



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Graduate Medical Education Manual

2023 – 2024

Version 1.0 (January 2023)



From the Associate Dean and DIO

Welcome to the Florida State University College of Medicine (FSU COM) Graduate Medical Education programs! You are an integral part of FSU COM and our healthcare partners who provide outstanding high-quality care throughout the state of Florida. Adjusting to life as an intern, resident or fellow has its challenges and its rewards. We recognize the complexities you may face and have structured this manual to help answer some of your questions. FSU COM and its healthcare partners strongly promote teamwork and collaboration, and you will be an indispensable member and sometimes leader of many teams during your training.

FSU COM and our healthcare partners are committed to high quality patient-centered care, community service, medical education, and pursuit of scholarly activities. Our programs offer a personalized, collaborative, cordial work environment, with cohesive programs, and an accessible and friendly GME Office that is here to support you and your growth.

We are committed to the education and development of outstanding physicians who acquire the necessary skills for their chosen career. Just as important, we train physicians who embrace the compassion and humanism to not only treat the disease, but to care for the whole person and his/her family. We work to actively promote our physicians' own health and well-being, and foster interprofessional training and education.

All policies and procedures concerning Graduate Medical Education are developed, approved, and implemented by the Graduate Medical Education Committee (GMEC). While every effort was made to ensure the accuracy of the information presented in this manual, it is possible that changes will be made to policies after its publication. FSU COM's Institutional and GMEC policies will take precedence over those in this publication in matters of arbitration. To keep you current, any changes to policies and/or revisions will be communicated via New Innovations, as they occur.

Any reference in this manual to "Resident" includes Residents and Fellows.

We look forward to your extended stay with us.

William C. Boyer, DHSc, MS, CHSE
Associate Dean – Academic Affairs
Designated Institutional Official
Associate Professor – Department of Clinical Sciences

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This 2023-2024 GME Manual supersedes and replaces all prior manual versions. If the hospital or clinical entity has a regulation more stringent than this GME Manual the hospital directive will prevail.

ORGANIZATIONAL STRUCTURE

NOTE: Subject to Change

KEY CONTACTS		
SENIOR LEADERSHIP		
NAME	POSITION	EMAIL
Alma Little's, MD	Interim Dean	

FSU COM DEPARTMENT CHAIRS			
NAME	POSITION	DEPARTMENT	EMAIL
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Richard Nowakowski, Ph.D	Randolph L. Rill Professor and Chair	Biomedical Sciences	richard.nowakowski@med.fsu.edu
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NOTE: A comprehensive and current System leadership information can be found at:

CENTRAL OFFICE			
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RESIDENCY AND FELLOWSHIP PROGRAMS			
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Internal Medicine

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Emergency Services

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INSTITUTIONAL STATEMENTS AND RESPONSIBILITIES

Statement of Commitment

FSU COM and our healthcare partners are fully committed to and assume ultimate responsibility for the education of health care professionals and providers as part of its core mission. This includes, but certainly is not limited to, allocation of substantial resources to support the educational programs, including those in graduate medical education programs under its sponsorship.

The Graduate Medical Education Committee is committed to offering graduate medical education programs in which physicians in training develop personal, clinical, and professional competence under the guidance and supervision of the faculty and staff. Graduate Medical Education Programs will ensure the progression of responsibilities through demonstrated clinical experience, knowledge, and skill.

In support of its vision, the institution is committed to excellence in both education and patient care and will provide an ethical and scholarly environment for these activities. The Designated Institutional Official (DIO) has full authority and responsibility for the oversight and administration of all residency and fellowship programs. Through the DIO, in collaboration with the Graduate Medical Education Committee, the institution will ensure substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements as well as ensure that our ACGME accredited-programs remain in substantial compliance with the Institutional, Common, and specialty-specific Program Requirements and the ACGME Policies and Procedures. In order to provide effective educational experiences for residents that lead to measurable achievement of educational outcomes, the institution will provide appropriate clinical venues for resident education through agreements with approved patient care facilities. Therein, the institution will provide guidance and supervision of residents while facilitating their professional, ethical, and personal development and will further ensure that the patient care provided by residents is safe and appropriate.

This “Statement of Commitment” is supported by the governing authority, the Graduate Medical Education Committee, administration, the teaching faculty, and medical staff. It is the responsibility of the FSU COM and healthcare partners to provide the necessary financial support for administrative, educational, and clinical resources, including personnel (human resources) provisions to support all Graduate Medical Education training programs. The FSU COM and healthcare partners will ensure that all residency and fellowship programs define (i.e. written curriculum), in accordance with its Program Requirements, the specific knowledge, skills,

attitudes, and educational experiences required in order for each resident to demonstrate the required milestones in the following competencies.

- **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal

Equal Opportunity Employment Statement

FSU COM and healthcare partners are committed to diversity and inclusion. We provide equal opportunity across all employment practices including recruitment, selection, training, promotion, transfer and compensation, without regard to age, gender, race, national origin, religion, creed, color, citizenship status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, marital status, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law (“protected categories”). In addition, FSU COM and healthcare partners administer all personnel actions without regard to disability and provide reasonable accommodations for otherwise qualified disabled individuals.

Discrimination or harassment based on any of the protected categories will not be tolerated and is cause for disciplinary action up to and including termination of employment. To maintain our culture of integrity, we also encourage the reporting of concerns without fear of retaliation. FSU COM and healthcare partners will not retaliate against any caregiver who in good faith has made a complaint based on a reasonable belief that the law or an FSU COM and/or healthcare partner’s policy has been violated, or for assisting with or participating in an investigation or exercising any employment right protected by law. Any caregiver who believes he or she has been discriminated or retaliated against should report it to his or her manager, to any member of FSU COM and healthcare partners’ management, or to his or her Human Resources. FSU COM and healthcare partners will investigate these complaints and take appropriate corrective actions.

Patient’s Rights and Responsibilities

All members of FSU COM and healthcare partners’ professional staff need to be aware of the Statement of Patients’ Rights and Responsibilities that is endorsed by FSU COM and

healthcare partners and shared with patients. This statement may be found in the Patient Rights-Responsibilities Brochure.

Institutional Educational Committees

In keeping with the mission to offer a complete and comprehensive graduate medical education experience, and in accordance with the ACGME Institutional Requirements, FSU COM and healthcare partners recognize the need for Residents to be involved in multiple levels of committees and councils.

Residents who are members of Institutional Committees are required to attend scheduled meetings. If the Resident who is a designated member of a committee is unable to attend a scheduled meeting, they should designate an alternate in their absence. In addition to those committees and councils identified, the Institutes are required to involve Residents in all committees, councils and task forces that are appropriate. At minimum, Residents should be involved in any institutional committees dealing with educational programs, quality assurance and other graduate medical education affairs. Residents are also required to attend all meetings and conferences considered mandatory by the Institution or their department.

In clinical departments, it is anticipated that there will be Resident membership on at least the following committees: Quality and Patient Safety Committee or other appropriate departmental committees.

Duties and Responsibilities of Residents

A Resident shall perform in a competent manner as determined by the Program Director and the supervisory staff in all areas of the general competencies as defined by the ACGME and, all other related tasks and duties assigned to him or her by the Program Director, including but not limited to:

Educational Responsibilities:

- Execute all duties assigned under the on-call schedule as may be established and amended by the Program Director and all duties as may be assigned to be performed at such other teaching hospitals and medical facilities as may be designated by the Program Director.
- Participate in safe, effective, and compassionate patient care under supervision, commensurate with the Resident's level of advancement and responsibility at sites specifically approved by the Program and under circumstances and at locations covered by the Hospital's Professional Liability Insurance maintained for the Resident.
- Participate fully and perform satisfactorily in the educational and scholarly activities of the Program, including the performance of scholarly and research activities as assigned by the Program Director and/or as necessary for the completion of applicable graduation requirements.
- Assume responsibility for participation in the teaching of more junior Residents and medical students.
- Attend all educational conferences as required and participate in educational programs, activities and required courses. Participate in applicable departmental and institutional committees, especially those relating to patient care review activities.

