insuring that all qualified applicants are afforded a review without discrimination based on sex, race, age, religion, color, national origin, disability or veteran status.

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited FSU College of Medicine GME program:

- Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
- Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,
- Graduation from a medical school outside the United States or Canada, and meeting one of the following qualifications:
 - a. Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
 - b. Holds a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in his/her current ACGME specialty/subspecialty program; or,
 - c. Has graduated from a medical school outside the United States and has completed a Fifth Pathway program** provided by an LCME-accredited medical school.

Fellowship applicants must meet one of the qualified pathways for eligibility as noted above, but in addition, must have successfully completed an ACGME accredited residency program. Exceptions to this may be non-accredited fellowship programs or research fellows.

Applicants who do not meet the above criteria may not be considered for any FSU College of Medicine GME programs. The program director is responsible for verification of the applicants' credentials and eligibility. In addition, each program establishes candidate review and interview procedures.

** A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

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2.2 POLICY: PRE-EMPLOYMENT SCREENING

PURPOSE:

As sponsoring institution, the Florida State University College of Medicine Graduate Medical Education Program establishes this policy that each resident/fellow must comply with the medical screening and health prevention requirements for appointment as a resident/fellow physician at the affiliated clinical institution. These requirements may vary based upon the clinical institution and may include pre-employment drug testing. The residency/fellowship program and the clinical institution will provide this information during the pre-employment process. Residents/Fellows who fail to comply with these procedures may forfeit their eligibility to participate in the training program. The purpose is to maintain the health and safety of the residents and their patients.

Note: A level 2 Criminal History Background Check is required by FSU for all resident/fellow appointments. The University accepts clearance through testing done at the affiliated clinical institution(s).

POLICY:

Screening of the resident for infectious diseases, prophylaxis/treatment for exposure to communicable disease (including influenza), and needed immunizations will be provided by the clinical institution. The resident/fellow will have documentation of immunity to measles, mumps, and rubella (MMR), hepatitis B, polio; diphtheria, tetanus, and pertussis (DTP or DTaP series and Tdap as indicated); and varicella (chicken pox). The resident/fellow will be required to have annual tuberculosis screening and annual vaccination for influenza. The resident/fellow is expected to become familiar with and comply with all infection control policies and procedures of the institutions where the resident is assigned. Due to possible risks of acquiring infectious diseases, such as HIV (Human Immunodeficiency Virus), HBV (Hepatitis B Virus), and HCV (Hepatitis C Virus), during graduate medical education, residents/fellows should be informed of universal precautions, exposure procedures, and treatment available at each of the clinical institutions during orientation and as an ongoing component of their training. Residents/Fellows should also become familiar with provisions and limitations of their personal health insurance plan.

Florida State University College of Medicine conforms to the Florida Medical Practice Act (F.S. 458), which requires all licensed practitioners to report to the appropriate authority any reasonable suspicion that a practitioner is impaired to practice. The legislation provides for therapeutic intervention through the Professionals Recovery Network (PRN). This organization works closely with the State Board of Medicine and is recognized as the primary method of dealing with physician impairment in the state. Faculty, staff, peers, family or other individuals who suspect that a member of the program is suffering from a physical, psychological or substance abuse problem that interferes with patient care are obliged to report such problems. Reporting can be directly to the PRN or to the Program Director. All referrals are confidential. If the PRN feels intervention is necessary, they handle the situation and provide for treatment and follow-up. Residents/Fellows can only return to clinical duties with the approval of the PRN. The PRN maintains contact with the Program Directors about residents in the program of recovery. (Refer to 4.2 Support for Resident Physicians with Impairment Policy for additional information).

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Date Approved by FSU GMEC: 2.22.18

2.3 POLICY: RESIDENT/FELLOW CONTRACT

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine (FSU COM) governing body for graduate medical education, is to ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.

POLICY:

The Sponsoring Institution monitors each of its programs with regard to implementation of terms and conditions of appointment. Sample contracts should be made available to all individuals who visit the program through recruitment efforts during the program visit. Official contracts should then be issued to incoming residents/fellows within 30 days of offer/acceptance to the program.

The contract/agreement of appointment must directly contain or provide reference to the following items:

- resident/fellow responsibilities;
- duration of appointment;
- financial support for residents/fellows;
- conditions for reappointment and promotion to a subsequent PGY level;
- grievance and due process;
- professional liability insurance, including a summary of pertinent information regarding coverage;
- hospital and health insurance benefits for residents/fellows and their eligible dependents;
- disability insurance for residents/fellows;
- vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws;
- timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion;
- information related to eligibility for specialty board examinations; and,
- institutional policies and procedures regarding resident/fellow clinical experience and expectations and moonlighting.

Note: The required listing of information above is not all inclusive as each program may have documentation pertinent to that specific entity.

Returning resident contracts should be distributed no later than mid-April, and any resident not receiving a return contract at that time should be notified in early April.

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2.4 POLICY: RESTRICTIVE COVENANTS

PURPOSE:

The Accreditation Council for Graduate Medical Education (ACGME) requires that neither the sponsoring institution nor any of its ACGME-accredited programs will require a resident or fellow to sign a non-competition guarantee or restrictive covenant.

DEFINITION:

A non-compete clause, or restrictive covenant not to compete, is a term used in contract law under which one party (usually an employee) agrees not to enter into or start a similar profession or trade in competition against another party (usually the employer).

POLICY:

In accordance with ACGME requirements, residents and fellows may not be asked to sign a non-compete clause or a restrictive covenant prior to or while enrolled in an FSU College of Medicine ACGME-Accredited Graduate Medical Education Program, or as a condition of employment to engage in its graduate medical education programs.

Any resident or fellow who is asked to sign a document that contains language which could be construed as non-compete or restrictive covenant language should notify the Designated Institutional Official, the GME Office, or the GMEC.

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Date Approved by FSU GMEC: 2.22.18

2.5 POLICY: SALARY AND BENEFITS

PURPOSE:

The Accreditation Council for Graduate Medical Education Institutional Requirements requires that each sponsoring institution, in collaboration with each of its ACGME-accredited programs and its participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited programs.

POLICY:

It is the policy of the FSU College of Medicine Graduate Medical Education (GME) Programs that the GMEC will annually review and approve resident and fellow stipends based upon post-graduate year level of training, in collaboration with the affiliated institutions.

Resident contracts will be approved by the GMEC Office and each program director to ensure that each contract addresses all required ACGME residency benefits, to include resident/fellow responsibilities; duration of appointment; financial support for residents/fellows; conditions for reappointment and promotion to a subsequent PGY level; grievance and due process; professional liability insurance including a summary of pertinent information regarding coverage; hospital and health insurance benefits for residents/fellows and their eligible dependents; disability insurance for residents/fellows; vacation, parental, sick, and other leaves for residents/fellows, compliant with applicable laws; timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion; information related to eligibility for specialty board examinations; and, institutional policies and procedures regarding resident/fellow duty hours and moonlighting. The specific benefit package will vary based upon the employment of the resident/fellow and the affiliated institution, including basic life insurance.

In addition, individual programs may adopt supplementary program specific benefits. These benefits will be at the discretion of the program director and will be reviewed annually during the joint budget review process

between the FSU College of Medicine Graduate Medical Education Office, the Florida Medical Practice Plan, and the affiliated clinical institutions administrative and finance officers.

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2.6 POLICY: LEAVE

PURPOSE:

The Accreditation Council for Graduate Medical Education requires that each sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. This policy must ensure that each ACGME-accredited program provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

POLICY:

Because the Florida State University College of Medicine Graduate Medical Education (GME) Programs occur in different clinical institutions, the specific number of days of vacation and sick leave are covered in the program specific leave policies and outlined in resident/fellow contracts. All leave is subject to the approval of the program director and consistent with the guidelines of the appropriate specialty boards. Resident/Fellow annual leave is designated for each academic year (July–June). Unused annual leave/vacation cannot be carried over from one year to the next and is non-transferrable and non-reimbursable. Vacation and sick leave must be reported to and approved by the program director. The number of days of sick leave allowed per illness will be determined by the program director. Unused sick leave cannot be carried over from one year to the next and is non-transferable and non-reimbursable. All residents/fellows should refer to the program specific policies which outline the procedure and timelines for taking leave, the mechanism for notification, and the precise number of days allowed.

The total time allowed away from a graduate medical education program in any given year or for the duration of the graduate medical education program will be determined by the requirements of the applicable specialty board and will be tracked by each residency program. Residents are encouraged to refer to the specialty board for specific details.

If leave time is taken beyond what is allowed by the program or the applicable specialty board, the resident/fellow will be required to extend his/her period of activity in the graduate medical training program accordingly in order to fulfill the appropriate specialty board requirements for the particular discipline.

Florida State University GME programs comply with all applicable federal and state regulations. Residents/Fellows will be eligible for the provisions of the *Family and Medical Leave Act (FMLA) of 1993, when applicable. Residents/Fellows are eligible for FMLA as long as they have worked at least twelve (12) months (these need not have been consecutive) and worked at least 1250 hours in the twelve (12) months prior to the leave. Residents/Fellows will be granted unpaid FMLA up to a total of twelve (12) work weeks/480 hours during the twelve (12) month calendar year period. Proper medical certification may be required to grant FMLA for one or more of the following reasons:

- For the birth and care of a newborn child (FMLA) of the employee or for placement with the employee of a child for adoption or foster care;
- To care for an immediate family member (FMLA) with a serious health condition; or

- To take medical leave when the employee is unable to work because of a serious health condition.

All leave policies will be reviewed with residents/fellows during their orientation period. Program directors and coordinators, as well as human resources personnel, can provide additional clarification regarding the program specific and institutional policies that govern the site at which the resident is employed.

** Residents/fellows in their first year of employment with their current program should be afforded the same leave time.*

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2.7 POLICY: RESIDENT TRANSFERS

PURPOSE:

Recruitment of residents transferring from one residency training program to another or filling unmatched positions with individuals who did not register with the match and/or non-first-year positions requires careful review of prior training and eligibility to transfer.

DEFINITIONS:

Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident, the program director of the receiving program must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term 'transfer resident' and the responsibility 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.

POLICY:

Program director and staff must carefully review all documentation of medical educational training, with particular attention to the credentials of International Medical Graduates (IMGs). It is important that programs obtain and review original or certified copies of documentation, and it is suggested that they obtain additional information from the appropriate state and federal government agencies as appropriate, e.g. Florida Board of Medicine, DEA, State Federation of Medical Specialties, National Practitioner Data Bank, etc.

PROCEDURES:

- 1) The program must obtain certified transcripts of medical school education.
- 2) The program must ascertain the validity of the medical school diploma. This means an original letter from the source (Dean's Office). A copy of the diploma alone should not be used to verify the doctorate of medicine or osteopathy degree. The program may also want to verify the diploma with certified transcripts. (If the documents are not in English, notarized translations must accompany the certified copies).

3) For an IMG there must be:

- (a) A valid and current Educational Commission for Foreign Medical Graduates standard certificate (verified certificate); and/or,
- (b) Verification of licensure (and in good standing) if licensed in any state.

4) The program should be careful in verification of prior graduate medical education training. General letters of recommendation are not an acceptable substitute for primary source information. Contact (both written and verbal) must be made with all training director(s) from the former training programs(s). This should also include verification (written and/or verbal) from the appropriate institutional authorities of any clinical training obtained in United States hospitals; including the name of the medical school granting the educational credits, the disciplines in which training was obtained and an evaluation of the student's performance.

5) Verification (written and/or verbal) of any practice affiliations, such as, clinical partners, hospitals, etc., should occur. Questions should include: Was the M.D. or D.O. in good standing? Have there been any disciplinary actions or privilege limitations taken against him/her?

6) Verify all time-lines with the source documentation. Assure that there are no empty periods of time in the applicant's history.

7) A formal letter of transfer **must** be obtained from the previous program director which verifies previous educational experiences and documents of the resident's skills in each of the six competencies and appropriate milestone determination.

8) Program directors must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion and for graduates of the program.

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2.8 POLICY: PROMOTION OF RESIDENTS

PURPOSE:

The Accreditation Council for Graduate Medical Education Institutional Requirements requires that each sponsoring institution establish a policy on the promotion and/or renewal of a resident or fellow's appointment. Each program must develop criteria by which residents will advance in the program. All programs must utilize ACGME milestones progress as part of promotion criteria.

POLICY:

It is the policy of the Florida State University College of Medicine Graduate Medical Education (GME) that each GME program must develop criteria by which to determine when residents or fellows are eligible for promotion to the next level of training. GME is based upon a foundation of graduated level of responsibility. As the resident gains knowledge, judgement and skill it is anticipated that the resident will progress toward being able to be an independent practitioner. Residents will only be advanced to the next higher level of responsibility upon successful completion of the program's goals and objectives in the six core competencies as defined by the milestones and evaluated by faculty and program directors.

These goals must be distributed to all trainees. Residents must be informed of the expectations for advancement or completion of training. Residents should be given timely feedback on performance; they should also be notified of deficiencies in performance. Each program must distribute these criteria for advancement and be sure that the residents are informed of these expectations. Programs must periodically review the appropriateness of these competency based criteria.

Resident performance will be evaluated by the program's faculty, clinical competency committee, and program director, in accordance with the program's policies. Residents will demonstrate appropriate progression on specialty specific milestones.

Before advancement from the PGY-1 year to the PGY-2 year of training, all residents must have successfully passed USMLE or COMLEX Step 3. Documentation of successful passage of Step 3 must be provided to the residency program office. Failure to do so will result in the resident not receiving a contract for the PGY-2 year.

Contracts will be offered for a period of twelve months. This time interval may be extended by the program director due to remediation, probation or leave of absence. It is expected that contracts will be renewed to allow residents to complete the number of years specified for training in the specialty, if the resident continues to perform satisfactorily, in accordance with program expectations.

If the program determines that a resident does not meet expectations to be promoted to the next level of training, then the program director must notify the resident in writing of his/her deficiencies and the reason for not being promoted, preferably at least four months prior to the start of the next academic training year. However, if the primary reason(s) for the non-renewal occurs within four months prior to the end of the agreement, residents will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. In addition, if a resident's contract is not renewed, the resident should also be notified in writing of the reasons for nonrenewal, preferably at least four months prior to the start of the next academic training year. Non-renewal of a resident contract or dismissal of a resident will be in accordance with the policy on due process.

