

# GRADUATE MEDICAL EDUCATION

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## DIVISION

# POLICIES AND PROCEDURES



Feb. 2020

Presented by: The Florida State University College of Medicine



# FSU College of Medicine Graduate Medical Education (GME)

## *Institutional Sponsorship Policies and Procedures*

Rev. Feb. 2020

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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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## 1.2 Statement of Commitment to Graduate Medical Education

### *Educating the Next Generation of Physicians*

The Board of Trustees of Florida State University (FSU), in conjunction with the FSU College of Medicine's Dean, Senior Associate Dean for Medical Education and Academic Affairs, and Executive Committee, affirm their commitment to and support for the Graduate Medical Education (GME) Programs sponsored by FSU. The FSU College of Medicine is committed to providing quality GME and ensuring that the educational, clinical, financial and human resources are available to achieve compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements. The College of Medicine commits to providing administrative oversight and monitoring, including appointing a Designated Institutional Official (DIO) and a Graduate Medical Education Committee, supporting the GME Division, and partnering with clinical institutions to provide training sites for residents and fellows.

Program leadership will assess the programs through ongoing quality improvement methodology and will monitor progress of resident physicians using standard evaluation and milestone assessments. Faculty will commit to ongoing professional development in their teaching and evaluation skills, while also maintaining competency in their medical specialty. The GME programs will enable residents to develop proficiency in the ACGME competencies within a structure of graduated autonomy. Residents will receive quality improvement and patient safety training in the context of an overall clinical learning environment that supports appropriate supervision and resident and faculty well-being.

The FSU College of Medicine GME Division encourages its trainees, faculty, and graduates to provide care to the underserved and rural communities, improve access to care, decrease health care disparities, and advance the science of medicine through research and scholarly inquiry.

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### **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

##### **Program Director**

Connie Donohoe, MPH, C-TAGME

##### **Program Associate**

Jessee Graham

#### (GME) Florida Medical Practice Plan, Inc. (FMPP) Financial Support Staff:

##### **Chief Financial Officer**

Dawn Snyder, CPA

##### **Assistant Director**

LaQuanta Rosier, MBA

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 Coordinator and Director Support
- Structure of Educational Oversight of the ACGME Institutional Requirements
- Graduate Medical Education Committee
- *Institutional Policies and Procedures*
- ACGME Resident and Faculty Surveys
- Special Reviews
- Clinical Learning Environment Review
- Evaluation and 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, Assignment of Responsibilities, and Accurate Completion of Faculty Assignments, Commitments & Effort Tracking (FACET) Reporting
- Program(s) Budget Representative
- Institutional Curriculum including Institute for Healthcare Improvement independent study modules on quality improvement and patient safety American Medical Association GME Competency Education Program modules
- Monitoring of Annual Program Evaluations
- Tracking of ACGME Citations
- Resident/Fellow Forums
- Public Relations/Communications, e.g., Social Media, Promotional Items for Recruitment, Photography, Videography
- FSU COM All-Resident/Fellow Orientation(s)
- Annual Resident/Fellow Stipend Review
- Intern and Resident Information System (IRIS) Financial Reporting
- Affiliation Agreements / Program Letters of Agreement
- Resident/Fellow certificates of completion of internship and training
- Post-residency, e.g., Alumni Database, Proof of Malpractice (tail) Coverage, Proof of Completion of Program

This *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 necessary to meet the requirements of their particular RRCs or specialty boards. 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
Dermatology Associates of Tallahassee		

Micrographic Surgery and Dermatologic Oncology Fellowship	Armand B. Cagnetta, Jr., MD	Terrie Pettis
Dermatology Residency	George Cohen, MD	Terrie Pettis

**Lee Health**

Family Medicine Residency	Alfred Gitu, MD	Katelyn Caldwell
Global Health Fellowship	Alfred Gitu, 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., C-TAGME
Hospice & Palliative Medicine Fellowship	Joelle Vlahakis, MD	Katie Axiotis, M.Ed., C-TAGME
Emergency Medical Services Fellowship	Marshall Frank, DO, MPH	Lindsay Rushmore

**Tallahassee Memorial HealthCare**

Internal Medicine Residency	Claudia Kroker-Bode, MD	Inez Hudlow
General Surgery Residency	Wade G. Douglas, MD	Erin Easterling, MBA

**Winter Haven Hospital (Bay Care)**

Family Medicine Residency	Nathan Falk, MD	Nicole Russell, MHSA
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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) 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 engage in professional development applicable to their responsibilities as educational leaders, the program coordinator(s) has sufficient support and time to effectively carry out his/her responsibilities, and resources, including space, technology, and supplies, are available 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 according to high personal and professional standards.

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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
- The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members

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
- Ensure that the Sponsoring Institution monitors vendor interactions with residents/fellows and GME programs

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 master 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). In addition, a resident may elect to complete a rotation at an external site, which also requires a 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 program director signing the initial PLAs, and thereafter at the time the PLAs are renewed, at least every 10 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:

- identify the faculty members who will assume both educational and supervisory responsibilities for residents/fellows;
- specify these faculty members' responsibilities for the teaching, supervision, and formal evaluation of residents/fellows;
- specify the duration and content of the educational experience; and,
- 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.

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

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS or ACGME-I Milestones evaluations from the prior training program upon matriculation.

A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program **and with approval by the GMEC**, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

#### Resident Eligibility Exception

A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission. *If this language is not applicable, this section will not appear in the specialty-specific requirements.*

#### International Medical Graduates

An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed above, but who does meet all of the following additional qualifications and conditions:

- evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and,
- review and approval of the applicant's exceptional qualifications by the GMEC; and,
- verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

#### Fellowship Programs

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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## **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 or affiliated hospitals or practices 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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## **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 GME 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;

- To take medical leave when the employee is unable to work because of a serious health condition;
- For a qualifying exigency arising out of the fact that a spouse, son, daughter, or parent has been called to active duty in support of a contingency operation; or
- To care for a spouse, son, daughter, parent, or next of kin that has been injured while on active military duty, who is undergoing medical treatment, recuperation, or therapy, or is otherwise in outpatient status or on the temporary retired list for a serious injury or illness.

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). The term 'transfer resident' does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

### POLICY

The accepting program director must obtain verification of previous educational experiences and review a summative competency-based performance evaluation and milestone evaluations prior to accepting a transferring resident. **Contact (both written and verbal) must be made with all training director(s) from all former training program(s).**

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.

*See also Policy 2.1 Resident/Fellow Eligibility and Selection*

## 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. 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.