



# MOREHOUSE

---

## SCHOOL OF MEDICINE

Cardiovascular Disease  
Fellowship Program  
Policy Manual

**Academic Year**  
**2023-24**

## Table of Contents

<b>Table of Contents</b> .....	<b>2</b>
<b>Preface—Our Vision and Mission</b> .....	<b>5</b>
<b>Graduate Medical Education (GME)</b> .....	<b>6</b>
<b>The Scope of This Manual</b> .....	<b>7</b>
Welcome from the GME Office!.....	8
Message from the Program Director .....	9
<b>Welcome from the Resident Association</b> .....	<b>11</b>
Resident Association Mission.....	11
Bylaws of the Morehouse School of Medicine Resident Association .....	11
<b>General Information for Faculty Members</b> .....	<b>15</b>
<b>General Information for Residents and Fellows</b> .....	<b>17</b>
<b>Cardiovascular Disease Fellowship Program Handbook</b> .....	<b>20</b>
<b>Department of Medicine Residency Program Contact Information—2023-2024</b> .....	<b>21</b>
Internal Medicine Residency Office.....	21
Cardiology Faculty and Staff .....	21
Division of Cardiology Fellow Roster.....	<b>Error! Bookmark not defined.</b>
<b>Program Goals and Objectives</b> .....	<b>22</b>
ACGME Core Competencies.....	23
<b>Fellowship Training Overview</b> .....	<b>27</b>
First Year Fellowship Training—PGY-4 .....	27
Second Year Fellowship Training—PGY-5.....	29
Third Year Fellowship Training—PGY-6 .....	30
<b>Orientation</b> .....	<b>33</b>
MSM Internal Medicine Benefits.....	33
<b>General Information</b> .....	<b>34</b>
A.I.R. and Code of Conduct.....	34
Adherence to Policies and Procedures .....	34
Faculty Advisor Roles and Responsibilities .....	35
Chief Medical Fellow.....	35
Educational Managers, Coordinators, Course Directors .....	36
Required Electives at Grady VA or Away Electives .....	36
Assessments for Rotations.....	37
Required Procedures.....	37
Online Databases for Medicine and Cardiology.....	37
Away Electives .....	39
Call Schedules .....	40
Conferences.....	40
Didactics/Initiatives .....	42
<b>Fellow Evaluations</b> .....	<b>43</b>
Evaluation of Clinical Competence.....	43
ABIM In-Training Examination.....	44
ABIM Certification in Internal Medicine .....	44
<b>Research and Scholarly Activity Guidelines</b> .....	<b>45</b>
Conferences, Presentations, and Research .....	46
Cardiovascular Disease Fellowship Block Schedule .....	50
Cardiovascular Disease Fellowship Third Year Master Schedule.....	51
<b>Cardiovascular Disease Fellowship Program Policy on Policies</b> .....	<b>52</b>

Adverse Academic Decisions and Due Process .....	52
Fatigue Mitigation Plan .....	52
GME Physician Well-Being Policy .....	53
<b>Promotion Criteria .....</b>	<b>55</b>
Promotion from PGY-4 to PGY-5 .....	55
Promotion from PGY54 to PGY-6.....	55
PGY-6 Graduation Criteria.....	56
<b>Clinical Competency Committee (CCC) .....</b>	<b>57</b>
CCC Composition .....	57
Committee Responsibilities .....	57
Meeting Frequency .....	57
Procedure.....	58
Recommendations .....	59
<b>Evaluations .....</b>	<b>60</b>
Fellow Performance Feedback and Evaluation.....	60
Program Director Evaluations.....	60
Program Evaluation Committee (PEC).....	60
<b>Quality Improvement and Patient Safety Guidelines .....</b>	<b>63</b>
<b>House Staff Procedure Supervision Table .....</b>	<b>64</b>
Levels of Supervision.....	64
Communication Requirements .....	64
Inpatient supervision .....	65
Outpatient supervision .....	65
Supervision of Consultations .....	65
Supervision of Procedures.....	65
Supervision of Emergencies.....	65
Progressive Authority and Responsibility, Conditional Independence, Supervisory Role in Patient Care .....	66
Clinical Responsibilities by PGY Levels for Supervision .....	66
<b>Cardiovascular Disease Fellowship Rotations .....</b>	<b>67</b>
Cardiac Catheterization Rotation.....	67
Cardiovascular Medicine Consult Service Rotation .....	72
Coronary Care Unit Rotation .....	75
Echocardiography Rotation .....	82
Elective Rotation.....	86
Electrophysiology Rotation .....	89
Adult Cardiology Congenital Heart Disease Elective Rotation .....	96
Advanced Imaging Rotation .....	101
Nuclear Cardiology Rotation.....	105
Research Rotation .....	109
Vascular Medicine Rotation.....	113
CT Surgery Elective Rotation .....	117
<b>Graduate Medical Education Committee (GMEC).....</b>	<b>119</b>
<b>Policies, Procedures, Processes, and Program Templates .....</b>	<b>119</b>
Adverse Academic Decisions and Due Process Policy .....	120
Annual Institution and Program Review Policy .....	130
Concern and Complaint (Grievance) Policy for Residents and Fellows.....	135
Disaster Preparedness Policy .....	138
Educational Program Requirements Policy.....	144
Evaluation of Residents, Fellows, Faculty, and Programs Policy.....	149
Graduate Medical Education Committee Purpose and Structure Policy .....	156