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Section III: Equal Opportunity / Harassment / Corrective Actions

3.1 POLICY: ACCOMMODATION OF RESIDENTS/FELLOWS WITH DISABILITIES

PURPOSE:

The purpose of this policy is to outline the process whereby a resident/fellow in a graduate medical education (GME) program sponsored by the FSU College of Medicine may request accommodation for disability.

DEFINITION:

The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a

record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.

POLICY:

The Florida State University (FSU) embraces the value of increasing knowledge and awareness through diversity, which includes administration of the ADA program. This program ensures that faculty, staff, residents, fellows, students and visitors with disabilities are included in the mainstream of program life. As a public entity, FSU is required by Title II of the ADA to make all of its activities, programs and services equally available to persons with disabilities. Our goal is to ensure a quality, educational and work environment in conjunction with our affiliated clinical institutions.

The program director and DIO will review the request for accommodation. If it is determined that additional medical information is needed, the resident/fellow will be provided with any forms/questionnaires necessary for his/her health care provider to complete. The Residency Coordinator will assist in the evaluation of the information to determine eligibility within the guidelines of ADA.

The program director and DIO will then coordinate with the necessary institutional staff and the resident/fellow to determine whether the requested accommodation will be effective, reasonable, and enable the resident/fellow to perform the essential functions of the position and achieve the essential educational goals and program objectives, or make a good faith effort to negotiate another accommodation. The Residency Coordinator will follow-up on resident's/fellow's status/progress on an annual basis, or earlier as need arises.

A request for accommodation may be made at any time during residency/fellowship training. In order for the resident/fellow to receive maximum benefit from his/her residency/fellowship training time, requests for accommodation should be made as early in the training process as possible.

All medically-related information will be kept confidential and maintained separately from other resident/fellow records in compliance with HIPAA. However, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested. Form ADA-99 and attached documentation submitted to the Residency Coordinator will be maintained in a confidential manner in accordance with applicable federal and state mandated retention schedules.

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3.2 POLICY: EQUAL OPPORTUNITY | NON-DISCRIMINATION – PROHIBITED HARASSMENT

PURPOSE:

Florida State University (FSU) is an equal opportunity employer and educational provider committed to a policy of non-discrimination for any member of the University's community on the basis of race, creed, color, sex, religion, national origin, age, disability, genetic information, veterans' status, marital status, sexual orientation, gender identity, gender expression, or any other legally protected group status. This policy applies to faculty, fellows,

residents, staff, students, visitors, applicants, and contractors in a manner consistent with applicable laws, regulations, ordinances, orders, and University policies, procedures, and processes.

POLICY:

FSU expressly prohibits unlawful discrimination, harassment, or retaliation, whether in assumption, attitudes, acts, or policies. Conduct that intimidates by threat, brings about adversity, or creates a hostile environment, is contrary to the University's commitment of maintaining a harmonious, high performance work and educational environment. The FSU Graduate Medical Education Office and its hospital/clinical affiliates affirm they will not tolerate discrimination against any faculty, fellow, resident, student or staff.

Retaliation against an individual, who in good faith brings a discrimination or harassment complaint, participates in the investigation of a complaint, or engages in some other protected activity, is expressly prohibited and will be regarded as a separate and distinct cause for discipline under these procedures:

SPECIFIC AUTHORITY

The Americans with Disabilities Act of 1990
The Americans with Disabilities Act Amendments Act of 2008
The Rehabilitation Act of 1973, Section 503-504
The Federal Civil Rights Act of 1964, Titles VI-VII
The Federal Civil Rights Act of 1991
The Education Amendments of 1972, Title IX
The Equal Pay Act of 1963
The Pregnancy Discrimination Act of 1978
The Age Discrimination in Employment Act of 1967
The Vietnam Era Veterans' Readjustment Assistance Act
The Uniformed Services Employment and Reemployment Rights Act
The Genetic Information Nondiscrimination Act of 2008
Executive Order 11246
Florida Statute Chapter 760.10, Florida Civil Rights Act of 1992
Florida Statute Chapters 119.071, 295.07, and 1012.91
FSU Regulation FSU-4.013

DEFINITION OF PROHIBITED HARASSMENT:

Prohibited Harassment is a form of discrimination consisting of verbal or physical behavior which is:

- Unwelcome – Conduct is unwelcome if it is initiated by force, threat or without the full, informed consent of all parties.
- Based on a protected class (i.e., race/ethnicity, color, religion, disability, sex, sexual orientation, age, national origin, or veteran status, genetic information).
- Severe or pervasive enough to create a hostile environment or negatively impact academic or job performance:
 - Behavior must either be severe or pervasive to constitute prohibited behavior. Unless the conduct is quite severe (e.g., form of assault) a single incident of offensive behavior is generally not considered prohibited harassment. However, it may constitute inappropriate, unprofessional behavior and result in disciplinary action.
 - The more severe the behavior, the fewer instances need occur for it to become prohibited harassment. At the same time, the frequency of less severe offensive behavior could also result in prohibited harassment. A number of relatively minor incidents (e.g., repeatedly telling unwelcome jokes) could rise to the level of harassment if the frequency of the incidents create a hostile learning or working environment.

OBJECTIVE:

The objective of this policy is to establish complaint procedures for faculty, fellows, residents, staff, students, visitors, applicants, and contractors who believe a harassing or discriminatory act has occurred. Upon submission of a complaint to the appropriate investigating authority, an impartial review will be conducted.

A. Scope and Coverage

The scope of this policy applies to all employment, business transactions, and academic practices involving the University and its Graduate Medical Education Fellowship and Residency programs.

B. Administration

The Office of Equal Opportunity and Compliance (EOC) is the internal authority within the University whose responsibility is to investigate applicant and employee formal complaints of discrimination. EOC also investigates any alleged retaliation against those who engage in or utilize the University's non-discrimination policies and procedures. EOC has full investigative authority. Complaints which are covered exclusively under the provisions of a valid collective bargaining agreement remain subject to those provisions.

Important Note: *Human Resources at the clinical facility and/or University; the Designated Institutional Official (DIO) or Program Director; or, an employee's immediate or next immediate supervisor may also be notified. It is suggested individuals attempt to resolve any concern(s) within the program initially, if possible.*

C. Sanctions

Any person who has been determined to have violated this policy shall be subject to disciplinary action. The specific penalties imposed upon violators will be commensurate with applicable laws and/or in accordance with University rules, regulations, policies and procedures.

D. Falsification

It is a violation of this policy for anyone to knowingly make false accusations of discrimination, harassment, or retaliation. Any person who knowingly or intentionally files a false complaint or intentionally misrepresents or omits facts under this policy shall be subject to disciplinary action. Failure to prove a claim is not equivalent to a false allegation.

PROCEDURES:

The following procedures described in this document apply to all faculty, fellows, residents, staff, visitors, contractors, and applicants alleging violations of federal and state civil rights laws, and the Florida State University Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy. These complaint procedures are internal to the University and have been adopted to demonstrate the University's commitment to an environment free from discrimination and retaliation.

A. Responsibilities

Any applicant, faculty member, fellow, resident or staff who has witnessed what is perceived to be a violation of this policy should promptly report that conduct to EOC, who will then proceed as appropriate. Any supervisor who has witnessed, becomes aware of, or receives a complaint of discrimination and/or retaliation involving a person within that supervisor's purview will be required to take prompt corrective action and promptly report the matter to EOC. Failure of the supervisor to take appropriate corrective action or to report the incident shall be in violation of this policy and shall constitute misconduct subject to disciplinary action. All parties are expected to fully cooperate in an investigation.

Complaints should be submitted to the EOC as soon as possible after the alleged discrimination or retaliation has occurred. EOC will conduct a prompt and thorough investigation. As a general rule, complaints asserted within 120 days of the alleged discriminatory or retaliatory act will be investigated by EOC. EOC will make reasonable efforts to investigate complaints brought forth that are more than 120 days old. All investigations will be completed thoroughly and as expeditiously as possible.

B. Filing a Complaint

To initiate a formal complaint, the aggrieved applicant, individual, employee, or visitor, should submit a completed *Discrimination and/or Retaliation Complaint Form* to EOC or schedule an appointment with a EOC representative. EOC will conduct an impartial review of complaints alleging discrimination, harassment, or retaliation. Due process will be provided for individuals against whom a formal complaint of discrimination or retaliation has been made. EOC will ensure prompt and corrective measures to remedy unlawful discrimination or retaliation at FSU.

1. A private interview will be conducted by EOC with the Complainant to capture the alleged discriminatory or retaliatory conduct and the nature of the remedy desired.
2. EOC, in consultation with the General Counsel's Office, will make a threshold determination as to whether, presuming the facts underlying the allegation(s) to be true and accurate, the substance of the allegation(s) constitutes a violation of University policy. This preliminary determination will be made within five (5) work days from the date of the initial intake, and may include a determination of whether a formal investigation is required and/or whether appropriate intervening measures are necessary in order to comply with the requirements of federal and state law.
3. EOC may refer the Complainant to any other appropriate investigating authority for assistance if the allegations are not sufficient to warrant a discrimination and/or retaliation investigation. If the initial facts are sufficient to warrant an investigation, the matter will remain in EOC for further review and inquiry and all parties, Complainant and Respondent, will be given notice.
4. The investigation may include, but is not limited to interviewing witnesses, collecting documentation, and seeking any additional information as necessary. EOC investigators shall have unrestricted access to all pertinent materials, records, reports and documents within the possession or control of the University, and shall be afforded the opportunity to interview all persons possessing relevant information. Investigation of complaints of discrimination and/or retaliation generally will be completed within sixty (60) work days from the date of the initial intake unless the parties agree to informally resolve their concerns.
5. Informal resolutions of the complaint may be recommended by EOC. After obtaining consent from the parties involved, EOC will arrange for information to be shared between the parties regarding applicable issues and appropriate remedies. Failure to reach an amicable resolution will result in the continuation of the investigation.
6. At the conclusion of the investigation, EOC will prepare a written summation of its findings and will render its determination as to whether the Complainant was subjected to unlawful adverse treatment in violation of the University's Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy.
7. A final written determination will be sent to the Complainant and Respondent, and the appropriate Vice President, Dean, DIO, Director and/or Department Head.
8. If corrective action or disciplinary action is required as a result of a finding against the Respondent, applicable procedures under the Florida State University's Rules & Regulations will be followed.

C. Confidentiality

All complaints and other records in the custody of any unit of local government which relate to a complaint of discrimination relating to race, creed, color, sex, religion, national origin, age, disability, veterans' or marital status, sexual orientation, gender identity, gender expression, or any other protected group status are exempt from Florida Statute s. 119.07(1) and s. 24(a), Art. I of the State Constitution until a finding is made relating to a probable cause, the investigation of the complaint becomes inactive, or the complaint or other records is made part of the official record of any hearing or court proceeding.

All parties involved in an investigation or hearing, including witnesses, shall keep information concerning the

investigation confidential. Violations of the confidentiality of other persons involved in a formal complaint, if identified and confirmed, may result in disciplinary or corrective action

Investigation and actions steps may be modified in conjunction with the policies and procedures of the affiliated clinical institutions of the FSU College of Medicine Graduate Medical Education Programs as appropriate.

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3.3 POLICY: HARASSMENT – SEXUAL

PURPOSE:

The Florida State University (FSU) College of Medicine is committed to the maintenance of a supportive and productive environment. In order to ensure that such an environment exists, inappropriate professional behavior in all forms is not permissible. As an attempt to clarify and unify policy and procedures related to a severe form of inappropriate professional behavior, namely sexual harassment, the following policy and procedures have been adopted.

POLICY:

POLICY STATEMENT. Sexual harassment is a form of discrimination based on a person's gender. Sexual harassment is contrary to the sponsoring institution's values and moral standards, which recognize the dignity and worth of each person, as well as a violation of federal and state laws and University rules and policies. Sexual harassment cannot and will not be tolerated by FSU, whether by faculty, students, residents, fellows or staff; or by others while on property owned by or under the control of the University, or in programs run by FSU.

DEFINITION. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature directed at an employee, agent or student by another when:

- a. submission to such conduct is made either explicitly or implicitly a term or condition of employment, academic status, participation in sponsoring institution's programs, or affects the measure of a resident's/fellow's academic performance; or,
- b. submission to or rejection of such conduct is used as the basis for a decision affecting employment, academic status, participation in sponsoring institution's programs, or the measure of a resident's/fellow's academic performance; or,
- c. such conduct has the purpose or effect of unreasonably interfering with employment opportunities, work or academic performance or creating an intimidating, hostile, or offensive work or educational environment.

EXAMPLES OF SEXUAL HARASSMENT. Incidents may involve persons of different or the same gender. They may involve persons having equal or unequal power, authority or influence. Though romantic and sexual relationships between persons of unequal power do not necessarily constitute sexual harassment, there is an inherent conflict of interest between making sexual overtures and exercising supervisory, educational, or other institutional authority. Decisions affecting an employee's/agent's job responsibilities, promotion, pay, benefits, or other terms or conditions of employment, or a learner's grades, academic progress, evaluation, status, recommendations, references, referrals, and opportunities for further study, employment or career advancement, must be made solely on the basis of merit.

Examples of sexual harassment include, but are not limited to, the following, when they occur within the circumstances described above:

- a. use of gender-based verbal or written language, including electronic communication, offensive or degrading to a person of that gender, whether or not the content is sexual;
- b. inappropriate display of gender-based pictorial images offensive or degrading to a person of that gender, including but not limited to sexual posters, photographs, cartoons, drawings, or other displays of sexually suggestive objects;
- c. use of inappropriate gestures or body language of a sexual nature, including leering or staring at another;
- d. unwelcome requests or demands for sexual favors or unwelcome sexual advances;
- e. inappropriate, nonconsensual touching of another's body, including but not limited to kissing, pinching, groping, fondling, or blocking normal movement; or
- f. sexual battery. (Note: some acts of sexual harassment may also constitute violations of criminal law, e.g., sexual battery, indecent exposure, sexual abuse, etc.)

DISCIPLINARY AND OTHER ACTIONS. Sexual harassment is prohibited by FSU. The University will take appropriate action against any person found to be in violation of this policy. (Note: a person who has sexually harassed another or retaliated against another may also be subject to civil or criminal liability under state or federal law.)