Responsibilities to the Institution:

- After the first day of training, submit to a health screening which include tests for drug & tobacco use. Supplementary tests may be performed at any point during training as deemed necessary to the operation of FSU COM and healthcare partners; this may include tests for drug use and alcohol abuse. In addition, the Resident agrees to meet FSU COM and healthcare partners standards for immunizations in the same manner as all FSU COM and healthcare partners personnel.
- Apply for in a timely manner, obtain and provide FSU COM and healthcare partners with evidence that he or she has obtained certifications, licenses, visas, test results, work permits, and registrations required by state, federal or local laws and regulations to enroll and remain in graduate medical education training in the State of Florida.
- Abide by and adhere to hospital standards including the legible and timely completion of patient medical records, charts, reports, statistical operative and procedure logs, faculty and program evaluations and any other paperwork required by the Program.
- Comply with the policies and procedures of FSU COM and healthcare partners pertaining to all employees and those specific to Residents which are contained in the Graduate Medical Education (GME) Manual.
- Comply with institution and program specific requirements regarding record keeping, logging and/or reporting work hours and work hour violations.
- Comply with institution and program specific requirements regarding standards for supervision.
- Comply with institution and program specific requirements regarding timely completion of training courses; including but not limited to courses assigned by the GME Office and/or Program.
- Comply with institution and program specific requirements regarding evaluation of attending physicians, rotations, and the training program.
- Apply such cost-effective measures as directed or instructed by FSU COM and healthcare partners in the provision of patient care while always acting in the best interests of patients.
- Upon departure from the training program, the Resident must return all property including but not limited to, books, equipment, patient data, pager, electronic devices and complete all necessary records and settle all professional and financial obligations.

Personal Responsibilities

- Develop and follow a personal program of self-study and professional growth under guidance of the Program's teaching faculty.
- Refrain from conduct that would impact adversely on the medical profession or the mission of the FSU COM and healthcare partners or have the appearance of impropriety or which might otherwise damage the FSU COM and healthcare partners' reputation or interfere with the FSU COM and healthcare partners' business or the proper performance of the Resident's duties.
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect the practice of medicine and graduate medical education training.

Administrative Responsibilities

- Fully cooperate with the Program, FSU COM, and healthcare partners in coordinating and completing Review Committee and ACGME accreditation submissions and activities. This

includes participation in any review of a Resident's own training program as well as participation on review teams to assess other training programs.

- Abide by and adhere to FSU COM and healthcare partners professional standards and all applicable state, federal and local laws, as well as the standards required to maintain accreditation by the Joint Commission, ACGME and any other relevant accrediting, certifying, or licensing organizations.
- Comply with all ACGME requirements including but not limited to those regarding work hours and moonlighting. Please refer to specific ACGME institutional requirements and Review Committee program requirements at www.acgme.org.
- Comply with FSU COM and healthcare partners reporting requirements such as completion of personal incident reports, patient incident reporting, etc.
- Attend and participate in department, institute and/or institutional meetings as required.

Medical Records Management

- Delinquent records pose a variety of issues that adversely impact patient care and the overall effective operation of the hospital.
- Accurate, timely and complete medical record documentation is critical to patient safety and providing a high quality of care to patients.
- The Hospital partner shall have a process in place to monitor resident medical record delinquency and have the necessary disciplinary action processes in place

Education of Medical Students

FSU COM and healthcare partners have medical students rotating on their campuses and Residents have always played a central role in their educational experience. Each medical student rotation has a Clerkship Director who is responsible for outlining the student learning objectives and expected roles and responsibilities. Residents play a critical role in the education of medical students. In the hospital setting, the Residents are the point of first contact for the student. Residents will teach a substantial amount of what the students learn. Residents are required to be aware of the rotation learning objectives. At the onset of each academic year, residents review syllabi and instructional video(s) as applicable for students they may encounter.

Residents have multiple roles, including supervisor, teacher, role model and assessor. Residents must orient students to a new service. Students depend on the Resident to give them a tour of the facility, to tell them where to be and when and what to do when they get there. The Resident needs to spend time with the student specifying his or her role in various areas listed below. Many of these areas will be specified as part of the rotation description/objectives: precautionary measures such as infection control, numbers of patients to be seen per day, write ups to be handed in per week, conferences to attend, frequency of call and where the on call quarters are for that service, time of rounding, how to access computers for patient information, policy on placing orders with counter signature, expected times for arrival and departure, policy for absenteeism and layout of facilities.

Resident as Role Model

Residents are role models for students. Role modeling includes ethical behavior and professionalism, medical reasoning, clinical decision making and compassionate, humanistic approaches to patient care. Students should be treated with respect. Destructive, belittling comments do not enhance learning and are inappropriate. Any inappropriate conduct must be reported to the Office of Graduate Medical Education.

Teaching Role of Residents	
Specify learning objectives	The Residents should be familiar with rotation objectives as noted above. The students should be informed about the objectives for their rotation on their first day.
Specify organization	The Resident should describe the rotation expectations for example, how much time students should spend on different activities such as rounding and patient care responsibilities.
Specify teaching methods	Students should have time set aside each week to meet with the attending and/or senior resident. This provides an opportunity for the student to ask questions, receive feedback and to learn medical facts, ethical issues, the diagnostic process, treatment options, management plans, doctor-patient communication skills, cost-containment, preventive medicine, and interdisciplinary care. An essential component of good teaching is providing effective feedback to improve performance.
Residents should provide constructive feedback	Residents shall provide appropriate feedback to students on an ongoing basis throughout their rotation. It should be clearly defined and should include both constructive criticisms (targeted areas for improvement) and positive feedback (areas of strength). Residents are expected to directly observe and assess the student's performance in areas such as patient care, histories, and physicals, etc. Direct observation forms the foundation of feedback.
Evaluative Role	Students who have ongoing difficulties or serious events occur during the rotation need to be identified with the expectations for the student written down and a plan agreed upon by all parties on how these problems can be solved. In general, the attending and/or Clerkship Director should be included in this process.

Methods of evaluation, electronic or paper, may be used by medical schools. It is the responsibility of the medical student to provide information regarding the evaluation method to the Clerkship Director/Faculty at the start of the rotation. FSU COM requires electronic evaluations for its medical students and residents.

CONDITIONS OF EMPLOYMENT AND REQUIREMENTS

Eligibility, Selection and Appointment

Recruitment

Recruitment efforts shall be directed toward, and appointments offered only to those candidates who meet the eligibility requirements for appointment to residency or fellowship training.

Applicants with one of the following qualifications are eligible to be considered for training at FSU COM and healthcare partners:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of Osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of medical schools outside the United States or Canada who meet one of the following:
 - Received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
 - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his/her current ACGME specialty-/subspecialty program
- Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited school
- Fellows who meet the prerequisite training and documentation requirements to be considered for training in a non-accredited fellowship
- Fellows must have completed ACGME prerequisite training to be considered for training in an accredited fellowship
 - If a trainee who holds a valid ECFMG certificate does not meet the requirements listed above, he or she may be considered an “exceptional candidate” based on specific criteria outlined in the subspecialty requirements and only if the individual RC allows exceptions to the general eligibility requirements.
 - Please refer to the Graduate Medical Education Committee (GMEC) Eligibility Procedure Policy for details.