International Elective Rotations Policy and Application .....	160
Moonlighting Policy .....	170
Night Float Policy .....	175
Patient Hand-Off—Transitions of Care Policy .....	180
Professionalism Policy .....	184
Program Closure Policy .....	190
Resident and Fellow Eligibility, Selection, and Appointment Policy .....	192
Resident and Fellow Impairment Policy .....	204
Resident and Fellow Learning and Working Environment Policy .....	209
Resident and Fellow Leave Policy .....	217
Resident and Fellow Promotion Policy .....	221
Sleep Deprivation and Fatigue Policy .....	224
Supervision and Accountability Policy .....	228
Supervision and Accountability Policy—Cardiovascular Disease Fellowship Program .....	232
Telemedicine Policy .....	235
Tracking, Monitoring, Logging, and Reporting Policy .....	237
Transition of Care Policy for Cardiovascular Disease Fellowship Program .....	239
USMLE Step 3 Requirement Policy .....	242
Visiting Resident and Fellow Rotations Policy and Application .....	244
Well-Being Policy .....	250
<b>MSM Institutional Policies .....</b>	<b>252</b>
Accommodation of Disabilities Policy .....	253
Affirmative Action/Equal Employment Opportunity Policy .....	256
Nepotism Policy .....	257
Sex/Gender Non-Discrimination and Sexual Harassment Policy .....	259
Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy .....	277
Workers' Compensation Policy .....	289

## Preface—Our Vision and Mission

### MSM Vision

Leading the creation and advancement of health equity by:

- Translating discovery into health equity
- Building bridges between healthcare and health
- Preparing future health learners and leaders



### MSM Mission

We exist to:

- Improve the health and well-being of individuals and communities;
- Increase the diversity of the health professional and scientific workforce;
- Address primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

### **“We are on a mission”**

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

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

Put simply, we attract and train the doctors and health professionals America needs most: those who will care for underserved communities; those who will add racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague the community and the nation.

Likewise, our researchers seek to understand not only the biological determinants of illness and health, but also the social determinants: the circumstances in which someone is born, lives, works, and ages. These circumstances can be shaped by diverse forces, but can be just as powerful as physiology, if not more so, when it comes to health and wellness.

## **Graduate Medical Education (GME)**

GME is an integral part of the Morehouse School of Medicine (MSM) medical education continuum. Residency is an essential dimension of the medical student's transformation into an independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally concentrated effort on the part of the resident.

The five MSM residency education goals and objectives for residents are to:

- Obtain the clinical knowledge, competencies, and skills required for the effective treatment and management of patients;
- Prepare for licensure and specialty certification;
- Obtain the skills to become fully active participants within the United States healthcare system;
- Provide teaching and mentoring of MSM medical students and residents;
- Support in a direct way the school's mission of providing service and support to disadvantaged communities.

### *Graduate Medical Education Institutional Aim*

GME at MSM aims to train focused and well-balanced practitioners who will broaden the diversity in healthcare and scientific health workforce in order to eliminate health disparities and to advance health equity in urban and rural populations in Georgia, the nation, and throughout the world

### *Graduate Medical Education Institutional Diversity Statement*

GME at MSM recruits trainees from diverse backgrounds and perspectives and trains them to make a positive impact on healthcare while offering culturally competent and compassionate care. We strive to develop leaders who provide this culturally sensitive care to an inclusive patient and patient family populations and who will develop innovative approaches to widen the pipeline for quality healthcare and promote the advancement of health equity.

### *Graduate Medical Education Institutional Wellness Statement*

MSM creates, nurtures, and sustains a diverse and inclusive culture and psychologically safe learning and work environments in which all employees are encouraged to bring their best and authentic selves to work and who are empowered to do so in support of creating and advancing health equity.