- a. Disciplinary Actions. Any staff, agent or faculty member, fellow or resident who has sexually harassed another employee, fellow, resident or student, retaliated against such person for bringing a complaint of sexual harassment, or otherwise violated this policy shall be guilty of misconduct and subject to disciplinary action up to and including dismissal, in accordance with applicable law, rules and policies. In addition, any fellow, resident or student who has sexually harassed another fellow, resident or student, or faculty, retaliated against such person for bringing a complaint of sexual harassment, or otherwise violated this policy may be subject to disciplinary action up to and including expulsion.
- b. Other Actions. The University will take such corrective action against any non-residents/fellows or non-employees found to have violated this policy, as may be appropriate under the circumstances.

RETALIATION. Retaliation against one who in good faith brings a complaint of sexual harassment or who in good faith participates in the investigation of a sexual harassment complaint is prohibited and shall be a violation of this policy and constitute misconduct subject to disciplinary or other action as described above.

FILING OF FALSE SEXUAL HARASSMENT COMPLAINT. Knowingly filing a false sexual harassment complaint is prohibited and shall be a violation of this policy and constitute misconduct subject to disciplinary action as described above. A complaint that is investigated and deemed unsubstantiated is not necessarily a false complaint.

REPORTING REQUIRED. Any fellow, resident, student or employee who has witnessed what is perceived to be a violation of this policy should promptly report that conduct to their Program Director or the Designated Institutional Official who then will proceed as appropriate. Any supervisor who has witnessed or becomes aware of the alleged occurrence of sexual harassment by, or who receives a complaint of sexual harassment involving a person within that supervisor's purview is required to take prompt corrective action as appropriate,

and to report the matter. Failure of the supervisor to take appropriate corrective action or to report the incident shall be a violation of this policy and constitute misconduct subject to disciplinary action as described above.

COMPLAINT PROCEDURE.

- a. Filing of Complaint. Any fellow, resident, student or faculty who believes that he/she is a victim of sexual harassment in violation of this policy is encouraged to promptly notify the alleged perpetrator (the "respondent") verbally or in writing that his/her conduct is unwelcome. Such action may cause the unwelcome conduct to cease as well as help to maintain an environment free from sexual harassment. Assistance and support is available from University Human Resources or human resources at the clinical facility. Regardless of having given notice to the respondent, the fellow, resident, student, or employee (the "complainant") may initiate a complaint under this policy by promptly bringing the matter to the attention, preferably in writing by completing the complaint form, of any of the following:
 1. Human Resources at the clinical facility and/or University;
 2. The Office of Equal Opportunity and Compliance (EOC) at FSU;
 3. The DIO or Program Director; or,
 4. An employee's immediate or next immediate supervisor.

All complaints should be filed in a timely manner. Complaints filed for acts that occurred more than one year from the filing date of the complaint will generally not be investigated.

- b. Preparing a Complaint. The complainant should provide the following information to facilitate a prompt and thorough investigation:
 1. The names, addresses, telephone numbers, and position or status of the complainant and the respondent, if known;
 2. Specific acts alleged, including dates, times, and locations;
 3. Names, addresses, and phone numbers of potential witnesses;
 4. The effect the alleged acts have had on the complainant;
 5. Actions the complainant may have taken to attempt to stop the harassment;
 6. Complainant's suggestion of proposed action to address or resolve the harassment; and
 7. Other information the complainant believes is relevant.
- c. Transmitting a Complaint to Human Resources / EOC. The complaint shall immediately be forwarded. If the complaint is verbal, the person receiving the complaint shall make a written summary thereof on the complaint form and request the complainant to sign it.
- d. Reviewing a Complaint. Human resources / EOC will make an initial determination whether the alleged perpetrator is a fellow, resident, student, faculty member or employee. If the alleged perpetrator is identified, as one who is not a fellow, resident, student, faculty member or employee, then the matter will be referred to the appropriate authorities. If the alleged perpetrator is a fellow, resident, student, faculty member or employee, the complaint will be reviewed to determine whether the acts complained of, as stated by the complainant, constitute a violation of this policy, and if not, the complainant will be so informed. If the determination is made that the alleged acts may constitute a violation of this policy, the investigation will proceed as set forth below, unless the matter is satisfactorily resolved as in the following paragraph (e).
- e. Notifying the Respondent and Supervisor; Informally Resolving a Complaint; Withdrawing a Complaint. Human resources / EOC will notify the respondent and his/her appropriate supervisor of the allegations contained in the complaint. In an effort to informally resolve the complaint, human resources will elicit from the complainant, proposed actions the complainant believes are necessary to address or resolve the alleged harassment. The proposed actions will

be discussed with the respondent and with appropriate levels of management. The respective parties will also have the opportunity to propose other means of resolution. Thus, if the matter can be resolved informally, or if the complainant chooses to withdraw the complaint, the complainant will sign a statement outlining the informal resolution and releasing the institution from taking any further action. If the matter is not resolved at this stage, the complaint will be investigated as set forth in below.

INVESTIGATION. The following procedures will govern all investigations of complaints alleging violations of this policy:

- a. Human Resources / EOC will thoroughly investigate complaints alleging violations of this policy with the assistance, as needed, of the respondent's supervisor(s).
- b. The investigation should include interviewing the complainant and witnesses suggested by the complainant who may have knowledge of the alleged offending behavior. Fellows, residents, students, faculty members or employees shall fully cooperate in the investigation.
- c. The respondent will be given an opportunity to respond to the complaint verbally and in writing and may suggest additional witnesses.
- d. The investigation should also include interviewing other witnesses as are deemed appropriate under the circumstances.
- e. The investigation should include a review of any files and records of previous sexual harassment complaints against the respondent and any other documents deemed relevant.
- f. All witnesses who provide relevant information should submit a written, signed statement attesting to their knowledge of the subject circumstances.
- g. Confidentiality of the investigation will be maintained to the extent allowed by law.

A report setting forth Human Resources / EOC findings and a determination concerning violation of this policy should be completed within 120 days following the filing of the complaint, where feasible, and will be submitted to the appropriate administrative personnel of the respondent's unit or department.

SUBSEQUENT ACTION. The Human Resources / EOC department will make a determination, upon review of the report, and with consideration of any other relevant information, including aggravating or mitigating circumstances, whether disciplinary action is warranted under the circumstances. If the determination is that disciplinary action should be initiated, then, consistent with due process requirements, the respondent will be notified in accordance with applicable and institutional rules and policies, and appropriate disciplinary procedures as provided for therein will be followed. Regardless of whether formal disciplinary action is initiated, the institution may take such informal corrective action as may be appropriate under the circumstances. The complainant will be notified of the results of the investigation and subsequent disciplinary or other corrective action taken, if any, to the extent allowed by law. The respondents will be notified of the results of the investigation when no policy violation is found and no further action planned.

Investigation and actions steps may be modified in conjunction with the policies and procedures of the affiliated clinical institutions of the FSU College of Medicine Graduate Medical Education Programs as appropriate.

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Date Approved by FSU GMEC: 2.22.18

3.4 POLICY: DUE PROCESS: PROCEDURE FOR GRIEVANCE, SUSPENSION, NON-RENEWAL, OR DISMISSAL

PURPOSE:

To set forth a fair, reasonable, and readily accessible policy and procedure for residents/fellows to resolve general grievances and appeal Corrective Actions. The position of the resident/fellow represents the dual aspect of learner in graduate medical education, while actively participating in the delivery of patient care. The Florida State University College of Medicine is committed to the maintenance of a supportive educational environment in which residents/fellows are given the opportunity to learn and grow. It is expected that all trainees will demonstrate appropriate professionalism and motivation to improve performance.

POLICY:

A resident's/fellow's continuation in the training program is dependent upon satisfactory performance as a learner, including the maintenance of satisfactory professional standards in the care of patients, interactions with others on the health care team, and maintenance of medical records. The resident's academic evaluation will include assessment of ACGME milestones and core competencies, including cognitive, procedural, and behavioral components, including conduct that reflects professional standards, ethics, and collegiality. Disqualification of a resident/fellow as a learner or as a member of the health care team from patient care duties disqualifies the resident/fellow from further continuation in the program. In order to continue as a resident or trainee in an FSU College of Medicine Graduate Medical Education (GME) Program, the resident/fellow must meet eligibility criteria for appointment as a resident or fellow at the participating clinical institution.

Grievances, Suspension, Non-renewal, Dismissal or Appeal of a Resident/Fellow:

Grievances: A grievance is defined as dissatisfaction when a resident/fellow believes that any decision, act or condition affecting his/her participation in a GME program is arbitrary, illegal, unjust or creates unnecessary hardship. Such grievance may concern, but is not limited to, the following: academic progress; mistreatment by any peer, staff, or faculty member; records errors; discipline (other than suspension, non-renewal or dismissal) and discrimination because of race, creed, color, gender, religion, national origin, age, disability, veteran's or marital status, or any other protected group status.

A resident/fellow who has a complaint or grievance may discuss this with the Program Director. If, after discussion, the grievances cannot be resolved, the resident may contact the Chair of the Graduate Medical Education Committee (CGMEC), who will meet with the resident/fellow and review the grievance. The decision of the CGMEC will be communicated in writing to the resident/fellow.

Suspension: The following individuals are authorized to suspend a resident/fellow from patient care responsibilities: the Program Director, the Dean of the FSU College of Medicine, the Designated Institutional Official, or any of the following administrators at the clinical institution to which the resident is assigned: Chief of Staff, Chief Executive Officer, Chief Academic or Educational Officer, or Chief Medical Officer (or equivalent positions). The resident/fellow will be informed of the reasons for the suspension and will be given an opportunity to provide information in response.

The resident/fellow suspended from patient care may be assigned to other duties as determined appropriate and approved by the Program Director. The resident/fellow will either be reinstated (with or without the imposition of probation or other conditions) or dismissal proceedings will commence by the residency program or hospital affiliate, against the resident/fellow within thirty (30) days of the date of suspension.

Any suspension and reassignment of the resident/fellow to other duties may continue until final conclusion of the decision-making or appeal process. The resident/fellow may appeal to the Chair, Graduate Medical Education Committee (CGMEC), for resolution.

Non-renewal: In the event that the Program Director decides not to renew a resident's/fellow's appointment, the resident/fellow will be provided written notice no later than four months prior to the end of the resident's/fellow's contract, whenever possible. However, if the decision for the non-renewal occurs within four months prior to the end of the agreement, residents/fellows will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. The notice of intent will include a statement specifying the reason(s) for non-renewal.

If requested in writing by the resident/fellow, the Program Director will meet with the resident/fellow; this meeting should occur within 10 working days of the written request. The resident/fellow may present relevant information regarding the proposed non-renewal decision. The resident/fellow may be accompanied by an academic advisor from the program during any meeting held pursuant to these procedures, but the advisor may not speak on behalf of the resident/fellow. The resident is not entitled to legal counsel during the meetings. If the Program Director determines that non-renewal is appropriate, he/she will use his/her best efforts to present the decision in writing to the resident within 10 working days of the meeting; the resident/fellow will be informed of the right to appeal to the CGMEC.

Dismissal: In the event the Program Director of a training program concludes a resident/fellow should be dismissed prior to completion of the program, the Program Director will inform the CGMEC in writing of this decision and the reason(s) for the decision. The resident/fellow will be notified and provided a copy of the letter of proposed dismissal; and, upon request, will be provided previous evaluations, complaints, counseling, letters and other documents that relate to the decision to dismiss the resident/fellow.

If requested in writing by the resident/fellow, the Program Director will meet with the resident; this meeting should occur within 10 working days of the written request. The resident/fellow may present relevant information regarding the proposed dismissal. The resident/fellow may be accompanied by an academic advisor from the program during any meeting held pursuant to these procedures, but the advisor may not speak on behalf of the resident/fellow. The resident/fellow is not entitled to legal counsel during the meeting. If the Program Director determines that dismissal is appropriate, he or she will use his/her best efforts to present the decision in writing to the resident/fellow within 10 working days of the meeting.

Appeal: If the resident/fellow appeals a decision for suspension, non-renewal or dismissal, this appeal must be made in writing to the CGMEC within 10 working days from the resident's/fellow's receipt of the decision of the person suspending the resident/fellow or the Program Director. Failure to file such an appeal within 10 working days will render the decision of the person suspending the resident/fellow or the Program Director the final agency action of the Florida State University College of Medicine.

The CGMEC will appoint an ad hoc committee to conduct a review of the action, and review the documents or any other information relevant to the decision. The resident/fellow will be notified of the date of the meeting of the CGMEC with the committee; it should occur within 10 working days of the CGMEC's receipt of the appeal. The CGMEC, along with the committee, will conduct an investigation and uphold, modify or reverse the recommendation for suspension, non-renewal or dismissal. It is the prerogative of the ad hoc committee to determine whether the resident/fellow will be requested to appear before the committee. The ad hoc committee will make a recommendation to the CGMEC. The CGMEC will make a final determination and notify the resident/fellow and the Program Director in writing of the decision. If the decision is to uphold a suspension, the decision of the CGMEC is the final agency action of the University. If the decision is to uphold the non-renewal or dismissal, the resident/fellow may file within 10 working days a written appeal to the Dean of the College of Medicine. Failure to file such an appeal within 10 working days will render the decision of the CGMEC the final agency action of the University.

If an appeal is filed with the Dean, the Dean will inform the CGMEC of the appeal. The CGMEC will provide the Dean with a copy of the decision and accompanying documents and any other material submitted by the resident/fellow or considered in the appeal process. The Dean will refer the appeal to a Special Committee appointed by the Dean consisting of three College of Medicine faculty members who have not previously been involved in the appeals process for the resident/fellow. The purpose of the Special Committee is to insure that the resident's/fellow's due process rights have not been violated and that the decision of the CGMEC is consistent with the policies and procedures of Graduate Medical Education and the Program. The Special

Committee must meet and make a recommendation to the Dean within 10 working days upon receiving the charge from the Dean to consider the appeal. The Dean then makes the final decision to grant or deny the appeal based upon the recommendation of the Special Committee. The Dean will use his/her best efforts to render a decision within 5 working days of the Special Committee's recommendation, however, failure to do so is not grounds for reversal of the decision under appeal. The Dean will notify in writing the CGMEC, the Program Director and resident/fellow of the decision.