Selection

- Programs must select from eligible applicants based on residency program related criteria such as preparedness, ability, aptitude, academic credentials, written and verbal communication skills as well as motivation and integrity.
- Decisions concerning employment, transfers and promotions are made upon the basis of the best qualified candidate. FSU COM and healthcare partners are equal opportunity and affirmative action employers and seek to ensure that employment decisions are based only on valid job requirements and that all caregivers and applicants are provided with equal opportunity in all employment practices including recruitment, selection, promotion, compensation and salary administration, benefits, transfers, training and education, working conditions and application of policies without regard to race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, nationality, ethnicity, ancestry, disability, military status, genetic information, protected veteran status, or any other factor or characteristic protected by law.
- Residency programs recruiting first year residents are required to participate in the National Resident Matching Program (NRMP) and must adhere to the “all in” requirement. Other

programs are encouraged to participate in an organized matching program where such is available.

- Before accepting a Resident, who is transferring from another institution into the same specialty, the Program Director must obtain written or electronic verification of the previous educational experiences, a summative competency-based performance evaluation, and Milestones evaluations upon matriculation of the transferring resident. These documents must be received by the Program Director prior to accepting the resident into the program.

Appointment:

- Initial appointments and any subsequent appointment are contingent upon meeting the requirements.
- Requirements are listed on the GME website, distributed to candidates when they interview and included as an addendum with the formal appointment letter.
- At the recommendation of the Program Director, the formal appointment letter is generated by the Director of GME.
- The Office of GME screens the application materials to assure each candidate meets the requisite academic and employment eligibility requirements to enter the respective training program.
- Appointment letters for all ACGME accredited programs sponsored by the FSU COM and healthcare partners will be issued by the DIO.

Transfer of Residents

- Residents are encouraged to discuss their plans to seek other training opportunities with their Program Director or advisor.
- Residents should provide adequate notice when they decide to leave their training program to provide a smooth transition of patient care responsibilities.
Residents must have submitted the completed Attachment 1 (**REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION AND RELEASE OF LIABILITY**) of their FSU COM contract.

Prior to Start of Training

- If a Resident has matched to a program (through the NRMP) and decides (before starting) he or she does not want to train in that program and/or at that institution, the Resident must request a waiver from the NRMP to break the contract.
- A Program Director cannot consider a candidate who has matched to another program unless a waiver is issued to the Resident in question.
- If a Program Director wishes to break the NRMP contract with a Resident (i.e., student did not meet criteria to complete medical school, international graduate not able to obtain visa), the Program Director must request a waiver from the NRMP to fill that position.
- No positions may be offered or accepted prior to the NRMP granting a waiver.

Requirements to Begin Training

Prior to training/working at FSU COM and healthcare partners, Residents will be required to complete an electronic onboarding packet as well as attend scheduled orientation sessions with FSU GME and their hospital partner. The documents will be kept as part of his or her permanent record. Salary and/or benefits will not begin until the Resident has successfully completed all conditions of employment.

Universal Requirements

- Complete and receive medical clearance from a pre-employment health screening before the orientation date.
- Meet all hiring requirements for employment by hospital partner with whom the resident matches. Failure to meet hiring standards for either the FSU COM or the applicable hospital partner will result in the inability to begin or continue within a training program.
- Positive results for any illicit drugs or non-prescribed controlled substances will constitute ineligibility for employment.
- Complete an FBI and other criminal background checks as required.
- Complete all tasks for Human Resources including FSU COM HR and Hospital HR
- Complete all required tasks, forms, and uploads in New Innovations: the institutional Electronic Residency Management System.
- Documentation of identity verification and eligibility for employment, including work authorization and training visa status, if applicable.
- Documentation of receipt of immunizations or signed declinations required by Hospital policy.
- Passing laboratory screening tests for the abuse of controlled substances.
- Documentation of occupational health screening.
- Obtaining and maintaining a Florida medical training license.
- Proof of graduation from an accredited medical or osteopathic school.
- Hold all permits and approvals necessary for Resident's area of practice; and
- Resident must not be bound by any agreement or arrangement which would preclude Resident from fully performing all services contemplated by this Agreement.

Education and Professional Duties. Resident shall fulfill all educational and professional duties, obligations, and assignments in accordance with the ACGME requirements for graduate medical education, and all other training and accreditation requirements.

Manuals, Policies and Regulations. Resident shall be responsible for reading, understanding, and abiding by all FSU COM GME, Hospital and Program policies, manuals, rules, and regulations as they now exist and as they may be amended from time-to-time.

Licensure. Resident shall obtain and always maintain during the Training Period a current license to practice medicine (either an educational limited training license or a full medical license) in the Commonwealth of Florida ("State"). Resident must provide documentation of all professional qualifications necessary for the provision of services hereunder to Hospital upon request and must immediately notify Hospital in writing if any professional qualification becomes restricted, revoked, suspended, materially changed, or not renewed either prior to the Start Date of this Agreement or at any time during the Training Period. Resident understands and acknowledges that failure to maintain a current medical licensure will result in immediate suspension of clinical activity until either (i) the license is renewed, or (ii) this Agreement is terminated at the direction of Hospital. Resident's ability to provide professional services in any state, commonwealth or other jurisdiction must never have been revoked, suspended, or restricted in any manner.

Drug Enforcement Administration. If Resident holds a full medical license, Resident must also maintain an unrestricted Drug Enforcement Administration (“DEA”) registration.

USMLE STEP 3 and COMLEX LEVEL 3 TESTING. As applicable, Resident acknowledges that Hospital policy requires Resident to pass the United States Medical Licensing Examination (“USMLE”) Step 3 or the Comprehensive Osteopathic Medical Licensing Examination (“COMLEX”) Level 3 before the end of PGY 1 before Resident will be eligible for promotion to PGY 3. Failure to pass the USMLE Step 3 or COMLEX Level 3 may result in disciplinary action up to and including termination.

Confidentiality and HIPAA. Resident shall keep strictly confidential and hold in trust all confidential information of Hospital and/or its patients and not disclose or reveal any confidential information to any third party without the express prior written consent of Hospital. Resident shall not disclose the terms of this Agreement to any person who is not a party to this Agreement, except to Resident’s legal and financial advisors, as required by law or as otherwise authorized by Hospital. Resident agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”), the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. 1320d *et seq.* (“HIPAA”), and all current and future regulations promulgated under the HITECH Act or HIPAA. Resident agrees not to use or further disclose any Protected Health Information (“PHI”) as defined in 45 CFR §160.103, including Electronic Health Information, other than as permitted by applicable laws and the terms of this Agreement.

Extramural Professional Activities or (“Moonlighting”). Resident understands and acknowledges that employment hereunder is exclusive and Moonlighting outside the scope of the Program is prohibited unless specifically approved in advance in writing by the Program Director, GME Director and DIO in accordance with Hospital and Program policies and procedures as set forth in the GME Resident Manual. Resident agrees, understands, and acknowledges that Moonlighting outside the scope of the Program is not covered by the FSU COM Self-Insurance professional liability insurance program and Resident shall provide proof of malpractice coverage for any approved Moonlighting. Resident’s engagement in unapproved Moonlighting activities will result in disciplinary action up to and including termination.

Resident Compensation and Benefits

Base Salary. Hospital shall pay Resident an annual base salary commensurate with the Resident’s PGY level

General Benefits. Hospital shall provide Resident with benefits commensurate with their hospital partner employment.

Vacation Time, Sick Time and Leaves of Absence. All forms of Leave taken by Resident must be approved by the Program Director. Leaves of absence not taken during the Training Period will not be paid to Resident as cash or cash equivalent upon termination or expiration of this Agreement or otherwise carryover to any subsequent contract year for any purpose. Hospital shall provide information to Resident regarding the effect that any

such leave(s) of absence may have on Resident's ability to satisfy the requirements for completion of the Program.