**EXCELLENCE**

**KNOWLEDGE**

**SERVICE**

## The Scope of This Manual

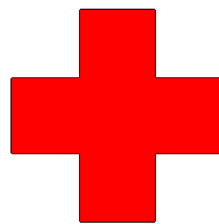
The Graduate Medical Education (GME) Policy Manual is an outline of the basic GME policies, practices, and procedures at Morehouse School of Medicine (*MSM* or *School*). The GME Policy Manual is intended only as an advisory guide. **The term *resident* in this document refers to both specialty residents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

This policy manual should not be construed as, and does not constitute, an offer of employment for any specific duration. This policy manual does not constitute an expressed or implied contract of employment for any period of time. Either MSM or an employee may terminate the employment relationship at any time with or without cause and with or without notice.

MSM will attempt to keep the GME Policy Manual and its online version current, but there may be cases when a policy will change before this material can be revised online. Therefore, you are strongly urged to contact the GME Office to ensure that you have the latest version of MSM's policies.

Policy updates will be communicated to the MSM community via email and will be posted on the MSM internet site. MSM may add, revoke, suspend, or modify the policies as necessary at its sole discretion and without prior notice to employees. This right extends to both published and unpublished policies. A copy of the GME Policy Manual can be downloaded from the MSM website.

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



## Welcome from the GME Office!



Dear New and Continuing Residents and Fellows:

Welcome to the 2023-24 academic year of training! The Graduate Medical Office supports and provides oversight to all its ACGME-accredited residency and fellowship programs. As the Designated Institutional Office (DIO), I am committed to ensuring that our residents and fellows receive quality educational experiences and the necessary resources to successfully complete residency training.

MSM GME provides a very competitive fringe benefits package to residents. Our resident stipend amounts rank above the 75<sup>th</sup> percentile nationally, and the benefits package includes excellent health coverage. Our programs provide vacation and sick leave benefits that are generous compared to other national training programs.

All Morehouse School of Medicine residency/fellowship programs provide and pay for the following resources:

- Board review preparation for seniors
- Yearly book allowance
- iPads or laptops for all new residents/fellows
- iPhones
- Life support certification and recertification
- Marketing collateral—t-shirts, lunchboxes, coffee cups, etc.
- Paging system
- Resident/fellow travel to conferences
- Temporary state medical licenses
- White lab coats

As a life-long teacher, I enjoy interacting with residents and, in that interaction, strive to acquire resident input and feedback on improving our institution and programs. My expectations for MSM GME residents/fellows are that you:

- Dedicate yourself and your hard work to learning and providing top quality care to our patients;
- Contribute to and be part of solutions to improve and innovate our institution; and
- Advocate for the community.

I look forward to working with you all in the upcoming year. Please feel free to contact the GME Office with questions or concerns.

*Chinedu Ivonye, M.D., F.A.C.P.*  
ACGME Designated Institutional Official

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



## Message from the Program Director



To our incoming fellows:

I would like to welcome you to the Cardiovascular Disease Fellowship Program of Morehouse School of Medicine. We're happy that you're continuing medical education with MSM. The program will provide you with a robust clinical, educational, and research experience as part of your medical training.

The Cardiovascular Disease Fellowship Program accepted its first two candidates in July 2017 and in July 2019 had filled six fellowship positions. Long before the first candidates were accepted, however, Morehouse School of Medicine was committed and dedicated to serving the underserved while pursuing excellence in medical education. The leadership of the medical school has extended the mission of the Department of Medicine to our Cardiovascular Disease fellowship, that of improving the health and well-being of individuals and communities of Atlanta, Georgia.

The Cardiovascular Disease Fellowship Program of Morehouse School of Medicine combines innovative training and site designation for optimal education of our participants. Our fellows receive a wide range of in-depth experience in each rotation with sites selected specifically to provide the best learning and fellow experience. These sites include Grady Memorial Hospital in Metro Atlanta, the largest community hospital in the city and the only Level I Trauma Medical Center in Atlanta.

Cardiovascular Disease fellows:

- Learn to serve a diverse patient population suffering from a wide range of cardiovascular pathology.
- Receive “bread and butter” experiences of consultative cardiology, echocardiography and nuclear imaging, cardiac catheterization, and electrophysiology training at the main Grady Campus.
- Participate in a STEMI program with our interventional cardiologist, developing an appreciation and confidence in management of patients requiring primary percutaneous coronary intervention. The Grady STEMI program, co-managed by the medical schools of Morehouse and Emory, has become a model of a successful collaboration between academic institutions, providing all fellows excellent training in radial and femoral access with diagnostic cardiac catheterizations.