The decision of the Dean in all appeals is final unless the President of the University or the President's designee agrees to hear a further appeal. The resident/fellow must notify the Dean and submit the appeal to the President's Office within 10 working days after receiving notification of denial of appeal from the Dean of the College of Medicine.

Burden of Proof: The appealing resident/fellow has the burden to demonstrate, by clear and convincing evidence, that the Corrective Action issued by the program was arbitrary and capricious. 'Clear and convincing evidence' entails the data presented by the resident/fellow is highly and substantially more probable to be true than not. 'Arbitrary and capricious' means there was no reasonable basis for the Program's decision to take the Corrective Action.

Time Limits: Time limits set forth in this policy must be adhered to by both the resident/fellow and Florida State University College of Medicine unless extended for good cause at the discretion of the CGMEC or DIO. A resident/fellow who fails to meet the time limits for petitioning Corrective Action may be deemed to have withdrawn the appeal.

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Date Reviewed by FSU GMEC: 2.22.18

Section IV: Professional / Personal Conduct

4.1 POLICY: FATIGUE / STRESS

PURPOSE:

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the resident/fellow population, as in other professional settings. Not unexpectedly, residents/fellows may on occasion, experience some effects of inadequate sleep and/or stress. The Accreditation Council for Graduate Medical Education (ACGME) requires that all residents/fellows receive education on fatigue and management/mitigation of fatigue during training.

ILLUSTRATIONS:

Signs and symptoms of resident/fellow fatigue and/or stress may include, but are not limited to, the following:

- Disturbed Mood
 - Labile
 - Depression
 - Anxiety
- Communication Errors
 - Charting
 - Team Dysfunction
- Impaired Judgement / Focus

- Impaired Procedural Competency (difficulty with novel tasks and multi-tasking)
- Inattentiveness to Details
- Forgetfulness
- Impairment in Awareness (fall back on rote memory)
- Lack of Attention to Proper Attire or Hygiene

POLICY:

All residency programs will include resident/fellow education on fatigue and its management to assure patient and trainee safety. The demonstration of resident/fellow excess fatigue and/or stress may occur in patient care settings or in non-patient care settings, such as, lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident/fellow, mandate implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the resident's/fellow's appearance and perceived condition. The following is intended as a general guideline for recognizing or observing excessive resident/fellow fatigue and/or stress.

Patient Care Settings

Supervising Clinician:

1. In the interest of patient and resident/fellow safety, the recognition that a resident/fellow is demonstrating evidence of excess fatigue and/or stress requires the supervising clinician or supervising resident/fellow to consider immediate release of the resident/fellow from any further patient care responsibilities.
2. The clinician or supervising resident should privately discuss his/her opinion with the resident/fellow, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The clinician must attempt, in all circumstances without exception, to notify the chief/supervising resident on-call, or program director respectively, depending on the ability to contact one of these individuals, of the decision to release the resident/fellow from further patient care responsibilities at that time.
4. If excess fatigue is the issue, the clinician must advise the resident/fellow to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident/fellow should first go to the on-call room for a sleep interval no less than 30 minutes. The resident/fellow may also be advised to consider calling someone to provide transportation home. Each program and affiliated institution will provide a mechanism for safe transportation of the resident/fellow home.
5. The clinician should notify the on-call hospital administrator for further documentation of advice given to the resident/fellow removed from duty.
6. If stress is the issue, the clinician, upon privately counseling the resident/fellow, may opt to take immediate action to alleviate the stress. If, in the opinion of the clinician, the resident/fellow stress has the potential to negatively affect patient safety, the clinician must immediately release the resident/fellow from further patient care responsibilities/activity; notification of program administrative personnel shall include the chief/supervising resident on-call, and/or program director, respectively, depending on the ability to contact one of these individuals.
7. A resident/fellow who has been released from further immediate patient care because of excess fatigue and/or stress, cannot appeal the decision to the responding clinician.
8. A resident/fellow who has been released from patient care may not resume patient care duties without permission of the program director or his or her designee.

Residents/Fellows:

1. Residents/Fellows who perceive they are manifesting excess fatigue and/or stress have the professional

responsibility to immediately notify the supervising clinician, chief resident, and program director without fear of reprisal.

2. Residents/Fellows recognizing fatigue and/or stress in fellow residents/fellows should report their observations and concerns immediately to the supervising clinician, chief resident, and/or program director.

Program Director:

1. Following removal of a resident/fellow from duty, in consultation with the chief resident, the program director should determine the need for an immediate adjustment in duty assignments for remaining residents/fellows in the program.

2. Subsequently, the program director will review the resident's/fellow's call schedules, reported duty hours, extent of patient care responsibilities, any known personal problems, and contributing stressors.

3. The program director will notify the supervising physician of the rotation in question to discuss methods to reduce resident/fellow fatigue.

4. In matters of resident/fellow stress, the program director will meet with the resident/fellow personally, as soon as can be arranged. If counseling by the program director is judged to be insufficient, the program director will refer the resident/fellow for additional counseling in conjunction with the Graduate Medical Education Office.

5. If the problem is recurrent or not resolved in a timely manner, the program director has the authority to release the resident/fellow indefinitely from patient care duties pending evaluation and recommendation from the Graduate Medical Education Committee.

6. The program director will release the resident/fellow to resume patient care duties only upon the advice of counseling personnel and will be responsible for informing the resident/fellow, as well as the supervising physician, of the resident's/fellow's current rotation.

7. If it is determined the resident/fellow should undergo continued counseling, the program director will be kept informed about the progress of the counseling.

8. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines.

Non-Patient Care Settings

If residents/fellows are observed to show signs of fatigue and/or stress in non-patient care settings, the program director should follow the program director procedure outline above for the patient care setting.

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Revision Date November 2016
Date Approved by FSU GMEC: 2.22.18

4.2 POLICY: SUPPORT FOR RESIDENT/FELLOW PHYSICIANS WITH IMPAIRMENT

PURPOSE:

The purpose of this policy is:

1. To establish a process to identify and manage matters of individual resident/fellow physician

- impairment, separate from the medical staff disciplinary function.
2. To protect patients from risks associated with care given by impaired resident/fellow physicians.
 3. To establish a mechanism of reporting for any individual with a reasonable suspicion that a resident/fellow physician is impaired.
 4. To provide a process that offers support and compassion to the affected resident/fellow physician.

DEFINITION:

For the purpose of this policy and procedure, impairment is defined as a condition which is, or may be, adversely affecting patient care, including, but not limited to: alcoholism/alcohol abuse, other drug addiction, sexual misconduct and/or harassment, physical or medical conditions, psychiatric, emotional, and/or behavioral disorders.

IDENTIFICATION OF IMPAIRMENT:

Listed below are possible signs and symptoms of impairment. Isolated instances may not impair ability to perform effectively, but if noted on a continued basis or if multiple signs are observed, reporting may be indicated.

1. Physical signs such as fatigue, deterioration in personal hygiene/ appearance, multiple physical complaints, accidents and eating disorders.
2. Family stability disturbances.
3. Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior and argumentativeness.
4. Professional behavior problems such as unexplained absences, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff and inadequate professional performance.
5. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior and extreme cheerfulness.
6. Drug use indicators such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, and binge drinking.

POLICY:

1. This policy places the highest priority on protection of the patient, while promoting swift referral for evaluation, treatment and support for resident/fellow physicians.
2. The sponsoring institution and each program are responsible for monitoring residents/fellows for signs of psychological, medical or substance abuse problems that may be causing impairment, and for initiating appropriate interventions.
3. The FSU College of Medicine conforms to the Florida Medical Practice Act (F.S. 458), which provides for the Impaired Practitioners Program, which is administered through the Professionals Resource Network (PRN). PRN works closely with the State Board of Medicine and is recognized as the primary mechanism for providing assistance to impaired physicians in the state. Information on the PRN and its program can be obtained by calling 1-800-888-8776, emailing admin@flpm.org or by writing to the PRN at P. O. Box 16510, Fernandina Beach, FL 32035.
4. It is the intent of the FSU College of Medicine that all appropriate rules that govern the practice of medicine and its related polices are strictly enforced.
 - a. Each residency/fellowship program will provide education to its residents/fellows regarding substance abuse and other impairment and available assistance.
 - b. A resident/fellow physician whose behavior is consistent with substance abuse or other impairment may be required by his/her Program Director to submit to a drug screen. Drug screens will be performed by the applicable hospital/clinical partner.
 - i. Behavior indicating substance abuse may include (see also Identification of Impairment):

1. Observed impairment of job performance.
 2. Abnormal conduct or erratic behavior.
 3. A serious workplace accident or number of minor workplace accidents.
 4. Evidence of drug tampering in the employee's workplace.
 5. Arrest or conviction on an alcohol- or drug-related offense.
- c. All referrals to the PRN are confidential and are evaluated by the professionals of the PRN. Decisions about intervention, treatment and after care are determined by the PRN.
 - d. As long as the resident/fellow physician satisfactorily participates in the PRN program, no regulatory action would normally be anticipated by the Board of Medicine.
 - e. Resumption of clinical activity and residency/fellowship program training will be contingent upon the continued successful participation in the PRN and continuation of the resident/fellow in the program will be determined in consultation between the program director, DIO and the professionals at the PRN.

PROCEDURE:

1. Resident/Fellow physicians with a past or current history of drug or alcohol addiction, or mental or physical health condition that may impact patient care should report such condition to PRN.
2. Faculty, staff, peers, family members or other individuals who suspect that a member of the housestaff is suffering from a psychological, medical or substance abuse problem impacting patient care are obligated to report such problems. Individuals suspecting such impairment can discuss their concerns with the Program Director, Chief Medical Officer or Division Chief at the applicable hospital/clinical site and/or the DIO, or may report it directly to the Professionals Resource Network (PRN).
3. Residents/Fellows meeting any of the above criteria in 4b, or other reasonable criteria utilized by the Program Director, may be required by the Program Director to submit to a drug test. Refusal or failure to submit to a timely drug test is sufficient cause for termination of employment.
4. The resident/fellow will be relieved of his/her duties and will be given a specific time (generally less than two hours) that he/she is to report to the testing facility. Failure to report at the specified time, without pre-approval of the Program Director, is sufficient cause for immediate termination. In the event that the resident/fellow is obviously impaired, consulting staff members will make arrangements to provide transportation to the testing facility.
5. The Designated Institutional Official should be promptly notified. Suspicious behavior should be documented on the form appended to this policy (See Attachment). This form is to be retained in the resident's/fellow's confidential personnel file.
6. The submitted sample (blood, hair and/or urine, as appropriate) will be screened. If an initial screen returns a positive result, a confirmatory test on the same sample will be conducted. If the confirmatory test is also positive, the result will be turned over to the Program Director. All sample collections for drug tests conducted for cause will be performed under observation.
7. Test results will be granted confidentiality in accordance with all federal and state laws and residency/fellowship policy. Tests will be performed at the applicable affiliated clinical institution or the site that they designate and will be paid for by the hospital/clinical partner. Notification of any other agency or licensing board will be accomplished by the Program Director in accordance with this policy.
8. Applicants may be asked to provide information as necessary to interpret drug screen results. Such information will be considered confidential.
9. Attempts to alter or substitute a specimen will be cause for immediate termination, even if the attempt is discovered at a later date.
10. The Program Director will schedule an appointment with the resident/fellow to discuss with him/her the

results and will inform the DIO and other hospital administration as appropriate.

11. Along with the DIO and hospital administration as appropriate, the Program Director will determine the proper action necessary which will include prompt referral to PRN, and depending upon the circumstances may include immediate termination, while adhering to the ADA.
12. The Program Director will determine the resident's/fellow's ability to continue in the program and/or remain in patient care activities after evaluation of the resident/fellow and consultation with the professionals at PRN. Any resident/fellow terminated for cause will be ineligible for rehire for a minimum of six months. This period may be longer depending upon the situation.

CONFIDENTIALITY:

The identification, counseling and treatment of an impaired resident/fellow are deemed confidential, except as needed to carry out the policies of the GMEC or University and as required by law.

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Date Approved by FSU GMEC: 2.22.18

ATTACHMENT

Program Director Documentation Form			
Time of Call: _____			
Organization:		Program:	
Supervisor:		Telephone:	
Title:		Beeper/Other:	
Other Faculty:		Telephone#:	
Title:		Beeper/Other:	
Employee:			
Job Title:			
Length of Service:			
Behavior Observed	Date	Yes	No

CONSENT TO RELEASE OF DRUG TEST RESULTS

I, the undersigned resident/fellow physician at the Florida State University College of Medicine (COM) Residency/Fellowship Program(s) hereby acknowledge and agree as follows:

As a resident/fellow employee, I am bound by the Graduate Medical Education “Support for Resident/Fellow Physicians with Impairment” Policy;

This policy may require me to submit to periodic drug testing;

I hereby consent to and expressly authorize the release by Hospital of any of my drug test results to the FSU COM; and,

I hereby forever release Hospital from any and all liability, claims or causes of action which might otherwise accrue against Hospital and which arise from or are related in any way to Hospital’s release of my drug test results to the FSU COM.

IN WITNESS WHEREOF, I have executed this Consent to Release of Drug Test Results effective as of the date set forth below.

Signature

Print Physician Name

Date

4.3 POLICY: WELLNESS

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine (FSU COM) governing body for graduate medical education, promotes wellness at the resident, fellow, and faculty levels at its residency/ fellowship programs. These individuals are at increased risk for burnout and mental health concerns due to the increasing demands placed on healthcare providers and the healthcare environment. It is recognized that burnout is a risk for physicians in training and the FSU COM GMEC takes this seriously. A Wellness Subcommittee was created to assist with overall well-being and self-care prior to burnout occurring in its programs.

Psychological, emotional, and physical well-being are critical to the development and maintenance of the competent, caring, and resilient physician. Wellness health behaviors that buffer stress reactivity include, but are not limited to, physical activity/exercise, a healthy diet, mind-body activities, social support and getting restful sleep. Self-care is an important component of professionalism and high-quality patient care; it is also a skill that must be learned and nurtured in the context of other aspects of residency/fellowship training.

DEFINITION:

Wellness: Wellness can be defined as an active process of making choices in multiple dimensions of body, mind, and spirit that lead toward healthier ways of living. Wellness for physicians has not been consistently defined in the literature but currently it is thought to encompass dimensions that include: low emotional distress, career purpose, health behavior and cognitive flexibility.