Identification (ID) Badges

- ID badges will be issued by the Department of Graduate Medical Education and Hospital Partner
- ID badges are to be worn above the waist, clearly and prominently displayed while working
- The name, program and status must always be visible. Residents are prohibited from turning their ID badges backwards
- Replacement badges may be obtained from the Program Coordinator through the GME Office or hospital partner as applicable.

Lab Coats

- Interns are provided with two (2) embroidered lab coats at the start of their initial year of training within the institution
- Residents may request a replacement lab coat from their Program Coordinator if their lab coat becomes damaged or unserviceable
- The Resident must return the damaged or unserviceable lab coat to receive a replacement
- Residents are required to wear their FSU COM and healthcare partners issued lab coats. Personalized or alternative lab coats are prohibited
- Lab coats are to be clean and pressed

Compensation in Full. Resident understands and acknowledges that the salary and benefits are the sole compensation for services furnished by Resident under this Agreement. Resident agrees all fees, reimbursement, payments, and income attributable to services Resident renders hereunder shall be the exclusive property of Hospital. Resident shall have no right, title or interest in such fees, reimbursement, payments, or income. Resident hereby assigns to Hospital the exclusive right to bill for, collect and retain all fees, reimbursement, payments, and income attributable to services Resident renders hereunder. Under no circumstances may Resident bill any patient or public or private third-party, reimbursement program or entity for services Resident renders hereunder. Resident shall cooperate with and assist Employer and Employer's agents in all billing and collection efforts related to services Resident performs hereunder.

Post Agreement Employment. There shall be no employment rights or obligations implied or in fact following termination or expiration of this Agreement.

General Provisions

Falsification of Information by Resident. Resident's falsification of any information supplied to the Program or Hospital, or Resident assisting others in doing so, as part of Resident's entrance requirements for the Program shall constitute grounds for immediate dismissal of Resident from the Program and immediate termination of this Agreement, regardless of when such falsification is discovered.

Records. Hospital and the Program expressly acknowledge their obligations as providers of health care and as an educational institution to maintain as confidential the applicable records of Resident. These records may be delivered to other health care treatment institutions or prospective employers only upon written request to the Program or Hospital's GME Office; provided, however, records may be furnished to appropriate government agencies, or third parties as required by law.

Compliance with Laws, Regulations, Accreditation and Program Policies

Resident shall be provided access to the GME Manual, as well as Hospital's specialty-specific program manual ("Program Manual"). Resident shall abide by Hospital's Medical Staff Bylaws/Rules and Regulations, applicable Hospital policies and procedures, applicable Program policies and procedures, including the GME Manual and Program Manual, and all applicable federal and state laws. Resident further acknowledges that Hospital from time-to-time may adopt policies, procedures and/or documentation requirements in connection with the implementation of such laws, regulations, and accreditation standards. Resident agrees to cooperate fully with Hospital in its compliance with all applicable laws, regulations, and accreditation standards, as may be enacted or amended from time-to-time. Resident will conduct himself/herself in a professional manner consistent with Hospital standards. The Parties shall not discriminate based on race, color, national origin, religion, sex, age, sexual orientation, citizenship status, veteran status, disability, or any other legally protected classification.

The Parties shall each comply with applicable policies and procedures of the National Resident Match Program ("NRMP"), including any waiver requirements relating to the termination of this Agreement or release of Resident to seek employment elsewhere. Any alleged breach or determined violation of the NRMP match results for failure to extend or accept appointment may result in serious consequences taken by the NRMP.

Term and Termination

Term. If not earlier terminated as otherwise provided in the Agreement, the Agreement shall terminate as of the End Date. Termination of this Agreement for any reason shall immediately terminate Resident's appointment to the Program. Upon the expiration or termination of this Agreement for any reason, Resident waives all rights to his/her position under Hospital's or the Medical Staff's bylaws, rules, or regulations.

Termination for Cause. The DIO and/or Hospital may immediately terminate the Agreement for any of the following reasons with respect to Resident:

- Professional incompetence, as determined solely by Hospital.
- Failure to obtain and maintain, or the denial, suspension, revocation, termination, restriction, lapse or voluntary relinquishment (under threat of disciplinary action) of Resident's license to practice medicine and/or DEA registration, as applicable.
- Breach of any term of this Agreement.
- Neglect of duty or violation of Hospital or Program rules, regulations, policies, or procedures
- Resident's failure to follow Hospital's policies and procedures and other rules of conduct applicable to all employees of Hospital.
- Resident engaging in Medicare or Medicaid fraud and abuse.

- Becoming uninsurable by Hospital's selected insurance provider for any reason.
- Charged with a crime other than a minor traffic violation.
- Conduct that Hospital determines to be prejudicial to the best interest of Hospital or the Program.
- Action or inaction reasonably determined by Hospital to involve inadvisable decisions that reflect poorly on Hospital or that are contrary to the best interests of patient care or Hospital.
- Unapproved absence from the Program.
- Failure to progress satisfactorily in the Program's educational and clinical program.
- Death or total disability as defined by Hospital's employment policies and procedures, or inability to perform duties required hereunder for a designated period of time in accordance with Hospital's employment policies and procedures.
- Resident's listing by a federal agency as being debarred, excluded, or otherwise ineligible for federal program participation.
- Any changes in law or economics which materially reduces or eliminates government support on which Hospital relies to operate the Program; or
- Engaging in unapproved Moonlighting or other external activities.

Termination of the Agreement by Resident Without Cause. Resident may terminate the Agreement without cause for any reason or no reason by giving Hospital at least ninety (90) days prior written notice, provided that such termination complies with NRMP requirements.

Termination for Program Closure or Reduction. In the event the Program is closed or reduced, Hospital shall endeavor to allow Resident to complete the Program at Hospital. In the event that continuation of the Program is untenable by Hospital, Hospital shall endeavor to transfer Resident to another program at Hospital or elsewhere. If Hospital loses its accreditation during the term of the Agreement, on the effective date of loss of such accreditation, Resident shall be immediately released from the Agreement and the Agreement shall be terminated and Hospital and its personnel shall provide references in connection with Resident's application to enter an appropriate program elsewhere.

Termination for Changes in Law. The Agreement is intended to comply with all applicable laws, rules and regulations. If at any time Hospital determines that the Agreement does not, in any respect, comply with such laws, rules, and regulations, Resident agrees to cooperate with Hospital to negotiate an amendment to this Agreement which fully complies with such laws, rules and regulations. If the Parties cannot reach agreement within thirty (30) days, then Hospital may immediately terminate the Agreement.

Effect of Termination. As of the effective date of termination of the Agreement, neither Party shall have any further rights or obligations hereunder, except (a) as otherwise provided herein; (b) for rights and obligations accruing prior to such effective date of termination (including accrued but unpaid compensation); or (c) arising as a result of any breach of the Agreement.

Intellectual Property

All patents, formulae, ideas, inventions, processes, copyrights, know-how, proprietary information, trademarks, trade names, or other developments for future improvements to patients that are conceived through the Resident's work while Resident is in training at and employed by Hospital shall be the property of Hospital and FSU COM, and all royalties, fees, or other income attributable to it will be the property of the Hospital. Resident shall promptly disclose in writing to Resident's Program Director all patents, formulae, ideas, inventions, processes, copyrights, know-how, proprietary information, trademarks, trade names, or other developments for future improvements to patients that are conceived through the Resident's work during the Training Period. Resident shall execute, from time to time, during or after termination of this Agreement, all documents, including without limitation, applications for letters of patent and assignment thereof, as may be deemed necessary or desirable by Hospital and FSU COM to effectuate the provisions.