The Cardiovascular Disease Fellowship Program also partners with medical institutions across the region to provide a deeper experience and skillset training in many areas of cardiology. Our partner institutions include the Atlanta Veterans Affairs Medical Center (electrophysiology), the University of Alabama School of Medicine (advanced imaging/MRI), Emory University School of Medicine (advanced heart failure and adult congenital heart disease), and Navicent Health in Macon, Georgia (advanced cardiac catheterization). Each institution is committed to working with Morehouse School of Medicine, placing emphasis on education and skills competency to enrich our fellows' educational experience.

We provide a rich didactic experience for our fellows which includes a diverse portfolio of noon conferences, Grand Rounds lectures, and Journal Club discussions. We enrich our fellowship experience with strong mentorship and research training, providing dedicated fellows the opportunity to experience several cardiac research conferences through the American College of Cardiology, the American Heart Association, the Heart Failure Society of America, and many other organizations. Our fellows have access to the Cardiovascular Research Institute (CVRI) on the main campus of Morehouse School of Medicine, further providing a rich research experience within the institution.

The mission of the Cardiovascular Disease Fellowship Program aligns with the mission of Morehouse School of Medicine with the intent and commitment to train exceptional cardiovascular medicine physicians able to thrive in any academic, research, or private practices setting. We are committed to the development of compassionate and knowledgeable cardiologists, capable of providing unparalleled care to the patients and communities they serve.

On behalf of our entire department and the fellowship program, I welcome you to the Morehouse School of Medicine family.

Sincerely,  
Melvin R. Echols  
Assistant Professor of Medicine  
Cardiovascular Disease Fellowship, Program Director

For more information for prospective fellows, visit our website:  
<http://directory.msm.edu/Education/internalMedicine/cardiovascularfellowship/index.php>.

For information about the application process, program overview, prerequisites, and requirements, visit the Morehouse School of Medicine cardiology fellowship website:  
<http://directory.msm.edu/Education/internalMedicine/cardiovascularfellowship/howtoapply.php>

[Return to Table of Contents](#)

## **Welcome from the Resident Association**

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

Membership in the RA is extended to all residents. These bylaws outline the structure and purpose of the association. Residents are encouraged to become involved in the Morehouse School of Medicine Resident Association and to use it as a vehicle for communication regarding direct involvement in policy-making, institutional administration, and interdepartmental coordination.

### **Resident Association Mission**

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

### **Bylaws of the Morehouse School of Medicine Resident Association**

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

#### **ARTICLE I**

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

#### **ARTICLE II**

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

#### **ARTICLE III**

#### **OFFICERS, COMMITTEES, AND RESPONSIBILITIES OF MEMBERS-AT-LARGE**

##### ***Section 1: Officers***

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

- B. The President-Elect, in the absence of the President, shall assume all his or her duties and shall have all his or her authority. He or she shall represent the Resident Association on the Graduate Medical Education Committee as a voting member. He or she shall have the authority to correspond and communicate resident concerns, and to address confidential matters as necessary.
- C. The Secretary-Treasurer shall keep accurate records of all meetings, call meetings on behalf of the President, and perform such duties as ordinarily pertain to his or her office. The Secretary-Treasurer shall take direction from the President, President-Elect, and the Executive Committee. He or she shall act as Treasurer of the Morehouse School of Medicine Resident Association when necessary.

***Voting of Officers:***

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

**Section 2: Committees**

- A. **Resident Association Executive Committee**—The Morehouse School of Medicine Resident Association shall have an Executive Committee. The membership of the Executive Committee shall consist of the President, President-Elect, and Secretary-Treasurer.
- B. **Resident Association Council**—The Morehouse School of Medicine Resident Association shall have a Council. The membership of the RA Council shall consist of at least two (2) members-at-large representing each residency program: Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventative Medicine, Psychiatry, and Surgery.
- C. **Members-at-Large**—These members must be peer-selected on an annual basis with one resident designated as the RA voting representative of the Executive Committee, therefore ensuring one vote per program.
- D. **Ex-Officio Members**—The President, President-Elect, and Secretary-Treasurer of the Resident Association shall be ex-officio members of the RA Council.
- E. **Standing and Special Committees of the Resident Association**—All committee representatives shall be appointed by the President. Standing committees shall be appointed for one year. Special committees shall retain their appointments until discharged by the President. Committees shall be reconstituted annually. Appointed representatives to committees are responsible for providing a brief written summary to the RA Officers within seven (7) days of attending a committee meeting.