POLICY:

The GMEC includes a Wellness Subcommittee consisting of the DIO, GME staff, faculty and resident and/or fellow representation with the responsibility for encouraging a culture that promotes wellness and eliminates the stigma of mental illness.

Each residency/fellowship program should strive to:

- Develop innovations geared at improving knowledge of the science of wellness, reduce stress and increase wellness health behaviors
- Promote progressive autonomy and enhance professional relationships
- Allow trainees to attend medical, dental and mental health care appointments, including those scheduled during work hours
- Teach and nurture self-care practices, an important component of professionalism and high-quality patient care
- Develop wellness programs tailored to the needs of the respective program that include both curricular and extra-curricular options
- Build and enhance a culture of well-being which may include meditation techniques and spaces
- Encourage a spirit of self-discovery and lifelong learning

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Revision Date February 2018
Date Reviewed by FSU GMEC: 2.22.18

Section V: Evaluations / Committees

5.1 POLICY: EVALUATIONS

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine (FSU COM) governing body for graduate medical education, is to ensure that residents/fellows evaluated consistent with ACGME program requirements and the requirements of its Residency Review Committee. Residents will be evaluated on their competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

POLICY:

The Sponsoring Institution monitors program adherence to and completion of all required evaluations including resident, faculty and program.

Related Committees:

The program director must appoint a Clinical Competency Committee (CCC). The CCC is designed to bring insight and perspectives of a group of faculty members to the trainee evaluation process. The CCC also serves as an early warning system if a trainee fails to progress in the educational program, and assists in his/her early identification and move toward improvement and remediation. At a minimum the CCC must be composed of three members of the program faculty. There must be a written description of the responsibilities of the CCC. Responsibilities include:

- review all resident evaluations semi-annually
- prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME
- advise the program director regarding resident progress, including promotion, remediation, and dismissal

The program director must appoint a Program Evaluation Committee (PEC). The PEC must be composed of at least two program faculty members and should include at least one resident (fellow if applicable) and must have a written description of the committee responsibilities which include:

- planning, developing, implementing, and evaluating educational activities of the program
- reviewing and making recommendations for revision of competency-based curriculum goals and objectives
- addressing areas of non-compliance with ACGME standards
- reviewing the program annually using evaluations of faculty, residents, and others

Resident Evaluation:

Formative - Faculty should evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. New Innovations is used for compliance of evaluation review, timeliness and are accessible to *review*. The program must:

- Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones
- Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff)
- Document progressive resident/fellow performance improvement appropriate to educational level

- Provide each resident/fellow with documented semiannual evaluation of performance with feedback

Summative - The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. The Program Director must provide a summative evaluation for each resident upon completion of the program. The evaluation must:

- Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident
- Document the resident's performance during the final period of education
- Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision

It is recommended that the CCC members sign the final summative evaluation along with the program director.

Faculty Evaluation:

The performance of the faculty must be evaluated by the program at least annually as it relates to the educational program. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

It is recommended that residents/fellows evaluate non-core faculty as well.

Program Evaluation:

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a timely written, annual program evaluation. The following areas should be tracked:

- Resident performance
- Faculty development
- Graduate performance, including performance of program graduates on certification examination
- Program quality

Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of residents' and faculty assessments of the program together with other program evaluation results to improve the program. Progress on prior year's action plan(s) should be noted.

The PEC must prepare a written plan of action to document initiatives to improve performance and how they will be monitored, and this plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

The annual program evaluation report must be submitted to the GME office annually and should include details regarding participants, process, and the action plan. Periodic updates should be provided to the GMEC at quarterly meetings.

Annually, the GME Office will include program evaluation information in preparation of the Annual Institutional Review executive summary to the Board of Trustees.

Resident Peer:

Residents should be evaluated by their peers at least annually in a confidential fashion.

Nurse Evaluation of Resident:

Each program should ensure that residents receive feedback from nurses and other ancillary health care personnel as appropriate.

Patient Evaluation of Resident:

Patients should have the opportunity to provide systematic feedback on their interaction with resident physicians in a confidential manner.

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Revision Date January 2018
Date Reviewed by FSU GMEC: 2.22.18

5.2 POLICY: SPECIAL REVIEWS

PURPOSE:

To define underperforming Accreditation Council for Graduate Medical Education (ACGME) accredited residency and fellowship programs, establish the Graduate Medical Education Committee (GMEC) Special Review process, and establish methods to oversee and resolve the issues.

DEFINITION:

I.B.6. The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. (Core)

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a). (1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a). (2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

POLICY:

The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

PROCEDURE:

The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following:

Program attrition

1. Change in program director more frequently than every two years
2. Greater than one resident/fellow per year resident attrition (withdrawal, transfer or dismissal) over a two year period

Loss of major education necessities

1. Changes in major participating sites
2. Consistent incomplete resident complement
3. Major program structural change

Recruitment performance

1. Unfilled positions over three years

Evidence of scholarly activity (excluding typical and expected departmental presentations)

1. Graduating residents – minimum of 50% scholarly activity
2. Faculty (Core) – minimum of 80% scholarly activity

Board pass rate – unacceptable by ACGME specialty standards

Case logs/Clinical experience/Milestones – unacceptable by ACGME specialty-specific standards

ACGME surveys

1. Resident survey – Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year.
2. Faculty survey – minimum of 60% completion rate

Non-compliance with responsibilities

1. Failure to submit milestones data to the ACGME and to the GMEC
2. Failure to submit data to requesting organizations or GMEC (ACGME/ABMS)

Inability to demonstrate success in the Clinical Learning Environment Reviews (CLER) focus areas

1. Patient Safety
2. Health Care Quality
3. Care Transitions
4. Supervision
5. Duty Hours, Fatigue Management and Mitigation
6. Professionalism

Inability to meet established ACGME common and program specific requirements

Notification from Residency Review Committee (RRC) requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions

SPECIAL REVIEW:

A special review will occur when:

1. A program has met three or more of the criteria established to initiate the review (focused to full review)
2. A severe and unusual deficiency in any one or more of the established criteria (focused to full review)
3. There has been a significant complaint against the program (focused to full review)

4. The program is applying for accreditation (review of the application) and again approximately one year after the ACGME has accredited the program (full review)
5. Transferred programs (full review)
6. As periodically determined by the DIO

A Special Review will be scheduled within 45 days of a program's being identified as underperforming.

The Special Review Committee will be designated and will include, at a minimum, the DIO or designee acting as Chair of the Special Review Committee, an administrative member of the GMEC, a program director or faculty member from another program, and residents or fellows who are not members of the program under review.

The members of the program to be interviewed should include, but are not limited to, the program director, other key faculty members and peer selected residents/fellows. Other individuals as determined by the Special Review Committee also could be interviewed.

The Special Review Committee will conduct the special review through examination of materials, data and other information provided by the program and through interviews with identified individuals.

The Special Review Committee will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns;
2. A description of the corrective actions to address identified concerns; and,
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

Monitoring of Outcomes

The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

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Section VI: Program and Institutional Policies

6.1 POLICY: CLINICAL EXPERIENCE AND EDUCATION

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine governing body for graduate medical education, institutes and supports limits on resident/fellow work hours, while assuming responsibility for addressing the impact of compliance with the Accreditation Council for Graduate Medical Education (ACGME) duty hour requirements.

DEFINITION:

An aim of the ACGME Clinical Learning Environment Review (CLER) is to monitor a sponsoring institution's maintenance of a learning environment that promotes and advances appropriate care transitions, supervision, fatigue mitigation, and duty hours' compliance, and the institution's support of professionalism throughout all of its residency and fellowship programs. Each program must have written policies and procedures consistent with the ACGME Institutional and Common Program Requirements for resident/fellow duty hours. The Graduate Medical Education policy is to provide residents/fellows with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and resident well-being.

POLICY:

Resident/Fellow clinical experience and education for each GME program must not be excessive and must be consistent with the Program Requirements of the relevant review committee. Individual programs or specialty review committees may impose more stringent clinical experience restrictions, in which case the program will be held to that standard; however, in no case may an individual program impose a policy less restrictive than the institutional policy, ACGME common program requirements, or specialty specific review committee requirements. On-call time and duty hours should be consistent with the educational needs of the resident/fellow and not be motivated by excessive reliance on the residents/fellows to fulfill institutional service obligations.

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.

Mandatory Time Free of Clinical Work and Education

All programs must design an effective program structure that is configured to provide residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being. Residents/Fellows should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. Residents/Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident/fellow education. Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

Clinical and Educational Work Hour Exceptions

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

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

These additional hours of care or education will be counted toward the 80-hour weekly limit.

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. 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*. Prior to submitting the request to the Review Committee, the program director must obtain approval from the FSU COM GMEC and DIO.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit. (Reference policy 6.3 Moonlighting)

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Note: 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 applicable Review Committee.

Maximum In-House On-Call Frequency

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

At-Home Call

Time spent on patient care activities by residents/fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow. Residents/Fellows 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.

Consistent with Institutional Policy, all outside activity (moonlighting) must comply with all clinical experience and education requirements noted above. Program specific policies must address all items above. All policies must be in compliance with all Institutional and Review Committee specific policies for the specialty. Programs must demonstrate valid and reliable methods to demonstrate compliance with the clinical experience and education guidelines. The GMEC will monitor compliance of programs via quarterly review of clinical experience logs. ACGME resident surveys, special program reviews, annual program evaluations, and interviews will also be reviewed as appropriate. Aggregate reports and violations will be monitored.

In addition to all noted above, the institution further requires that assigned clinical responsibilities (including offsite call) must not preclude adequate rest and reasonable personal time. In this regard, program directors should carefully monitor the frequency of extended shifts, moonlighting activity and instances of urgent or emergent patient care requiring the resident's/fellow's return to the worksite during periods of call from home.

Program directors shall ensure that training regarding the symptoms of fatigue and their effects on performance is provided to faculty and residents/fellows. Additionally, the FSU COM requires new residents/fellows to complete an online module on fatigue/sleep deprivation prior to initial orientation. Program directors shall define a schedule for monitoring resident/fellow work hours. During periods of monitoring, residents/fellows are required to document their work hours accurately and completely. Program directors shall periodically review the data with the goal of ensuring compliance with this and the program's clinical experience and education policies, adjust schedules as necessary to mitigate excessive service demands and/or fatigue, and report their findings and responses to the GME Office and/or the Graduate Medical Education Committee upon request.

Each program is required to have a written clinical experience and education policy consistent with this Institutional Policy. Policies for ACGME programs must also address any additional limits on resident/fellow work-hours, and any specialty-specific clinical experience definitions and optimal clinical workload included in the relevant ACGME (sub) specialty Program Requirements. The program's policies must be communicated to all members of the faculty, resident/fellow staff, and medical staff.

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6.2 POLICY: LEARNING / WORK ENVIRONMENT

PURPOSE:

This purpose of this policy is to establish learning and work environment standards for residents and fellows and ensure the experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. Accordingly, all hospitals/clinical sites where residents/fellows work must provide appropriate support services to minimize work extraneous to the education program.

DEFINITION:

Each program director must establish and implement formal written policies and procedures governing duty hours and work environment for residents/fellows, which comply with this institutional GME policy and the Common and Specialty-Specific Program Requirements. Programs must be committed to and responsible for promoting patient safety and resident/fellow well-being in a supportive educational environment. The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and must not be compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations.

POLICY:

The ACGME has delineated the concept of clinical experience and the learning environment into multiple overarching categories, with corresponding specifications, listed below.

Professionalism, Personal Responsibility, and Patient Safety

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. All residents/fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Residents/Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

1. Assurance of the safety and welfare of patients;
2. Provision of patient- and family-centered care;
3. Assurance of fitness for duty;
4. Management of time before, during, and after clinical assignments;
5. Recognition of impairment, including illness and fatigue, in themselves and in peers;
6. Attention to lifelong learning;
7. Monitoring personal patient care performance improvement indicators; and
8. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

Transitions of Care

1. Programs must design clinical assignments to minimize the number of transitions in patient care;
2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety; and
3. Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process.

Clinical Responsibilities

The clinical responsibilities for each resident/fellow must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services (further specified by Residency Review Committees [RRCs]).

Teamwork

Residents/Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work with residents/fellows and faculty as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty (further specified by RRCs).

Clinical Experience and Education

Programs will comply with resident/fellow clinical experiences and education guidelines and definitions as set forth in the applicable Program Requirements and Clinical Experience and Education policy.

Work Environment

- *Food Services:* Residents/Fellows on duty must have access to adequate and appropriate food services. Food is provided to residents/fellows who take in-house call.
- *Call Rooms:* Call rooms are provided for residents/fellows who take in-house call and are segregated by gender.
- *Support Services:* Adequate ancillary support for patient care shall be provided for residents/fellows at all times.
- *Medical Records:* Medical records systems that document the course of each patient's illness and care must be available at all times and adequately support quality patient care, education of residents/fellows, quality assurance and provide a resource for scholarly activity. Electronic medical records are preferred, and affiliated clinical institutions are requested to comply with implementation as soon as possible.
- *Security/safety:* Appropriate security and personal safety measures must be provided to residents/fellows at all locations while on duty and while in transit between parking areas and duty assignments.

Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident clinical experience and education environment. These policies and procedures must be distributed to the residents/fellows and faculty.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident/fellow fatigue sufficient to jeopardize patient care.
3. Each program director should review each resident's/fellow's rotational schedule to assure compliance with this institutional policy and the Common Program Requirements, and should document and monitor unusual patient care circumstances that require an extension of a duty period as specified above and in the Common Program Requirements.
4. Each program director should regularly monitor resident/fellow clinical experience and education hours for compliance with this institutional policy and the Common Program Requirements. Monitoring of clinical experience and education hours is required with frequency sufficient to ensure an appropriate balance between education and service.

5. The Graduate Medical Education Committee shall monitor compliance with this policy through the:
 - a. Annual program evaluations;
 - b. Annual GME Survey of Residents/Fellows; and
 - c. Periodic monitoring of individual programs.

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Date Approved by FSU GMEC: 2.22.18

6.3 POLICY: MOONLIGHTING

PURPOSE:

The Accreditation Council for Graduate Medical Education (ACGME) requires that the Sponsoring Institution have policies regarding professional activities outside the educational program. The Florida State University College of Medicine Graduate Medical Education (GME) Program establishes this policy regarding resident moonlighting to ensure program compliance with the (ACGME) requirements.