Warranty that Resident is not Excluded from Federal Healthcare Programs

Resident represents and warrants to Hospital that Resident (i) is not currently excluded, debarred, or otherwise ineligible to participate in any federal health care programs as defined in 42 U.S.C. § 1320a-7b(f) ("Federal Healthcare Programs"), (ii) has not been charged with a criminal offense other than a minor traffic violation, and (iii) is not, to the best of Resident's knowledge, under investigation or otherwise aware of any circumstances which may result in Resident being excluded from participation in Federal Healthcare Programs. This shall be an ongoing representation and warranty by Resident during the Training Period and Resident shall immediately notify Hospital of any change in the status of the representations and warranties. Any breach of the Agreement shall be cause for immediate termination of this Agreement by Hospital.

Arbitration

Subject to the foregoing, any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by arbitration in designated county in Florida, in accordance with the rules of the American Health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration and applying the laws of the State. Any award rendered by the arbitrator shall be final and binding upon each of the Parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs of the arbitrator shall in all instances be borne equally by each party hereunder. Resident must have exhausted all other procedural remedies set forth in their Agreement applicable to the dispute or controversy.

Responsibilities of Hospital

Education Program. Hospital shall provide and maintain GME programs accredited by ACGME, or other national accrediting body.

Graduate Medical Education (GME) Manual. Hospital shall make available to Resident online an electronic manual of written policies and procedures defining the duties and privileges of Resident participating in the Program ("GME Manual"), including, but not limited to requirements relating to employee physical and drug screenings, dress code, impairment and substance abuse, disabilities, and sexual harassment.

Conditions for Re-appointment and Promotion. Resident's re-appointment and promotion is contingent upon satisfactory academic and professional performance by Resident as determined by the Program Director and Program faculty, and in accordance with policies and procedures described in the GME Manual. Measures of performance and promotion shall include, but not be limited to, achievement of competency-based goals and objectives for each level of training and specialty-specific milestones. Hospital is not obligated to renew or extend this Agreement for subsequent training levels if Resident's academic and professional performance is determined to be unsatisfactory, subject to the provisions of due process set forth in the GME Manual . Hospital shall provide notice to Resident prior to the End Date of this Agreement regarding promotion to the next year of training or graduation from the Program. If the Resident will not be promoted, Hospital shall provide notice to Resident as circumstances reasonably allow prior to the End Date of this Agreement. Disputes that arise from Hospital's promotion or graduation decisions shall be directed through the grievance and due process procedures set forth in the GME Manual.

Professional Liability Insurance. FSU COM and Hospital shall provide professional liability insurance coverage for Resident's acts and omissions within the scope of the Program that occur within the term of the Training Period. Such professional liability coverage provided for the purpose of Program training does not extend to Moonlighting activities.

Eligibility for Specialty Board Examinations. Resident's Program and Hospital shall provide information to Resident related to eligibility for specialty-specific board examinations.

Clinical Experience and Educational Work Hours ("Duty Hours"). Hospital shall be responsible for promoting patient safety and a high-quality environment for education through carefully constructed "Duty Hour" assignments in compliance with current ACGME requirements. Duty Hour assignments shall include any approved Moonlighting activities per ACGME requirements as set forth in the policies and procedures in the GME Manual. Such policies and procedures shall govern professional activities performed by Resident outside the scope of this Agreement.

Grievance and Due Process. The Parties shall both comply with all grievance and due process policies and procedures set forth in the GME Manual to address Resident disputes or disagreements, including proposed suspension, non-renewal, non-promotion, or dismissal.

Evaluations

Timely feedback is important to Residents to help them recognize areas of their performance that require improvement and areas in which performance meets or exceeds expectations. Verbal feedback in real time is the most valuable for a clinical trainee to reflect on their behaviors and actions and determine what modifications need to be made. In addition, formal assessments need to be completed on clinical trainees at the completion of each rotation by faculty with whom they have worked. These assessments will be available (individually and in aggregate) for the Resident's review in New Innovations ("NI"). Faculty should be available for discussion of the Resident's performance and assessment.

Residents are also expected to provide feedback to others such as peers, faculty, and the program. Feedback should be constructive in nature and help in further development of the person or program being evaluated.

Formative Assessment (“Feedback”)

Frequent formative assessment (assessment designed to help Residents improve their performance), is a critical feature of all competency-based educational programs. While formative assessment is often verbal (e.g., feedback to clinical trainees after an observation), written formative assessment should be offered by faculty and can be collected independently to show improvement of performance over time. Formative assessment drives learning and helps our Residents reach both program and individual goals. We encourage programs to increase the use of formative assessment.

Teaching faculty are required to provide an assessment of the performance of Residents they supervise at the end of each rotation, or at least every three months for rotations longer than three months. These assessments are completed in New Innovations, FSU COM and healthcare partners' institutional residency management system.

The ACGME Milestone-based assessments must be utilized. Assessments in New Innovations can be linked to both the Milestones and the six ACGME competency areas (Patient Care, Systems-Based Practice, Interpersonal & Communication Skills, Practice-Based Learning and Improvement, Medical Knowledge, and Professionalism). These assessments frequently incorporate numerical rating scales with behavioral anchors to assess progress. Teaching faculty are strongly encouraged to include specific, narrative feedback on the assessment form, as these comments can be used formatively by clinical trainees and provide important data for the Clinical Competency Committee's (CCC) semi-annual review. Programs with Osteopathic Recognition will also incorporate the Osteopathic Principles into their assessments.

The number of assessments that each faculty member is required to complete varies with their individual service assignment and/or number of clinical trainees in a program. New Innovations will assign performance assessments to faculty by matching their service dates to the program's rotation schedule, or as queued by the Program Coordinator or other staff member. New Innovations notifies faculty via e-mail that they have assessments to complete. Upon logging into New Innovations, faculty can view a list of their assigned assessments; New Innovations will continue to send weekly reminders until assigned assessments have been completed. Those faculty who had limited or no teaching contact with the Resident may remove the evaluation from their listing by denoting insufficient contact to evaluate. Nonetheless, faculty are encouraged to provide feedback based on their observations of single encounters.

Additional Measurement used for Assessment Purposes

In addition to the formative assessments completed by faculty, programs are encouraged to use peer-to-peer, 360-degree, and self-assessments which contain an individual learning plan designed by the resident. multi-source assessments are extremely helpful to the CCC (Clinical Competence Committee), due to the variety of stakeholders who have an opportunity to participate. The forms for these assessments will be developed, deployed, and determined by individual programs. Additionally, patients may be asked to anonymously assess Residents who participated in their care at FSU COM and healthcare partners in the outpatient setting. The Press Ganey survey is sent to patients treated by a Resident in continuity clinics scheduled under their name, as well as being an add-on to the faculty survey for those working with faculty in their clinic.

Summative Assessment (“High Stakes”)

Summative assessments are used to evaluate resident/fellow learning, skill acquisition, and milestone achievement at the conclusion of each six months of training. It reflects progress over a period of time; what has been achieved, and what areas may be an opportunity for growth.

Many different components make up the summative assessments. Not only is it a summary of the formative assessments received during that time period, but an incorporation of feedback from other sources, such as procedural accomplishments during the period, peer feedback, patient feedback, test scores and scholarly accomplishments.

Faculty also receive summative assessments of their teaching skills using anonymous resident fellow feedback. Faculty can use this feedback to further hone their teaching skills, thus creating a robust learning community which encourages continual growth.