**Standing Committees:**

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

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

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

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

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

**ARTICLE IV  
MEETINGS**

**Section 1: Regular Meetings—RA Council**

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

**Section 2: Special Meetings—Executive Committee**

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

**Section 3: Quorum**

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

**Section 4: Meeting Agendas**

- A. The agenda at any regular RA Council meeting shall be:
  - 1. Call to order
  - 2. Reading of the minutes of the last regular and all special meetings
  - 3. Unfinished business
  - 4. Communications
  - 5. Reports, as indicated, from representatives of standing and special committees
  - 6. New business
  - 7. Adjournment
  
- B. The agenda at special (Executive Committee) meetings shall be:
  - 1. Reading of the notice calling the meeting
  - 2. Discussion of the business for which the meeting was called

**ARTICLE V  
AMENDMENTS**

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

**ARTICLE VI  
ADOPTION**

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

[Return to Table of Contents](#)

## **General Information for Faculty Members**

The Graduate Medical Education Committee (GMEC) highly values the contributions of our faculty members. The GMEC agrees with, supports, and adheres to the ACGME requirements and standards as related to faculty members as follows (reference: ACGME Common Program Requirements July 1, 2019):

Faculty members are a foundational element of graduate medical education—faculty members teach residents/fellows how to care for patients. Faculty members provide an important bridge allowing residents/fellows to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach.

By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents/fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the wellbeing of the residents, fellows and themselves.

### **Per Section II.B. of the ACGME Common Program Requirements**

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

#### Responsibilities of Faculty Members

Faculty members must:

- Be role models of professionalism.
- Commit to the delivery of safe, equitable, high quality, cost-effective, patient-centered care.
- Demonstrate a strong interest in the education of residents/fellows.
- Devote sufficient time to the educational program to fulfil their supervisory and teaching responsibilities.
- Administer and maintain an educational environment conducive to educating residents/fellows.
- Participate regularly in organized clinical discussions, rounds, journal clubs, and conferences.
- Pursue faculty development designed to enhance their skills at least annually:
  - As educators and evaluators,
  - In eliminating health inequities,
  - In quality improvement and patient safety,
  - In fostering their own well-being and that of their residents/fellows, and
  - In patient care based on their practice-based learning and improvement efforts.

### Faculty Qualifications

Faculty members must:

- Have appropriate qualifications in their field and hold appropriate institutional appointments;
- Have current certification by the American Board of the specific specialty or the American Osteopathic Board of the specific specialty, or possess qualifications judged acceptable to the Review Committee; and
- Possess current medical licensure and appropriate medical staff appointment.

Core faculty members must:

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

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

### **ACGME Specialty Review Committees**

#### ACGME Specialty Review Committees:

- May further specify additional physician and non-physician faculty member qualifications;
- Must specify the minimum number of core faculty and/or the core faculty to resident/fellow ratio; and
- May specify requirements specific to associate program director(s).

[Return to Table of Contents](#)



## **General Information for Residents and Fellows**

### **Access to Information**

- Each resident shall be provided with the right to access MSM and affiliate policies, procedures, medical staff bylaws, quality assurance requirements, and personal educational information.
- Each resident shall have access to the internet and information retrieval sites through residency program computers, limited access from home computers (upon request), or from the MSM library system.
- Residents are briefed and tested regarding their responsibility to maintain patient confidentiality as guided by HIPAA regulations established in April 2003 and by MSM compliance requirements.

### **Compensation**

- Morehouse School of Medicine (MSM) compensates residents directly. The Graduate Medical Education Committee (GMEC) annually develops and recommends annual stipend (salary) amounts for each PGY level.
- The stipend scale allows residents to receive an increase in compensation for each graduated education level.
- An individual assigned as a chief resident will receive a higher stipend amount for his or her administrative duties.

### **Eligibility for Specialty Board Examination**

Each resident should become familiar with the requirements of her or his specialty board as listed on the American Board of Medical Specialties (ABMS) website or on the individual specialty website. The resident's program administration representative can assist in finding this information.

### **Email Requirement**

All residents are required to utilize Morehouse School of Medicine email addresses for all business and educational email communication. MSM email addresses are provided/assigned at the beginning of residency training.