POLICY:

Individual residency programs are accredited by their Residency Review Committee (RRC) and must adhere to specialty review committee requirements regarding moonlighting. Although RRC's vary, the general scope is that any professional activities which are outside the established educational program must not interfere with the resident's established educational process or the quality of patient care. Residents shall not be required to engage in professional activities outside the educational program.

COMMON DEFINITIONS.

Moonlighting is defined as compensated clinical work performed by a resident during the time that he/she is a member of a residency program. This policy addresses two categories of moonlighting:

Programmatic: The clinical work occurs within the specific residency program and its participating institution(s), and is simply an extension of the same type and location of clinical work performed as a requirement of the GME program. Programmatic moonlighting includes internal work only.

Non-Programmatic: The clinical work is not an extension of the residency program and its participating institution(s), and in no circumstance is the resident to hold him/herself as an employee of the GME program while engaged in such activities. Non-programmatic moonlighting may include internal or external work.

PRIMARY RESPONSIBILITIES.

Institution and Program

It is the responsibility of the program director to decide whether or not moonlighting will be allowed. The program director must comply with the institution's policies and procedures. The conditions under which a resident may be allowed to participate in programmatic and/or non-programmatic moonlighting must meet ACGME requirements.

If a program director allows a resident to moonlight, a *Programmatic Moonlighting Approval Form* is required if the moonlighting is programmatic, and a *Non-Programmatic Moonlighting Approval Form* is required if the moonlighting is non-programmatic. The appropriate approval form is then made a part of the resident's file as required by the ACGME.

Because residency education is a full-time endeavor, the Program Director must approve and monitor all moonlighting to ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

THE RESIDENTS.

The resident must be a current resident in the program, and must be in good standing.

PGY-1 residents are not permitted to moonlight.

Residents on J-1 visas may not moonlight, as mandated by the Educational Committee for Foreign Medical Graduates.

A resident wishing to moonlight must obtain prior written approval from his/her program director. (*Ref. Institution and Program section above, para. 2*)

Because residency education is a full time endeavor, residents must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational program. Residents are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning.

A resident's failure to comply with the *Moonlighting Policy* is a breach of contract and grounds for termination.

PROGRAMMATIC MOONLIGHTING.

The Program Director must ensure, direct, and document supervision and faculty support appropriate for the level of training of residents at all times. While performing these services, residents are not to act as independent practitioners. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Residents must be provided with efficient, reliable systems for communicating with supervising faculty. Faculty are also responsible to recognize the signs of fatigue and adopt and apply practices to prevent and counteract the potential negative effects.

NONPROGRAMMATIC MOONLIGHTING.

Residents must be licensed for unsupervised medical practice in the state where such activity occurs, including DEA licensure as applicable and any other requirements for clinical privileging at the employment site. There must be an exchange of permission letters between the Program Director and appropriate staff at the institution where the moonlighting will occur if the moonlighting is done externally.

Residents are not covered under the University's professional liability insurance program as the activity is outside the scope of University employment. The resident is responsible for his/her own professional liability coverage (either independently or through the entity for which the resident is moonlighting) and must provide documentation of such.

Non-programmatic moonlighting hours must be documented (including days, hours, location, and brief description of type of service[s] provided).

WORK HOURS.

All moonlighting hours must be documented, and they must comply with the written policies regarding Clinical Experience and Education as per the training program and the ACGME. The Program Director may not approve residents for any internal moonlighting that requires residents to exceed the 80-hour per week (on average per 4-week, or as defined by specialty specific Review Committee) rule or other provisions of the clinical experience and education requirements.

MAINTAINING APPROVAL.

The Program Director will monitor resident performance in the Program to ensure that moonlighting activities are not adversely affecting patient care, learning or resident fatigue. The GME Committee will periodically review reports by the Program Director(s) regarding moonlighting activity.

If at any time the Program Director determines that a resident's moonlighting schedule is adversely impacting the resident's performance in the training program, the Program Director may withdraw the permission to moonlight.

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Date Approved by FSU GMEC: 2.22.18



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PROGRAMMATIC MOONLIGHTING APPROVAL FORM

PARTS 1 & 2 TO BE COMPLETED BY THE RESIDENT:

Rev. 2/2018

Part 1: GENERAL INFORMATION:

Name _____ Date _____

Program _____ Program Location _____ PGY _____

Part 2: I UNDERSTAND THE FOLLOWING:

- a. All moonlighting must have the full knowledge and approval of the Residency Director; and the resident must provide a monthly moonlighting schedule to the Residency Office.
- b. Only those residents in good standing will be allowed to moonlight. That is, only those residents who have average to above average evaluations, have not had issues with medical records within the last six months, and have taken and passed step 3 of the *United States Medical Licensing Examination* (USMLE).
- c. No PGY-1 resident is permitted to moonlight.
- d. No resident shall moonlight while on back-up call, post-call, nor pre-call.
- e. No resident shall moonlight while on an inpatient rotation, nor while on Float
- f. Under no circumstance is a resident allowed to moonlight while on medical leave nor after calling in for a sick day.
- g. The resident must bear in mind that all programmatic moonlighting constitutes part of the 80 hr. work week. Under no circumstance is the resident to exceed the 80 hr. total. The moonlighting resident must document to the Residency Director what their weekly hours are, including a breakdown of residency clinical experience and education hours and moonlighting duty hours.
- h. The RRC very clearly stipulates that under no circumstance is moonlighting to interfere with the resident's responsibilities to their residency. Moonlighting is a privilege, which can and will be permanently revoked if a resident is found to be derelict in their responsibilities as listed above. Continuing to moonlight after this privilege has been revoked will constitute grounds for immediate dismissal from this residency program.
- i. Under federal statutes no moonlighting is permissible for residents holding a J1 Visa.

I acknowledge that I have carefully read and fully understand the policies regarding programmatic moonlighting as stated in this Approval Form as well as the Moonlighting Policy.

Resident Signature _____

Date _____

PART 3 TO BE COMPLETED BY THE PROGRAM DIRECTOR:

Part 3: DIRECTOR'S ATTESTATIONS:

The resident is not on academic probation; the total hours in the resident's educational program and the moonlighting activities will not exceed the limits set forth by ACGME; and this opportunity does not replace any part of the clinical experiences integral to the resident's training program, and the resident will be under faculty supervision while engaging in moonlighting activities.

Program Director Signature _____

Date _____



NONPROGRAMMATIC MOONLIGHTING APPROVAL FORM

PARTS 1 & 2 TO BE COMPLETED BY THE RESIDENT:

Rev. 2/2018

Part 1: GENERAL INFORMATION:

Name _____ Date _____

Program _____ Program Location _____ PGY _____

Part 2: I UNDERSTAND THE FOLLOWING:

- a. All moonlighting must have the full knowledge and approval of the Residency Director; and the resident must provide a monthly moonlighting schedule to the Residency Office.
- b. Only those residents in good standing will be allowed to moonlight. That is, only those residents who have average to above average evaluations, have not had issues with medical records within the last six months, and have taken and passed step 3 of the *United States Medical Licensing Examination* (USMLE).
- c. No PGY-1 resident is permitted to moonlight.
- d. No resident shall moonlight while on back-up call, post-call, nor pre-call.
- e. No resident shall moonlight while on an inpatient rotation, nor while on Float
- f. Under no circumstance is a resident allowed to moonlight while on medical leave nor after calling in for a sick day.
- g. The resident must bear in mind that all nonprogrammatic moonlighting constitutes part of the 80 hr. work week. Under no circumstance is the resident to exceed the 80 hr. total. The moonlighting resident must document to the Residency Director what their weekly hours are, including a breakdown of residency clinical experience and education hours and moonlighting duty hours.
- h. The RRC very clearly stipulates that under no circumstance is moonlighting to interfere with the resident's responsibilities to their residency. Moonlighting is a privilege, which can and will be permanently revoked if a resident is found to be derelict in their responsibilities as listed above. Continuing to moonlight after this privilege has been revoked will constitute grounds for immediate dismissal from this residency program.
- i. Under federal statutes no moonlighting is permissible for residents holding a J1 Visa.

I acknowledge that I have carefully read and fully understand the policies regarding programmatic moonlighting as stated in this Approval Form as well as the Moonlighting Policy.

Resident Signature _____

Date _____

PART 3 TO BE COMPLETED BY THE PROGRAM DIRECTOR:

Part 3: DIRECTOR'S ATTESTATIONS:

The resident is not on academic probation; the total hours in the resident's educational program and the moonlighting activities will not exceed the limits set forth by ACGME; and this opportunity does not replace any part of the clinical experiences integral to the resident's training program, and the resident will be under faculty supervision while engaging in moonlighting activities.

Program Director Signature _____

Date _____

6.4 POLICY: SUPERVISION

PURPOSE:

To establish supervision standards and responsibilities for all graduate medical education programs, ensuring quality of care and patient and resident safety. Residents/Fellows will be supervised by faculty physicians in a manner that is consistent with the Accreditation Council for Graduate Medical Education common program requirements and specialty-specific conditions for programs.

DEFINITION:

Supervision will consist of three levels: Direct, Indirect, and Oversight

Direct supervision requires that the faculty member must be physically present in the hospital or clinic with the resident and the patient.

Indirect supervision with direct supervision immediately available requires the supervising faculty member to be physically within the hospital or other site of patient care and is immediately available to provide direct supervision and direction.

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

Oversight means that the supervising physician is available to provide review of procedures and/or encounters with feedback provided after care is delivered.

POLICY:

This policy establishes minimum requirements for resident supervision. Individual residency training programs are required to establish additional program specific requirements for their faculty, medical staff and residents/fellows. Program Directors are responsible for outlining policies for residency/fellowship supervision at each postgraduate year. These should be reviewed annually and made available in either written or electronic format to all residents/fellows and medical staff serving as faculty and supervising residents/fellows in each program.

The program director is ultimately responsible for supervision of the resident/fellow. Responsibility for specific supervision will be assigned to a faculty member supervising the resident on rotation. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident/fellow must be conferred by the program director and program faculty.

All patients receiving care at the affiliated hospitals are assigned to a member of the hospital's medical staff, designated as that patient's attending physician. The medical staff have ultimate responsibility for the quality of medical services provided to patients. Residents/Fellows are not full members of the hospital's organized medical staff, but are recognized as health care providers involved in patient care under the supervision of an appointed faculty member or an appropriate medical staff member as defined in the hospital's/clinical partner's medical staff bylaws. It is the responsibility of the medical staff to ensure that each resident/fellow is supervised in patient care responsibilities. Requirements for on-site supervision will be established by the program director in accordance with established ACGME requirements and monitored through residency/fellowship program review, with institutional oversight through the GMCC. Careful supervision and observation are required to determine the ability of a resident/fellow to manage patients and to perform procedures or interpret diagnostic studies.

The attending physician responsible for the care of patients with whom residents/fellows are involved will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment demonstrated by the residents/fellows being supervised. The supervising faculty member or medical staff member, within the limits of his/her clinical privileges, may extend specific patient care responsibilities to the resident/fellow commensurate with the resident's/fellow's demonstrated competence. It is the decision of the faculty, with advice from the program director, as to which activities the resident/fellow will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient.

Although they are not licensed independent practitioners, residents must be given graded and progressive levels of responsibility while assuring quality care of patients, such that residents learn to act in a supervisory and teaching capacity with less experienced residents and students. The level of supervision required by residents/fellows at various levels of training must be consistent with the requirements for progressively increasing resident/fellow responsibility during the program and its requirements of the individual Review Committees.

The faculty and program director will evaluate the residents/fellows on an ongoing basis in the provision of patient care to determine whether residents/fellows are developing progressively increased ability to critically evaluate patients and make independent decisions. This will be evaluated in the formative and summative evaluation process and communicated in the monthly faculty evaluation meetings, held with the program director, or his/her associates, faculty and chief residents. Senior residents will not be permitted to perform supervisory rotations or take supervisory night call until they have demonstrated adequate competency in patient care. In some cases, interns or second year residents will be required to complete additional clinical rotations with close clinical supervision before they are permitted to perform supervisory rotations. In developing the master schedule for the year, individual abilities and competency of each resident will be carefully evaluated. Increasing ability to demonstrate autonomy in clinical decision making and critical thinking skills will be a requirement to progress to the final year of training. The program director, supervising faculty and chief residents will monitor each resident's/fellow's performance and make a determination at the end of each academic year as to whether the resident has demonstrated the competencies required to progress to the next level of training, or at the end of training, has demonstrated the competency to practice independently without supervision.

PROCEDURES.

All resident/fellow patient care activities are supervised by credentialed providers of the medical staff who are ultimately responsible for the care. The medical staff must be credentialed in that institution for the specialty care and diagnostic/therapeutic procedures for which they are supervising residents/fellows. Each program director will define the policies in the program with regard to completion of procedures. Each program will compile a list of resident clinical activities permitted by level of training, with the required level of supervision for each activity and any requirements for performing an activity without direct supervision. The program director will review annually the resident clinical privilege delineation. At least annually, or more frequently as indicated, the program director will determine if residents can progress to the next level of training. This assessment will be documented in the annual evaluation of the residents.

Attending physicians and/or hospitalists must be available to supervise procedures directly 24 hours a day, unless the resident/fellow has been credentialed to perform a procedure independently, or a senior resident who has been credentialed to supervise a procedure, is available to provide supervision. The attending physician for the patient will ultimately decide whether a resident/fellow may perform a procedure without direct supervision. Should the urgent need arise, hospital based medical staff may provide direct supervision for the resident/fellow. In an emergency, defined as a situation in which immediate care is necessary to preserve life or prevent serious impairment of health, residents/fellows are permitted to perform everything possible to save

a patient from serious harm. The appropriate faculty member or medical staff member will be notified as soon as possible.

The program director will determine, in conjunction with the affiliated hospitals, a mechanism for notifying medical staff and ancillary personnel of the clinical privileges afforded to each resident/fellow. This can be accomplished by core privileges for each level of training.

INPATIENT SUPERVISION.