All evaluation data should be considered by the program for the overall assessment of a Resident’s performance. Documentation must be completed by the Program Director and shared with the Resident using the Summative Evaluation of Resident/Fellow Performance assessment. This documentation should indicate if the graduate trainee is achieving level appropriate specialty-specific competency Milestones and thereby is ready to progress to the next level of training or graduate from the program. Summative assessments are required for a graduate trainee’s permanent education file at least twice per year.

For ACGME accredited programs, CCCs are tasked with synthesizing assessments data in order to advise Program Directors regarding Residents’ progress on competency-based Milestones. Program Directors are required to review the CCC’s recommendations, make appropriate determinations regarding the Resident’s current level of competency and provide their objective assessments of progress to the ACGME at 6-month intervals.

Assessment of Teaching Faculty

Residents are required to complete anonymous assessments of their supervising teaching faculty at the end of each rotation; these assessments are administered via New Innovations. New Innovations will assign performance assessments to Residents by matching their service dates to the program’s faculty rotation schedule, or as queued by the Program Coordinator or other staff member.

At the end of each rotation, New Innovations notifies Residents via e-mail that they have assessments to complete. Upon logging into New Innovations, Residents can view a list of their assigned assessments; New Innovations will send weekly reminders until all assigned evaluations have been completed. Residents are not able to view their assessments until the assessments of faculty are submitted. Included in each teaching assessment are items which assess a range of teaching domains, including: the ability of a faculty member to establish a safe learning environment, provide specific, actionable feedback, and to teach effectively in a variety of settings. Residents are encouraged to provide narrative feedback highlighting areas of strength and targeted areas for improvement to aid in faculty development.

To assure timely feedback to teaching faculty, the anonymous staff teaching assessments completed by Residents will be available in an aggregate form once at least five (5) assessments are completed on a specific teaching faculty. This will not jeopardize the confidentiality of the

online system in New Innovations as faculty will be unable to review individual evaluations completed on them. Access to the aggregate staff teaching assessments is intended to afford each staff physician the opportunity to make improvements to their methodology for teaching clinical trainees.

Evaluation of Training Program

Residents and faculty are required to complete an annual survey in New Innovations or other survey system that anonymously evaluates the strengths and targeted areas for improvement of the training program. Trainees and Faculty members have an opportunity to answer questions about several factors that contribute to the overall effectiveness of their respective programs.

Information gathered from program assessments are helpful in measuring the effectiveness of the training program and are considered in future planning. The results are also used during the ACGME required Annual Program Evaluation (APE) process, which is monitored by the GMEC. Each clinical training program must undergo a PEC at least annually to assist in completing the APE. At this meeting, Residents and faculty discuss the quality of the training program, a variety of assessments, graduate performance on board examinations, as well as faculty development opportunities. Upon completion of the (PEC) the program prepares a written plan of action (APE) to document initiatives to improve performance. The action plan is to be reviewed and approved by the teaching faculty and documented in meeting minutes, which also includes attendance by program leaders, faculty, and Resident representatives. During the PEC meeting and APE the following year, discussion will focus on how successful the program was in executing the action plan of the prior year.

Performance

Occasionally Residents may need assistance in meeting competencies, milestones or may not be in adherence to institutional policies. Under such circumstances, remediation may be required. Remediation is not punitive, but constructive in nature. Remediation includes several steps, which are denoted below, however, some egregious behaviors may escalate directly to termination per institutional policies.

Programs are to utilize the standard Performance Action Report (PAR) and other supporting documents provided by the Department of Graduate Medical Education.

Counseling – Verbal and Written

Although a program has complete discretion regarding the appropriate handling or treatment of a Resident's performance, the following describes an example of how the counseling status may be applied: A first step may involve "verbal counseling". Verbal counseling may occur at any time or several times in a clinical trainee/research fellows training and should be noted in the clinical trainee/research fellow's department file. If performance continues without the desired improvement, the second step is "written counseling". The written counseling should involve the delivery of a written memo or other notification to the Resident that specifies the reasons for the written counseling and specific improvements, expectations, and timeline thereof and be kept in the Resident's department file.

Counseling is intended to be positive and constructive in nature and not negative or derogatory. Counseling, when appropriate, whether verbal or written, is an integral component of graduate medical education and should never be construed as a limitation or restriction on the Resident

or involve a special requirement to be met by the Resident. Counseling is not disciplinary, probationary, or investigatory in nature nor is advising necessarily a reflection of unsatisfactory performance or academic incompetence. Counseling is not an adverse charge or action and may not be appealed by the Resident.

While the GME Office encourages the Resident to address and resolve issues related to verbal and written counseling with their Program Director, officials in the GME Office are available to answer any questions and assist the Resident in resolving such issues.

Suspension

Suspension is the next progressive step in the performance process and is only utilized when lesser interventions have not been effective, or the performance requires suspension. Suspension can be with or without pay. The number of days the Resident is suspended for is determined based on the level of the performance infraction, a review of all available information and a collaborative discussion between the Program Director and Designated Institutional Official (DIO). The Clinical Competency Committee (“CCC”) may also be engaged in the decision-making process.

Probation

As a formal disciplinary action, Probation is reported to state medical boards, if applicable, in the training verification process. In the event of unsatisfactory performance (depending upon the nature and/or extent of the unsatisfactory performance) or if at the end of the timeline specified in the written counseling improvement plan, the Resident performance has not improved to the extent and within the period considered acceptable by the program, the Resident may be placed on Probation. The program invokes Probation status by written notification to the clinical trainee/research fellow. This formal written notification advises that his or her performance is not satisfactory and includes a clear statement that the Resident is on Probation. This notice to the Resident shall include a detailed description of the unsatisfactory performance, the expectations for performance improvement and time parameters in which performance is to improve. As a result of probation, Resident’s clinical duties and other activities may be restricted or otherwise curtailed by the Program Director. Probation is considered disciplinary action.

In the event a Resident is placed on probation, a copy of the probation notice shall be forwarded to the Designated Institutional Official (DIO) and Director of Graduate Medical Education. Since Probation is considered formal disciplinary action, it must be reported in the verification process (i.e., state medical board). The DIO and/or Director of Graduate Medical Education may meet with the Resident to discuss the Probation and the right to appeal the Probation.

Probation status may be issued for a predetermined period (for example, three months) or for an indefinite period, as determined by the program. The program also has the discretion to extend any period of Probation status. A Resident who has been placed on Probation shall have his or her progress toward performance improvement reviewed by the Program Director or designee on a regular basis.

The Program shall inform the Resident in writing when the Probation has been lifted and that the program is now satisfied with the improvement and status of their performance and no further disciplinary action is required. The Probation does remain in the Resident’s formal GME academic record and will be reported in verification requests.

The Probation designation may be appealed to the DIO by the Resident.

Appeal/Grievance Process

When the Resident is formally notified in writing of an adverse action (that he or she is being placed on probation status, being reappointed but not promoted to the next year of training, not reappointed, or being dismissed from the program) he or she may initiate an appeal procedure. The Resident shall follow the grievance policy contained in this manual.

Board Eligibility/Training Extensions

Some specialties may have specific requirements as to allowable time away during training as specified by the designated American Board of Medical Specialties (ABMS) Member Board. Each Member Board has its own requirements for allowable time away (absence from training). When a Resident requests a leave of absence, the Program Director is required to apprise the Resident of an extension to training, if an extension is known to be required at that time. Certification requirements for each specialty may be reviewed on the ABMS website or AOA website. Any request for a training extension must receive final approval by the Associate Dean/DIO.

A Resident may also be required to extend training to reach an acceptable level of performance to progress to the next graduate level or to successfully complete the training program. The Program Director is required to apprise the Resident of an extension to training for deficient performance in accordance with the GME Promotion Policy. The Program Director should advise a Resident of reappointment without promotion or extension to successfully complete the training program as soon as possible. Specific board requirements regarding allowable time away are provided on the ABMS website for each accredited program and the AOA website for each Osteopathic program and should be provided to the Resident at the beginning of the program and when a leave of absence may/will extend training. Any request for a training extension must receive final approval by the Associate Dean/DIO.