### **Exposures to Blood, Body Fluids, and Biohazardous Materials**

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

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

### Fringe Benefits and Resources for Residents/Fellows

- **Benefits:** In addition to salary, Morehouse School of Medicine offers residents and their eligible dependents health insurance benefits. Residents are also provided disability insurance benefits, confidential counseling and psychological services, vacation, parental, sick or other leave with coverage starting the first recognized day of the training program. These offerings are uniform for all residents and administered by MSM Human Resources in accordance with the vendor programs and/or policies in force at the time of this agreement. Detailed information on fringe benefits for residents can be provided by the MSM Human Resources Department at (404) 752-1607 or [benefits@msm.edu](mailto:benefits@msm.edu).

Residents/fellows can also log in to MSM connect at <https://msmconnect.msm.edu/group/mycampus/89>.

- **Counseling:** Short term counseling is available from MSM Counseling Services, Shawn Garrison, Ph.D. at (404) 752-1789, or [sgarrison@msm.edu](mailto:sgarrison@msm.edu).
- **Cigna Employee Assistance Program (EAP), CARE 24/7/365:** This benefit is available for residents as a self-referral or for family assistance. Residents are briefed on these programs by the Human Resources Department during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling. More information regarding these programs is available in the Human Resources Department at (404) 752-1600, or by calling Cigna EAP directly at (877) 622-4327 and online at [www.CignaBehavioral.com](http://www.CignaBehavioral.com) using the employer ID: MSM as the login.
- **Equipment:** iPhones, iPads, and/or laptops must be returned by residents who do not complete their program.
- **Laboratory (White) Coats:** Clinical laboratory coats are provided to residents free of charge but are subject to the requirements of MSM and the rules of the affiliates.
- **Leave:** As addressed in the resident/fellow leave policy, residents/fellows are cautioned that to fulfill the program requirements and that of the specialty certification board, it may be necessary for the resident to spend additional time in the program to make up for time lost when utilizing the various leave options.
  - **Resident/Fellow Vacation Leave:** Residents are allotted 15 days compensated leave per academic year (from July through June). Vacation leave is not accrued from year to year. Each residency program is responsible for the administration of residents' leave to include scheduling, tracking, approving, and reporting leave to the department, GME, and the MSM-Human Resources Department. Vacation blocks shall be designed within the structure of the residency program schedules.
  - **Resident/Fellow Sick Leave:** Compensated sick leave is 15 days per year. This time can be taken for illness, injury, and medical appointments for the resident or for the care of an immediate family member. Sick leave is not accrued from year to year. A combination of sick leave and vacation leave may be used to care for oneself or an immediate family member. When these two leave categories are exhausted, any additional leave will be uncompensated (residents should also refer to the program-specific Resident Leave Policy).

- **Family and Medical Leave Act (FMLA):** Program requirements and specifications of the program specialty board apply to the time required to make up absences. For guidance and questions about FMLA, all residents and fellows should contact Marla Thompson in the Human Resources Department (HRD) and the Office of Disability Services and Leave Management at (404) 752-1871 or at [ods@msm.edu](mailto:ods@msm.edu).
- **Leave of Absence Without Pay (LWOP):** When possible, requests for leaves of absence without pay shall be submitted by residents in writing to the residency program director for disposition far in advance of any planned leave. All requests shall identify the reason for the leave and its duration. Residents/fellows should discuss with the program director the impact of the leave on a possible delay in program completion. The MSM-Human Resources Department shall determine the feasibility and all applicable criteria prior to a resident/fellow being granted LWOP and shall advise both the resident and the corresponding residency/fellowship program regarding details and procedures.
- **Other Leave Types:** All leave types are explained in detail in the Morehouse School of Medicine Human Resource Policy Manual and made available by contacting Marla Thompson at (404) 752-1871.
- **Library Services and Multimedia Services:** These services are available at Morehouse School of Medicine to include electronic media search access. Libraries are available at inpatient facilities but vary in the content and services available. Ambulatory care facilities have limited libraries. All residents/fellows have on-line search access capability through the MSM network.
- **Nepotism Policy (See MSM Human Resources Policy 2.04):** MSM permits the employment and/or enrollment for academic purposes of qualified relatives of employees as long as such employment or academic pursuit does not, in the opinion of the school, create actual conflicts of interest. The MSM Human Resources Nepotism policy states:
  - No direct reporting or supervisor-to-subordinate relationship may exist between individuals who are related by blood or marriage, or who reside in the same household.
  - For academic purposes, no direct teaching or instructor-to-resident/fellow or instructor-to-student relationship can exist. No employee is permitted to work within “the chain of command” when one relative’s work responsibilities, salary, hours, career progress, benefits, or other terms and conditions of employment could be influenced by the other relative.
  - Each employee, student, or resident/fellow has a responsibility to keep his/her supervisor, the appropriate Associate Dean or Residency/Fellowship Program Director and Human Resources informed of changes relevant to this policy.
- **Office of Disability Services:** For information regarding disabilities, contact Marla Thompson at (404) 756-1871 or at [ods@msm.edu](mailto:ods@msm.edu).
- **Parking Facilities:** Parking is available at each clinical affiliate and may require payment of a reasonable fee.