All supervision for inpatient care must be directed by a credentialed medical staff provider. Medical staff supervision of care for hospitalized patients must be documented in the inpatient record. Documentation of the degree of supervision will be by progress note or signature from the attending physician and also reflected within the resident's/fellow's progress notes. The resident/fellow must document in their admission and daily progress notes that the care plan was discussed with the attending physician, including documenting the attending's name. The attending physician should also document in their admission and progress notes that the case was discussed with the resident/fellow and document the resident's/fellow's name. Residents/Fellows are expected to write admission and daily orders and progress notes according to the protocol of the service. Residents/Fellows must also follow institutional policies regarding verbal order and physician computer order entry.

When initially admitting a new inpatient, the resident/fellow should speak with the attending assigned to that patient to discuss the findings and formulate a plan for that patient. Each patient encounter will be discussed in detail with the attending on rounds and monitored by either a senior supervisory resident or attending during all facets of the rounding experience. These discussions should occur with a frequency appropriate to the clinical acuity of the patient and must take place no less frequently than once daily. This will improve the ability of residents/fellows to develop increased autonomy and maximize the ability of the faculty to monitor the resident's/fellow's progression. Inpatient supervision will be direct at least once a day, and may be indirect with supervision either immediately available or available electronically for the remainder of the day. On all rotations, interns will be directly supervised by an attending physician or a supervisory resident/fellow.

OUTPATIENT.

On outpatient assignments, each patient encounter will be discussed with the supervisory faculty, who must be immediately available for direct supervision. Interns will have direct supervision. Senior residents who have been deemed capable of more autonomy may be indirectly supervised with direct supervision available or with oversight as they near the completion of their training and demonstrate the capacity to practice independently.

Clinical facility policies on resident supervision and credentialing may vary from this institutional policy, in which case the policy of the clinical facility will supersede this policy, as long as the appropriate level of supervision is provided.

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Revision Date November 2016
Date Approved by FSU GMEC: 2.22.18

6.5 POLICY: TRANSITION OF CARE

PURPOSE:

This policy is to state how the Graduate Medical Education Committee (GMEC), as the Florida State University College of Medicine (FSU COM) governing body for graduate medical education, institutes and supports protocol and standards in order to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes, as well as when other scheduled or unexpected circumstances occur. Transition of care is essential to patient care and safety; inclusion of skills in transition of patient care in the patient safety curriculum for residents/fellows is a requirement of the Accreditation Council of Graduate Medical Education (ACGME).

DEFINITION:

Transition of Care: Transition of care is an interactive process involving the communication of specific and essential patient information from one caregiver to another.

Transition of care occurs regularly, but not limited to, the following conditions:

- Change in provider or change of service, including change of shift for nurses, resident/fellow sign-out, and rotation changes for residents/fellows.
- Change in the level of patient care, including inpatient admission from an outpatient procedure, diagnostic area, or emergency department.
- Transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within a procedure or diagnostic area(s).
- Discharge, including release to home or another facility such as skilled nursing.

POLICY:

Each residency/fellowship program must have a specific policy applicable to transition of care that is consistent with the ACGME, in addition to this policy, and document and monitor a structured hand-off process to promote continuity of care and patient safety. The process should ensure residents/fellows do not exceed clinical experience and education guidelines as set by the ACGME.

Clinical duties should be planned to minimize the number of transitions in patient care. Resident/fellow and attending schedules should be accessible to all members of the health care team. Clear communication is essential to this process.

All residents/fellows and faculty members must know and be trained in the use of the transition of care policy. Faculty supervision of the hand-off process may be direct or indirect depending on the trainees' level of experience involved in a particular instance. All patients for whom a resident/fellow is responsible must be included in the handoff. It is preferable that standard procedures for hand-offs are used throughout the clinical institution.

The following are some key patient safety practices critical to effective transition of care:

- Current, minimum content must be conveyed.
- Hand-over discussions and documents must be Health Insurance Portability and Accountability Act compliant, and therefore, should occur in a non-public space.
- Interruptions must be limited.
- The opportunity to ask and respond to questions must be provided.

The FSU COM Graduate Medical Education Committee ensures and monitors effective structured handover processes to facilitate both continuity of care and patient safety through annual review of program specific handover policies and ACGME resident/fellow and faculty survey results.

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Revision Date January 2018
Date Reviewed by FSU GMEC: 2.22.18

Section VII: Risk Management and Disaster

7.1 POLICY: GENERAL AND PROFESSIONAL LIABILITY PROTECTION

PURPOSE:

This policy is to provide notice of the general and professional liability protection provided by the Florida State University College of Medicine Self-Insurance Program (FSUCOM SIP) for the benefit of residents, fellows and faculty, together with reporting procedures to be followed thereunder.

STATEMENT OF COVERAGE:

The FSUCOM SIP provides general and professional liability protection to the FSU Board of Trustees (FSUBOT), for the negligent acts and omissions of its agents, which include FSUCOM residents, fellow, and faculty when acting within the course and scope of their duties. As agents of the FSUBOT, residents, fellows and faculty have personal immunity in tort and the sole remedy for the negligent acts and omissions of these residents, fellows, and faculty is by an action against the FSUBOT (see §768.28(9), Florida Statutes). The FSUBOT is protected for such liabilities by the FSUCOM Self-Insurance Program up to the \$200,000/\$300,000 limits set forth in §768.28(5), Florida Statutes, and also has claims bill protection should such a bill be introduced and passed by the legislature.

POLICY:

Residents, fellows and faculty are required to give immediate notice upon becoming aware of any incident that may potentially subject themselves and/or the FSUBOT to any risk or liability. The failure to provide prompt notice of incidents is a prime contributor to physicians being named in malpractice suits that should have been resolved in advance of litigation. Timely notice of incidents enables the SIP to gather information and arrive at an early determination of the merits of the claim or possible claim. The best guideline to follow is medical common sense sustained by an ever-present awareness of the possibility of a claim. The standard practice should be when in doubt, always report and do so promptly.

REPORTING PROCEDURE:

All FSUBOT health care providers are obligated to report to FSUCOM SIP and the FSUCOM GME Office any occurrence that has or may have caused harm to patients and environmental factors that unduly expose patients to harm. All reports should be made to the FSUCOM SIP Office at 352.273.7006, and the FSU COM GME Office at 850.645.6867. Residency/fellowship programs will also have a reporting structure at that clinical site which should be followed.

Items to be reported include, but are not limited to, the following:

- Adverse Occurrences
- Sentinel Events
- Near Misses
- Medical Device Malfunctions
- Any event that has produced an actual, potential or perceived injury
- Any other unexpected outcome or event where established policy or procedure was not followed and
- Any practice, situation, premise or product defect that may produce an injury if left uncorrected

Examples of reportable occurrences include but are not limited to the following:

- Unexpected death
- Brain and/or spinal damage
- Wrong invasive procedures:
 - Wrong patient
 - Wrong site
 - Wrong procedure
 - Includes prepping
- Unintentional retained foreign bodies
- Sensory or reproductive organ impairment
- Surgical repair of injury from a surgical procedure (Unless risk of the injury was documented in the informed consent.)
- Disability or disfigurement
- Maternal or fetal injury or death
- Allegations of rape, sexual abuse or misconduct
- Delayed or misdiagnosis
- Failure to obtain informed consent

Action(s) required when observing or through involvement in an adverse occurrence include, but are not limited to the following:

- Meet the patient's needs
- Notify supervisor or attending
- Objectively document clinical facts in the medical record; do not include personal notes, references to mandatory reports or calls to FSUCOM SIP
- Call FSUCOM SIP; do not use E-mail
- Residents/Fellows notify program director

Legally, a claim for negligence or medical malpractice will include the following:

- The patient was owed a duty of care that was not met
- The prevailing standard of care was breached during the patient's care
- The breach in care was the proximate cause of injury or death
- The injury or death resulted in damages

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Revision Date February 2018
Date Reviewed by FSU GMEC: 2.22.18

7.1 POLICY: QUALITY IMPROVEMENT

PURPOSE:

The Accreditation Council for Graduate Medical Education Institutional Requirements requires that each sponsoring institution must ensure that residents/fellows have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; as well as opportunities to participate in quality improvement (QI) initiatives. The purpose of the hospital wide and/or clinical site quality improvement program is to assess and improve the quality and safety of patient care and service at hospitals/clinical sites conducting Graduate Medical Education.

POLICY:

It is the policy of the Florida State University College of Medicine that all Graduate Medical Education (GME) Programs will be active participants in the quality improvement activities of the affiliated clinical institutions at which the program is based. Institutions and residency programs participating in GME must conduct formal quality improvement programs which not only review complications and deaths, but also address systems issues where modification may lead to improved patient care and outcomes. All residents/fellows must receive instruction in and must participate in appropriate components of the institution's quality improvement program. Residents/Fellows must demonstrate the ability to investigate and evaluate their own care of patients, as well as the care provided by other healthcare workers. This should include the ability to review records and analyze care based on a careful assimilation and appraisal of scientific evidence, established standards of care, and institutional policies; recognizing systems issues that contribute to sub-optimal patient care; and, demonstrating the ability to continuously improve patient care based on constant self-evaluation and life-long learning. This will enable the trainee to incorporate attributes of life-long learning and prepare him/her to embark upon maintenance of certification activities.

Each residency or fellowship program must have a process to ensure that quality improvement and patient safety are part of the daily educational structure of the residency. Including patient safety and quality improvement in the curriculum can be accomplished in many ways including morbidity and mortality conferences, morning reports, pre-operative conferences, participation in root-cause analyses, and many other methods. Education programs and resident involvement in patient safety and quality improvement must be carefully documented.

Programs must be able to demonstrate residents/fellows in their training program can:

- a. Identify strengths, deficiencies, and limits in their own or in others' knowledge and expertise;
- b. Set learning and improvement goals for their own deficiencies they have identified and identify and perform appropriate learning activities;
- c. Systematically analyze their own practice and that of other healthcare providers using quality improvement methods, and implement changes with the goal of practice improvement;
- d. Incorporate formative evaluation feedback from QI activities into daily practice;
- e. Locate, appraise and assimilate evidence from scientific studies related to patients' health problems; and,
- f. Use information technology to optimize learning.

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Revision Date November 2016
Date Approved by FSU GMEC: 2.22.18

7.3 POLICY: INSTITUTIONAL GME DISASTER POLICY

PURPOSE:

The purpose of this policy is to outline procedures in the event of disruption by emergencies, catastrophic events, or natural disasters.

POLICY:

It is the policy of the Florida State University College of Medicine Graduate Medical Education Programs to have procedures in place to meet its service and educational obligations in the event of a disaster or interruption in patient care that includes assistance for the continuation of resident/fellow assignments.

Definition of Disaster

As defined by the World Health Organization, a disaster is an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community.

Declaration of Disaster

The Accredited Council for Graduate Medical Education (ACGME) may invoke the Extraordinary Circumstances policy in response to circumstances that significantly alter the ability of a sponsor and its programs to support resident education. The ACGME is committed to assisting in reconstituting or restructuring residents' educational experiences as quickly as possible. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

Resident/Fellow Information:

All programs will maintain a roster of all residents that includes at a minimum, the following information: *name, address, pager number, all available phone numbers (home, cell, etc.), all available e-mail addresses, and emergency contact individual(s) and their contact information.* This information will be updated at least annually before July 31, and as appropriate to maintain accuracy. The programs will maintain this roster with internal backup, as well as external backup at the Florida State University (FSU) College of Medicine.

As possible, residents/fellows may continue their roles and participate in disaster recovery efforts. Resident/Fellow reporting will continue during disaster recovery. Residents/Fellows will continue to receive their salary and benefits during the disaster event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Medical-Legal Aspects:

There are multiple mechanisms that may afford liability protection to FSU residents who are or will be working in the affected areas of disaster response in the State of Florida from incurring personal liabilities. In the capacity of assignment by Florida National Guard and/or Department of Homeland Security, residents may become temporary employees of Health and Human Services (HHS) and therefore are subject to and protected by the Federal Tort Claims Act. It is preferred, whenever possible, that notwithstanding other capacities in which residents may serve, they also perform within their FSU function when they participate in disaster recovery efforts. While acting within their FSU function, residents will maintain their personal immunity to civil actions via the state's sovereign immunity and the University's Self-Insurance Program.

Communication with ACGME:

The Designated Institutional Official will communicate with the Institutional Review Committee Executive Director with information and/or requests for information.

Similarly, the Program Directors will contact the appropriate Review Committee Executive Director with information and/or requests for information.

Residents/Fellows should communicate with the appropriate Residency Director (or Residency Review Committee if unable to reach director) with information and/or requests for information. In the ACGME Web Accreditation Data System, ACGME will provide instructions for changing resident e-mail information as needed.

Resident/Fellow Transfers / Program Reconfiguration:

If, because of a disaster, at least an adequate educational experience cannot be provided for each resident the sponsoring institution will:

- (a) Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows;
- (b) Cooperate in and facilitate permanent transfers to other programs/institutions. If more than one program/institution is available for temporary or permanent transfer of a particular resident/fellow, the transferee preferences of each resident will be considered. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will timely complete the resident year; and
- (c) Inform each transferred resident/fellow of the minimum duration of his/her temporary transfer, and continue to keep each resident/fellow informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident/fellow.

Within ten days after the declaration of a disaster, the Designated Institutional Official (DIO) will contact ACGME to discuss due dates that ACGME will establish for the programs, (a) to submit program reconfigurations to ACGME; and, (b) to inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

A form will be available on the ACGME website for institutions offering to accept temporary or permanent transfers from disaster affected institutions that must be completed. Upon request, ACGME will provide information from the form to the affected programs and residents/fellows.

ACGME will expedite the process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including the addition or deletion of a participating institution, change in the format of the educational program, and/or change in the approved resident complement.

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Date Approved by FSU GMEC: 2.22.18

Section VIII: Additional Policies

8.1 POLICY: NON-ACCREDITED RESIDENCY/FELLOWSHIP PROGRAMS

PURPOSE:

The Florida State University College of Medicine and its affiliated clinical training institutions may elect to develop training programs for which accreditation by the Accreditation Council for Graduate Medical Education

is not available. This policy will establish the procedure for the development and oversight of non-accredited programs.

POLICY:

Non-accredited residencies/fellowships will be conducted by the core program, if applicable, but subject to GMEC oversight. These programs should be a minimum of 12 months in length. Non-accredited programs should provide an educational experience of comparable quality to other graduate medical education programs, while in no way interfering with, or detracting from, the training of residents and fellows in other sponsored GME programs.

The GMEC must review and approve all new programs, any changes in training complement, changes in program length or structure, and the appointment of new program directors.