Promotion

All appointments shall be for a period not to exceed one year and may be renewed by the Director of Graduate Medical Education in writing, upon recommendation by the Program Director. Letters of reappointment generally are generated during the second half of each academic year. Since these offers are generated in advance of the conclusion of the academic year, each such letter of appointment is issued contingent upon the Resident's satisfactory completion of the current academic year. Therefore, in the event a clinical trainee/research fellow is dismissed at any time during the academic year or if for any reason fails to satisfactorily complete the academic year, any previously issued reappointment letter shall be considered null and void. In the event a decision is made not to reappoint or not to promote to the next graduate level, the Resident should be advised of such decision in writing by the Program Director as soon as possible. The Program Director must provide the Resident with as much written notice of the intent not to reappoint or not to promote as the circumstances will reasonably allow, prior to the end of the current appointment. This notice shall include a description of the grounds for the decision not to renew the Resident appointment or not to promote to the next graduate level. Non-promotion includes any extension of training in the final year of the program. The Resident

may appeal a non-reappointment or non-promotion by submitting a written request within two weeks of the meeting with the DIO per the Appeal/Grievance process.

Certificates of Completion

Official Certificates of Completion of Training are issued to Residents who have successfully completed a FSU COM and healthcare partners program in its entirety as determined by the program length approved by the ACGME.

The Certificate of Completion of Training will include the legal name of the Resident, dates of training and the name of the program as listed by the accrediting body or, in the case of non-accredited programs, as named when approved by the GMEC.

Resident Resources

Resident Association (RA)

The FSU COM and healthcare partners Resident Association (RA) is a peer-elected representative body of FSU COM and healthcare partners Residents. RA's mission is to promote resident personal well-being, professional experience, and education. It accomplishes this mission through serving as a liaison to our Graduate Medical Education Committee (GMEC) to help inform policy that improves the Resident work environment, as well as patient care. RA sponsors opportunities for professional development, wellness, educational seminars, community service, quality and patient safety, and social events throughout the year. The RA also promotes Resident involvement on various institution committees.

Employee Assistance Program (EAP)

FSU COM and healthcare partners provide anonymous, third – party providers for their Employee Assistance Programs (EAP). You may receive additional information from your Program or directly contacting Human Resources.

APPENDICES

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.

Florida State University College of Medicine
Graduate Medical Education
Policies and Procedures
Revision Date: February 2020
Date Approved by FSU GMEC: 2.13.20

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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Date Reviewed by FSU GMEC: 2.13.20

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.

Florida State University College of Medicine

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



DEPARTMENT: Graduate Medical Education	REPLACES POLICY DATED: February 13, 2020
APPROVED BY: GMEC	ACGME POLICY REFERENCE: <u>2022 Institutional Requirements:</u> <u>Institutional Requirements:</u> I.V.H. – IV.H.1.g)
EFFECTIVE DATE: July 1, 2023	
POLICY DESCRIPTION: RESIDENT LEAVE	

PURPOSE:

The ACGME requires the sponsoring institution to provide written institutional policies regarding resident leave; these policies must comply with applicable laws. This policy must ensure that each program provides its residents 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).

DEFINITIONS

Paid Time Off (PTO) – employer provided benefit. For purposes of this policy, this will encompass vacation, sick, bereavement, parental, caregiver, medical, and all other applicable time off that our healthcare partners provide to the Residents. Each healthcare partner provides similar; however, different PTO programs based upon their system policies.

Program – An ACGME accredited or non-accredited program

Resident/Fellow – any physician in an accredited or non-accredited graduate medical education program. The term “Resident” will be used in the policy to define both a Resident and a Fellow.

DESCRIPTION

Because the Florida State University College of Medicine Graduate Medical Education (GME) Programs occur in different clinical institutions, the specific number of days of 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. All residents 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.

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

Parental/Caregiver/Medical Leave

1. The ACGME requirement (IV.H.1.a) requires and provides Residents with a minimum of six weeks



of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME – accredited program, starting the day the Resident is required to report.

2. The ACGME requires (IV.H.1.b) and provides that Residents with at least the equivalent of 100 percent of their salary for the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken
3. The ACGME requires (IV.H.1.c) and provides Residents with a minimum of one (1) week of paid time off reserved for use outside of the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken
4. The ACGME requires (IV.H.1.d) and provides Residents receive the continuation of health and disability insurance benefits for Residents and their eligible dependents during any approved medical, parental, and caregiver leave(s) of absence
5. If the leave period exceeds these 6 weeks, the resident may extend paid leave using any available vacation leave; the remainder of leave will be unpaid. A parental leave period may begin two weeks before the expected date of the child’s arrival and must occur within 12-months of the child’s birth/adoption. Residents/fellows who plan to utilize parental/caregiver/medical leave are expected to notify their PD as soon as possible of their intent to use this leave to facilitate appropriate scheduling. Complicated pregnancy or delivery will be handled in accordance with the FMLA and disability policies. The total time allowed away from a program in any given year, or for the duration of the program, will be determined by the requirements of the specialty board involved. Any absences must be made up in accordance with specialty board policy.

FMLA ENTITLEMENT

The Family and Medical Leave Act (“FMLA”) provides eligible employees with up to 12 work-weeks of unpaid, job-protected leave per year and requires group health benefits to be maintained during the leave as if the employees continued to work rather than taking leave. Residents may choose to use accrued paid vacation and/or sick leave instead of unpaid leave for any portion of the 12 work-weeks. The employer will grant an eligible employee up to a total of 12 work-weeks of unpaid leave during the FMLA Benefit Year for one or more of the following reasons:

- for incapacity due to pregnancy, prenatal medical care, or childbirth;
- placement of a child with the employee for adoption or foster care, and to care for the employee’s newly adopted child or child newly placed in the foster care of the employee;
- to care for the employee’s family member with a serious health condition;
- the employee’s serious health condition.

Eligibility

All residents/fellows are eligible for up to 12 work-weeks of FMLA leave once they have worked at their employer at least 12 months (need not be consecutive) or at least 1,250 hours during the 12 months prior to the start of the FMLA leave.

Serious Health Condition

Serious health condition means an illness, injury, impairment, or physical or mental condition that



involves:

- any period of incapacity or treatment connected with inpatient care in a hospital, hospice, or residential medical care facility; or
- a period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider; or
- any period of incapacity due to pregnancy, or for prenatal care; or
- any period of incapacity (or treatment therefore) due to a chronic serious health condition; or
- a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective; or,
- any absences to receive multiple treatments (including any period of recovery therefrom) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than three consecutive days if left.

Definition of Family Member for Purposes of FMLA Leave

The Federal definition of “immediate family member,” for purposes of FMLA leave requests, is an employee’s spouse, children (son or daughter), and parents. The University’s definition for “immediate family member” includes an employee’s spouse, domestic partner, great-grandparent, grandparent, parent, brother, sister, child, grandchild, or great-grandchild, or the grandparent, parent, brother, sister, child, grandchild, or great- grandchild of the employee’s spouse or domestic partner, or the spouse or domestic partner of any of them. Immediate family member also includes individuals for whom the employee is the current legal guardian.

While use of vacation and/or sick leave and extended medical leaves of absence are available for employees to use for the care of family members who meet the definition of immediate family member, those absences will not be designated as qualifying as FMLA leave unless the employee’s family member also meets the federal definition of immediate family member.