[Return to Table of Contents](#)

# **Cardiovascular Disease Fellowship Program Handbook**

## Department of Medicine Residency Program Contact Information

### Internal Medicine Residency Office

Program Director	Program Manager	Program Manager, Education
Chinedu Ivonye, MD (404) 756-1325 (office) <a href="mailto:civonye@msm.edu">civonye@msm.edu</a>	Tara Henderson, MBA (404) 756-1368 (office) <a href="mailto:thenderson@msm.edu">thenderson@msm.edu</a>	Lynwood McAllister, PhD, MPA (404) 756-1311 (office) <a href="mailto:lmcallister@msm.edu">lmcallister@msm.edu</a>
Director of Administration and Finance	Program Coordinator	Program Coordinator
Erna Wilkerson, MHA, M.Ed. (404) 752-1884 <a href="mailto:ewilkerson@msm.edu">ewilkerson@msm.edu</a>	DJ Adams (404) 756-1356 <a href="mailto:dadams@msm.edu">dadams@msm.edu</a>	Riehym McCarty (404) 756-1356 <a href="mailto:rmccarty@msm.edu">rmccarty@msm.edu</a>

### Cardiology Faculty and Staff

Cardiology Chairperson	Administrative Assistant III	Cardiology Section Chief
Richard Snyder, MD, MBA (404) 280-1461 (pager) <a href="mailto:rsnyder@msm.edu">rsnyder@msm.edu</a>	Tasha L. Rhymes, M.S. Ed. (404) 756-1354 <a href="mailto:trhymes@msm.edu">trhymes@msm.edu</a>	Anekwe E. Onwuanyi, MD (404) 280-1461 (pager) <a href="mailto:aonwuanyi@msm.edu">aonwuanyi@msm.edu</a>
Fellowship Program Manager	Program Coordinator	
Wendi Wright, MSc (404) 756-1307 <a href="mailto:wwright@msm.edu">wwright@msm.edu</a>	Tarek Jabi, MD (404) 756-1311 <a href="mailto:tjabi@msm.edu">tjabi@msm.edu</a>	

Cardiology Residency/Fellowship		
Program Director	Associate Program Director	
Melvin Echols, MD (404) 616-4414 <a href="mailto:mechols@msm.edu">mechols@msm.edu</a>	Mohammed Alkubeyisi (404) 616-8851 <a href="mailto:malkubeyisi@msm.edu">malkubeyisi@msm.edu</a>	Adefisayo Oduwole, MD (404) 570-6608 <a href="mailto:aoduwole@msm.edu">aoduwole@msm.edu</a>
Rajesh Sachdeva, MD (404) 415-6665 <a href="mailto:rsachdeva@msm.edu">rsachdeva@msm.edu</a>	Elizabeth Ofili, MD (404) 282-2026 <a href="mailto:eofili@msm.edu">eofili@msm.edu</a>	Herman Taylor, MD (404) 752-1978 (office) <a href="mailto:htaylor@msm.edu">htaylor@msm.edu</a>

[Return to Table of Contents](#)

## **Program Goals and Objectives**

The Morehouse School of Medicine Cardiovascular Disease Fellowship is a three-year program designed to train clinical and academic cardiologists. The Cardiovascular Disease Fellowship Program is committed to training fellows to assume a leadership role in cardiovascular medicine, in basic and clinical research, and in clinical cardiology.

The program's curriculum is organized to provide increasing levels of responsibility for trainees with respect to patient care and procedure performance. Successful progression through the curriculum is assessed by evaluating each fellow's clinical judgment, clinical skills, medical knowledge, procedural skills, professionalism, communication skills, leadership ability, and continuing scholarship.

At all times during their training, fellows are expected to conduct themselves with the highest degree of ethical standards and are expected to display integrity, honesty, compassion, and respect to all members of the health care team, patients, and patient family members. Fellows should always be strong advocates for all patients under their care and should utilize the healthcare system to maximize benefits to each individual patient while respecting the patient's expressed wishes. Ultimately, the welfare of the patient should be the fellow's primary concern.

