

GRADUATE MEDICAL EDUCATION

DIVISION

POLICIES AND PROCEDURES



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Presented by: The Florida State University College of Medicine



FSU College of Medicine Graduate Medical Education (GME)

Institutional Sponsorship Policies and Procedures

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- develop innovations geared at improving knowledge of the science of wellness, reducing stress and increasing wellness health behaviors;
- promote progressive autonomy and enhance professional relationships;
- 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; and,
- encourage a spirit of self-discovery and lifelong learning.

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Section V: Evaluations / Committees

5.1 POLICY: RESIDENT / FELLOW & FACULTY 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, ensures that residents / fellows are evaluated consistent with ACGME program requirements and the requirements of its Residency Review Committees. 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 residents, fellows and faculty.

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; it assists in early identification and movement toward improvement and remediation. At a minimum the CCC must be composed of three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.

The CCC responsibilities must:

- review all resident evaluations at least semi-annually;
- determine each resident's progress on achievement of the specialty-specific Milestones; and,
- meet prior to the resident's semi-annual evaluations to advise the program director regarding each resident's progress.

Resident Evaluation:

Feedback - Faculty must directly observe, evaluate, and frequently provide formative feedback on resident performance during each rotation or similar educational assignment. A residency management software package is used for electronic completion of residency evaluations, allowing for monitoring of compliance of evaluation timeliness and providing accessibility for review by residents and faculty.

Evaluation must be documented at the completion of the assignment. In most cases, this will be at the end of the monthly block. For rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.

The program must:

- Provide an objective performance evaluation based on the competencies and specialty-specific Milestones, and must:
 - use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and,
 - provide that information to the CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.

The program director or their designee, with input from the CCC, must:

- meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
- assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and,
- develop plans for residents failing to progress, following institutional policies and procedures.

Summative – At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident's performance must be accessible for review by the resident.

Final Evaluation - The Program Director must provide a final summative evaluation for each resident upon completion of the program. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. The final evaluation must:

- become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident;
- verify that the resident has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice; consider recommendations from the CCC; and,
- be shared with the resident upon completion of the program.

Resident Peer:

Residents should be evaluated by their peers at least annually.

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.

Board Certification:

Programs must report in ADS, board certification status annually for the cohort of board-eligible residents that graduated within the prior seven years. *See ACGME Common Program Requirements for more detail. V.C.3.*

Faculty Evaluation:

The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. The evaluations must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. This evaluation must include annual written anonymous and confidential evaluations by residents.

Faculty members must receive feedback on their evaluations at least annually. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

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

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5.2 POLICY: PROGRAM EVALUATION AND IMPROVEMENT

PURPOSE:

In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement. Performance of residents / fellows and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself.

POLICY:

The Sponsoring Institution monitors program adherence to and completion of all required evaluations including the Annual Program Evaluation and Review, and Self-Study as applicable.

Related Committees:

The program director must appoint a Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident (fellow if applicable), although greater resident participation is desirable.

The PEC responsibilities must include:

- acting as an advisor to the program director, through program oversight;
- review of the program's self-determined goals and progress toward meeting them;
- guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

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

- curriculum;
- outcomes from prior Annual Program Evaluations;
- ACGME letters of notification, including citations, areas for improvement, and comments;
- quality and safety of patient care;
- aggregate resident and faculty:
 - well-being
 - recruitment and retention;
 - workforce diversity;
 - engagement in quality improvement and patient safety;
 - scholarly activity;
 - ACGME Resident and Faculty Surveys; and,
 - written evaluations of the program.
- aggregate resident:
 - achievement of the Milestones;
 - in-training examinations (where applicable); and,
 - board pass and certification rate; and,
 - graduate performance
- aggregate faculty:
 - evaluation; and,
 - professional development.

The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

Program Evaluation and Improvement:

The program director must appoint the PEC to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. 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
- Assessment of the program's efforts to recruit and retain a diverse workforce

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.

Annually, the GME Office will advise programs on the submittal of their program evaluation information for preparation of a full Institutional Report to the Board of Trustees.

Annual Review:

The annual review, including the action plan, must:

- be distributed to and discussed with the members of the teaching faculty and the residents; and,
- be submitted to the DIO.

Self-Study:

The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. A summary of the Self-Study must be submitted to the DIO.

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5.3 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.