Requesting FMLA

A resident must provide his/her program at least 30 days advance notice before FMLA leave is to begin if the leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or of a family member. If 30 days’ notice is not practicable, notice must be given as soon as practicable.

The resident will confirm with their Office for Human Resources Services whether he/she is eligible for leave under FMLA. If he/she is eligible, the Office for Human Resources Services will provide the resident notice of his/her rights and responsibilities and will specify any additional information that may be required to be submitted. If the resident is not eligible for FMLA leave, the notice from the Office for Human Resources Services will provide a reason for the ineligibility.

Completed FMLA paperwork must be turned into either the PD or the Office for Human Resources Services, including physician certification before the leave begins.



Additional FMLA information is available on the Department of Labor's website
<http://www.dol.gov/whd/regs/compliance/posters/fmla.htm>

PROCEDURES/RESPONSIBILITIES:

1. Program Director Responsibilities

- a. Responsible for oversight, management, and administration of leave
- b. Provide the Central GME Office with reports related to FMLA or other type of extended leave
- c. Assist residents in understanding and complying with the leave policy

2. Resident/Fellow Responsibilities

- a. All residents/fellows are responsible for understanding the leave policy.
- b. It is the sole responsibility of the resident to:
 - a. Understand the amount of leave they have available
 - b. Follow the process to request leave
 - c. Engage Program leadership to request leave
 - d. Notify Program leadership if leave needs to be extended for extenuating circumstances
 - e. Understand the requirements for Board certification based on their specialty
 - f. Accurately and completely document their leave

3. GME Office Responsibilities

- a. FSU GMEC will review each hospital partners' leave policy to ensure compliance with the outlined ACGME leave requirements
- b. The GME Office will monitor Program compliance with all applicable requirements and laws regarding leave.
- c. Engage in mediation in the event there is disagreement between the Resident and Program leadership regarding leave
- d. Investigate and resolve instances of a violation(s) to the policy

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.

FSU College of Medicine Graduate Medical Education (GME)

Institutional Sponsorship Policies and Procedures

Rev. Feb. 2020

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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 ACGME Survey of Residents/Fellows; and
 - c. Periodic monitoring of individual programs.

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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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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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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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6.6 POLICY: DIVERSE AND INCLUSIVE WORKFORCE

PURPOSE:

This policy is to state how the Sponsoring Institution, in partnership with its programs, engages in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents/fellows, faculty members, senior administrative staff members, and other relevant members of its academic community.

DESCRIPTION:

Diversity refers to the traits and characteristics that make people unique while inclusion denotes the behaviors and social norms that ensure people feel welcome.

POLICY:

The FSU COM is committed to increasing the number of doctors from underrepresented minorities. Diversity is a considered a strength and essential for facilitating inclusiveness, mutual respect and the appreciation of multiple perspectives. It enhances creativity and thoughtfulness in patient care and research, and serves as a catalyst for change which ultimately leads to better solutions to the healthcare needs of the populations served. Inclusion is a critical element for successfully achieving diversity.

Inclusion is achieved by nurturing the climate and culture of the hospital/clinical partner(s) through professional development, education, policy and practice. The objective is to create a climate that fosters belonging, regard and value for all and to encourage engagement and association throughout the program and institution being mindful of all aspects of human distinctions. (See policy 2.1)

All programs should strive to create an environment that reflects the diversity within the community, bringing about greater health care equality and a reduction of health care disparities by recruiting academically gifted and diverse residents/fellows, faculty members and staff. Programs are required to keep the GMEC apprised of progress on these important topics, and also include this information in the Annual Program Evaluation and the Annual Institutional Review. Additionally, all personnel are encouraged to participate in community service projects.

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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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7.1 POLICY: QUALITY IMPROVEMENT / PATIENT SAFETY

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 incoming residents must complete the Institute for Healthcare Improvement independent study modules on quality improvement and patient safety. All residents/fellows must receive instruction in and must participate in appropriate components of the clinical 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, Grand Rounds, committee participation, online education modules, 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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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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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.

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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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8.3 POLICY: RESEARCH

The Division of Research and Graduate Programs is responsible for all matters pertaining to research and contractual agreement proposals until such time as the contract, grant, or sub-contract is awarded. ALL proposals and contractual agreement requests must be reviewed and signed by the College of Medicine's Senior Associate Dean for Research and Graduate Programs.

The Division's Office of Research Administration (Med-RA) will facilitate proposal development, approvals at the college and institutional level, and submittal.

Refer to the Division of Research & Graduate Programs web page for specific guidance and proposal development resources.

Responsibilities of the Principal Investigator (PI):

- 30 days before the sponsor's due date email Med-RA (research@med.fsu.edu) to give notice of your anticipated proposal. Provide as much detail about the potential proposal and funding announcement as is available.
- 10 days before the sponsor's due date provide all required components of the proposal (draft form is acceptable) to Med-RA for review.

Responsibilities of Med-RA:

- Review funding opportunity and/or contract guidelines and facilitate any clarifications.
- Notify appropriate institutional approvers of upcoming submission
- Prepare draft budget and assist the PI with refinements
- Guide and assist the PI with development of required proposal components
- Prepare all FSU-specific required forms
- Facilitate all required approvals
- Assist with electronic submittals

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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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8.5 POLICY: CERTIFICATES OF COMPLETION

PURPOSE:

The purpose of this policy is to ensure that the training certificates are accurate and completed centrally by the GME Office.

POLICY:

Residents/Fellows who have satisfactorily completed training requirements (as determined by the program director and Clinical Competency Committee) shall be issued a completion certificate. Official medical degree (MD / DO) will be listed; however, any other degree (MBA, MPH, PhD, etc.) will be listed upon request if the resident/fellow provides official documentation of the degree from the awarding institution. Such documentation should be provided no later than 90 days prior to the completion date.

Certificates will be provided to trainees in ACGME and non-accredited programs where the trainee completes the full residency/fellowship required length of training. Certificates will be signed by the COM dean, department chair, DIO and program director, and hospital/clinical administrator as applicable. A copy of the fully executed certificate should be made by the program coordinator and maintained in the personnel / portfolio file.

Certificates may be replaced if lost. The following process should be followed to obtain a duplicate certificate of completion:

- Submit a completed written request form (see next page) to the GME Office to obtain a certificate of completion
- Submit a money order made out to FMPP for \$35.00
- The GME Office will verify training information, obtain signatures from COM personnel on the certificate and forward it to the applicable program and hospital/clinical facility for signatures along with a pre-paid FedEx 2Day® slip.
- The program coordinator will mail the certificate of completion to the *address on the request form
- Processing time will depend on verification and obtaining approval and all signatures

Chief resident certificates, and preliminary resident certificates, will be issued for completion of one full year of assignment as according to the program director.

*Out of country addresses may have additional cost for mailing

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REQUEST FOR REPLACEMENT CERTIFICATE OF TRAINING COMPLETION

Certificates may take 3-4 weeks to process and will be mailed via FedEx 2Day®. Include your email address to have tracking information sent to you.

Mail this form with a *\$35 money order (made payable to FMPP) to:

Attn: Connie Donohoe, MPH, C-TAGME
 Florida State University College of Medicine
 Graduate Medical Education Office
 1115 West Call Street
 Tallahassee, FL 32306-4300

PRINT OR TYPE:

Resident/Fellow Name: _____

(Name used during training) Training Program: _____

Type of Training Program: _____

Location of Training Program: _____

Graduation Year: _____ Date of Birth: _____

Phone: _____

Email: _____

Mailing Address for Certificate:

*Out of country addresses may have additional cost for mailing

For GME Office Use:

Resident/Fellow Training File Verified

Money Order Received & Submitted to FMPP

Processed by: _____ Date: _____