An application for a new program must include the following: clinical need for the program, impact of the program upon other training programs, the rotation schedule, the projected budget, sources of funding, the rationale for number of trainees in the program, the didactic schedule, including core curriculum goals and objectives, as well as assessment tools.

There must be a single program director appointed who has the appropriate qualifications and experience in the discipline who has ultimate authority for all aspects of the program. The program director must be approved by the GMEC. The program director will report to the core program director. If no core program director exists, the program director will report to the Institutional DIO or the Chief Academic/Medical Officer. Program directors of non-accredited programs must coordinate with other accredited program directors to coordinate and optimize resident and fellow experiences. The program director must assure that the program is adequately resourced. The program director must submit an annual evaluation and action plan to the GMEC. The program director must comply with clinical experience and training hours approved by the GMEC in designing the program.

Selection of trainees shall be the responsibility of the non-accredited program director and core program and follow institutional eligibility requirements. Residents/fellows in non-accredited programs will receive stipends and benefits corresponding to the schedule adopted by the GMEC, according to level of training. Non-accredited residents/fellows are subject to FSU College of Medicine GME policies and procedures and will follow applicable medical staff policies and program policies of the clinical training institution.

Program faculty should be selected in such a manner that there is not an adverse impact on other educational responsibilities for accredited programs. There must be a sufficient number of faculty with requisite qualifications to instruct and supervise all residents/fellows. The faculty should demonstrate a strong interest in the education of the residents/fellows and have time dedicated for teaching, supervision, and evaluation. Curriculum should be developed according to the ACGME core competencies. Requirements for scholarly activity should be outlined in the program documents.

The faculty should evaluate rotations in a timely manner. Minimum evaluations should occur quarterly. Formal feedback should be provided every 6 months. A summative evaluation should be documented at the end of the training. Continuation in the program, promotion to the next level of the program, if applicable, and successful completion of the program are subject to the FSU College of Medicine Promotion Policy and specific program requirements.

Trainees are subject to all requirements for hiring stipulated by the hiring clinical institution. In lieu of a training license, the resident/fellow may have a full and unrestricted medical license issued by the appropriate board of medicine or board of osteopathic medicine in Florida, in which case the trainee may bill independently for clinical services performed within the institution.

The FSU College of Medicine Salary and Benefits Policy will apply to trainees in non-accredited programs.

8.2 POLICY: FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE (FSU COM) PHARMACEUTICAL/VENDOR POLICY AND GUIDELINES

PURPOSE:

The purpose of this policy is to establish guidelines to ensure that patient care and medical education are not influenced by considerations other than what is in the best interests of patients and/or trainees.

STATEMENT:

It is the policy of the FSU COM that pharmaceutical/industry access to students, faculty, fellows and residents, is prohibited on FSU COM property, including regional medical school campuses. However, discussion with representatives for the purpose of obtaining unrestricted educational grants is allowed. This policy applies to all FSU COM full-time faculty and part-time faculty (clerkship directors, clerkship faculty, elective faculty) when performing their duties on FSU COM property.

SCOPE:

I. Accepting Offers

Gifts- Individuals subject to this policy (faculty, fellows, residents, students, and staff) may not solicit or accept any gifts from pharmaceutical company/industry representatives. Additionally, the use of any vendor's material with the vendor's name or logo is strongly discouraged in public or patient care areas.

Food - The direct provision of any meals, desserts, etc. by pharmaceutical/industry representatives on FSU COM property is prohibited. This includes the provision of meals during any organized, scheduled educational activity (e.g., grand rounds, journal club, faculty development, etc.) or reception. Industry representatives who wish to provide support to the FSU COM may, however, do so in the form of an unrestricted educational grant to the FSU COM. Such grants are expended for food solely at the discretion of COM departments/divisions/regional campuses/residency programs.

Entertainment - Faculty members, fellows, residents, students, or employees of the FSU COM participating in social events, including meals, funded directly by pharmaceutical company/industry may not use their official status as part of FSU. Moreover, faculty, fellows, residents and employees of the FSU COM may not accept the use of supplier/vendor property, airplane transportation, travel packages, or similar favors from industry as agents of FSU.

Compensation - Full time faculty, fellows, residents or employees may not accept gifts or compensation for listening to a sales talk by an industry representative, including the defraying of costs for simply attending a CME or other activity or conference. Honoraria provided directly by pharmaceutical/other industry are not allowed if faculty or employment status with the FSU COM is acknowledged.

II. Site Access

Pharmaceutical/Industry Representatives are not allowed access to faculty, students, fellows, residents or staff on FSU COM property, including its regional campuses, except for the purpose of discussing/providing unrestricted educational grants.

III. Educational Funds

Industry representatives may provide support for medical educational purposes in the form of unrestricted educational grants. Initial contact with industry representatives for the purpose of discussing or obtaining unrestricted educational grants is permitted.

Scholarships / Educational Grants

No educational grant, financial award, donation, or expense reimbursement may be given directly to a fellow, resident or medical student by an industry representative. Any educational grant must be provided to the College of Medicine. Faculty and staff who are invited to present or lead conferences or meetings funded directly by pharmaceutical/other industry may not acknowledge their faculty status as part of the program.

Note: These provisions do not apply to meetings of professional societies that may receive partial industry support, i.e., meetings governed by ACCME Standards.

IV. Disclosure of Relationships with Industry

All College, Program and Sponsoring Institution-sponsored medical education events must include full and appropriate disclosure of sponsorship and financial interests above and beyond those already governed by the Standards for Commercial Support promulgated by the Accreditation Council for Continuing Medical Education. Department Chairs, Program Directors and Faculty should disclose any financial relationships with Industry, including but not limited to ownership of practice and hospital sites at the time of appointment to these positions, annually through the FSU COM Personnel Office, and as actual, potential, or the appearance of Conflicts of Interest arise. Faculty with supervisory responsibilities for students, fellows, residents and/or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, fellow, resident or staff member. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the FSU COM Administration / Personnel Office, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision. The administration will decide whether the individual must remove him/herself from the purchasing decision.

Note: This provision excludes indirect ownership, such as stock held through mutual funds.

V. Training/Communication Regarding Potential Conflicts of Interest

All faculty, attendings, fellows, residents, students and applicable staff shall be provided with information regarding potential conflicts of interest in interactions with industry to include:

- A. A copy of these guidelines on vendor interactions.
- B. Copies of the ethics statements of pertinent medical specialty societies and how to apply those guidelines to practice.
- C. Seminars and/or faculty development sessions describing:
- D. How activities can influence judgment in prescribing decisions and research activities.
- E. How to manage encounters with Industry representatives.
- F. How to handle patient requests for medication, particularly direct-to-consumer advertising of drugs.
- G. The purpose, development, and application of drug formularies and clinical guidelines and discussing such issues as branding, generic drugs, off-label use, and use of free samples.

VI. Procedure, Monitoring and Responsibility

We want to ensure patients, students, fellows and residents know we are focusing on their welfare, not on any commercial interest and eliminate the appearance of industry's inappropriate influence over the medical community. Therefore, all FSU COM faculty, students, fellows, residents and staff will be given a copy of this Policy and Guidelines document.

The Graduate Medical Education Committee (GMEC) must ensure that the Sponsoring Institution monitors vendor interactions with residents/fellows and GME programs. FSU COM administration, department heads, division heads, campus deans, program directors, etc. are responsible for compliance with this policy and for ensuring the personnel under their supervision understand and comply with this policy. If FSU COM faculty and/or staff have any questions concerning the interpretation of this policy and guidelines, or its applicability to a particular circumstance, they should first consult with their supervisor. If their supervisor is unable to answer the question or provide appropriate guidance, or if, because of the circumstances, it would be inappropriate to discuss the matter with the supervisor, then the personnel and/or staff member should contact the FSU COM Sr. Associate Dean's office. If any FSU COM personnel and/or staff member is aware of any violation or threatened or potential violation of this policy, or suspects that a violation of this policy has occurred, they must also refer to the FSU COM Sr. Associate Dean's office.

VII. Exceptions

- A. This policy does not apply to part-time faculty (clerkship directors and clerkship faculty) engaged in their roles at venues other than FSU COM property; i.e., private offices, hospitals or other sites.
- B. This policy does not include faculty research and related activities, which are included in the Florida State University Faculty Policies and Procedures for Dealing with Misconduct in Research and Creative Activity (<http://dof.fsu.edu/facultyhandbook/Ch6/Ch6.20.html>). Individuals should contact the FSU COM Office of Research (<http://med.fsu.edu/research/office/default.asp>) with regard to publishing articles under their name and FSU COM title, in disclosing their related financial interests etc.

Pertinent Definitions

Attending - The faculty member with primary responsibility for the care of a patient and/or the education of a student or resident/fellow in a particular case.

Conflicts of Interest - Any situation in which an individual is in a position to exploit his/her professional or official capacity in some way for personal benefit.

Faculty - Physicians/Professors who possess the requisite expertise, documented educational and administrative abilities, and experience to teach residents and students.

Meetings - Any gathering on FSU COM property involving FSU COM personnel. Such gatherings would include but not be limited to faculty development meetings, resident/fellow or student meetings, grand rounds, departmental, divisional or regional campus meetings.

Personnel - Faculty, staff, fellows, residents, and medical students of the FSU COM.

Representative - Includes any individual who is employed by or who represents any entity defined under 'Vendor/Industry'.

Sponsorship - Vendor/Supplier funding

Unrestricted Educational Grants - It is recommended that industry representatives provide financial support for FSU COM events directly to the COM in the form of an unrestricted educational grant to then be spent by the COM departments/divisions/regional campuses/residency programs for educational activities at their discretion. Appropriate recognition of the industry representative's contribution should be given by the department/division/regional campus/residency program. Educational grants must not be made, conditioned, or related in any way to pre-existing or future business relationships with Industry. Vendors should separate their grant making functions from their sales and marketing functions. Accordingly, if vendor or patient-service representatives or other corporate representatives wish to discuss a corporate contribution of cash, equipment, supplies, or services, the employee should immediately notify the Dean or the Sr. Associate Dean for Medical Education and Academic Affairs/DIO. This individual, or a designee, should then become the principal point of contact with the vendor.

Vendor/Industry - Includes those businesses, corporations, or entities that supply or wish to supply equipment, goods, services, or other medical related products to physicians, administrators, students, residents, staff or hospitals.

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Revision Date November 2016
Date Approved by FSU GMEC: 2.22.18

8.3 POLICY: RESEARCH

PURPOSE:

The Florida State University College of Medicine's Division of Research (Division) is responsible for all matters pertaining to research proposals developed by College of Medicine faculty members until such time as the contract, grant, or sub-contract is awarded (pre-award procedures). Post-award procedures are handled by the College's Office of Finance and Administration, Research Accounting section.

POLICY:

It is the responsibility of the Division to assure College of Medicine compliance with college, university and grant agency requirements. The Division's Office of Research Administration must review the proposal, and the Senior Associate Dean for Research must sign approval for the College of Medicine prior to submission of the proposal to the University Office of Sponsored Research.

1. Any contract or grant proposal by a member of the College of Medicine fellow/resident/faculty/staff must be submitted through the College of Medicine Division's Office of Research Administration if that individual uses his/her FSU title or the college or university name on the proposal. Furthermore, clerkship/College of Medicine community faculty may not use their FSU College of Medicine credentials, the FSU College of Medicine name, FSU or FSU College of Medicine staff/personnel, or FSU or FSU College of Medicine students in any fashion in the application for or conduct of research, whether internal or external to the FSU or FSU College of Medicine, without the express written consent and approval of the Associate Dean for Clinical Research and the College of Medicine Research Advisory Committee (RAC). Unauthorized research conduct and application in the name of FSU or FSU College of Medicine can result in termination of faculty appointment or affect the faculty's standing within FSU College of Medicine.
2. Human subjects research proposals by College of Medicine-affiliated faculty and other personnel also must be submitted to the College's RAC for internal review prior to submission to the FSU Human Subjects Committee (IRB) and any other applicable external IRB.
3. Research proposals may be submitted to the University Office of Sponsored Research only if a full-time FSU faculty member is listed as Co-PI (university policy). Exceptions may be granted by the FSU Vice President for Research.
4. Each PI/Co-PI should work with his/her appropriate faculty administrator (Department Chair, Residency or Fellowship Program Director) to determine a reasonable percent effort for the proposal and include the corresponding salary required for that percent effort, if the sponsoring agency allows PI salary.

5. The College of Medicine does not permit cost-sharing in excess of that required by the sponsoring agency. Exceptions to this policy must be approved by the Senior Associate Dean for Research, Dean of the College of Medicine, and the FSU Vice President for Research.
6. If Recombinant DNA, Human or Animal Subjects, Radioactive/Hazardous Materials, or Workshops/Conferences are involved, the project must be approved by the appropriate FSU Compliance Officer (FSU Biohazard Committee, FSU Human Subjects Committee, Animal Use and Care Committee, Environment Health and Safety Director, Center for Professional Development Director) prior to funding.

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8.4 POLICY: RESIDENCY CLOSURE / REDUCTION

PURPOSE:

The purpose of this policy is to protect the residents and fellows and provide for a smooth and orderly transition in accordance with ACGME recommended guidelines should closure or reduction of a program be required.

POLICY:

The sponsoring institution and any affiliated clinical institutions must inform the GMEC, the Designated Institutional Official, and the affected residents or fellows as soon as possible when it intends to reduce the size or close one or more ACGME-accredited programs or when the sponsoring institution intends to close. All program directors must report to the Designated Institutional Official any plans for change in residency size. Reductions should be designed to maintain a high standard of educational experience that continues to comply with ACGME standards. Significant changes in program size must be discussed at the GMEC regarding the educational impact on that program, as well as other associated programs.

In the event that the FSU College of Medicine decides to reduce the number of residency positions in and/or close any GME program, the residents will be notified as soon as possible. Should a Residency Program downsize for any reason, it will make a good faith effort to accomplish the reduction by accepting fewer residents into the entry level of the program through a phase-out plan. Any such reduction must include provision for a continued training program for existing residents/fellows. If necessary, the sponsoring institution and the individual residency/fellowship program will assist residents in finding another position in the same specialty at the appropriate PGY level; however, every effort will be made to allow residents in the program to complete their training through the FSU College of Medicine Residency Program with funding for their support remaining intact.

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