The primary goals of the Cardiovascular Disease Fellowship Program are to:

- Prepare the medical school graduate to practice the discipline of internal medicine in both inpatient and outpatient settings by meeting the specific requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) Training Essentials and Standards.
- Expose the fellow to various sub-specialties within the field of internal medicine.
- Promote development in and mastery of the six (6) ACGME Core Competencies as listed below.
- Introduce fellows to the health needs of the general population and to specifically train them in the methods of providing quality care to match individual needs.
- Train fellows to address the specific needs of the vulnerable, of populations of disadvantaged individuals, as well as others who may not have ready access to medical care.
- Train fellows as teachers and life-long learners to assist with the training of other fellows and medical students.
- Expose fellows to clinical research methods and provide meaningful research opportunities.
- Promote safe, effective high value care for all patients.

## **ACGME Core Competencies**

### **Patient Care and Procedure Skills (PC)**

- Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Fellows are expected to:
  - Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
  - Gather essential and accurate information about their patients.
  - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
  - Develop and carry out patient management plans.
  - Counsel and educate patients and their families.
  - Use information technology to support patient care decisions and patient education.
  - Perform all medical, diagnostic, surgical, and invasive procedures considered essential for the area of practice.
  - Provide healthcare services aimed at preventing health problems or maintaining health.
  - Work with healthcare professionals, including those from other disciplines, to provide patient-focused care.

### **Medical Knowledge (MK)**

- Fellows must demonstrate knowledge of established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- Fellows are expected to:
  - Demonstrate an investigatory and analytic thinking approach to clinical situations.
  - Know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

### **Practice-Based Learning and Improvement (PBLI)**

- Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
- Fellows are expected to:
  - Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
  - Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
  - Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
  - Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
  - Use information technology to manage information, access on-line medical information, and support their own education.
  - Facilitate the learning of residents, medical students and other healthcare professionals.

### **Interpersonal and Communication Skills (ICS)**

- Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates.
- Fellows are expected to:
  - Create and sustain a therapeutic and ethically sound relationship with patients.
  - Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
  - Work effectively with others as a member or leader of a healthcare team or other professional group.

### **Professionalism (P)**

- Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Fellows are expected to:
  - Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
  - Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
  - Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.



**Systems-Based Practice (SBP)**

- Fellows must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, including the structural and social determinants of health, and the ability to effectively call on system resources to provide care that is of optimal value using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated).
- Fellows are expected to:
  - Understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society, and how these elements of the system affect their own practice.
  - Know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare costs and allocating resources.
  - Practice cost-effective health care and resource allocation that does not compromise quality of care.
  - Advocate for quality patient care and assist patients in dealing with system complexities.
  - Advocate for patients within the health care system to achieve patient's and patient's family care goals.
  - Know how to partner with healthcare managers and healthcare providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

[Return to Table of Contents](#)

## Fellowship Training Overview

### First Year Fellowship Training—PGY-4

The overall purpose of the first year of training is to provide new fellows with a broad exposure to all aspects of clinical cardiology as well as ample introductory experience with a wide variety of invasive and non-invasive cardiac procedures. Fellows are introduced to both clinical and basic science research. By the end of the first year, fellows will be able to evaluate cardiac patients and to initiate care appropriate for a wide variety of acute and chronic cardiac conditions. Fellows are not expected to be experts in either clinical care or procedural skills. The goals for the first year of training are for fellows to be introduced to the full range of cardiovascular disease clinical and research opportunities, to identify a specific area of interest and a projected career path, to be paired with an appropriate mentor, and to select a research project.

#### Patient Care (PC)

By the end of the first year of fellowship training, fellows:

- Should be able to obtain an accurate and complete cardiac history and to perform a thorough but directed cardiac physical examination for patients being evaluated for a wide variety of cardiovascular diseases.
- Learn the proper role of the various invasive and non-invasive cardiac procedures and tests.
- Are expected to be able to develop a differential diagnosis and a plan of care for common acute and chronic cardiovascular disease states using the information available from the history, physical examination, and test results.
- Are expected to identify life-threatening cardiovascular conditions and emergencies and to be able to initiate prompt therapy.
- Gain experience in understanding the pathophysiologic basis of cardiac conditions and should be able to contribute to patient management discussions on rounds in conjunction with the teaching Attending.

#### Medical Knowledge (MK)

By the end of the first year of fellowship training, fellows:

- Begin to build the critical knowledge base that will permit them to function as competent well-rounded cardiologists.
- Acquire this knowledge by reading current cardiology literature sources and standard textbooks, as well as by attending didactic lecture sessions.
- Gain clinical knowledge in the following areas: coronary artery disease, myocardial diseases and heart failure, congenital heart disease, valvular heart disease, peripheral vascular disease and diseases of the aorta, cardiovascular prevention, hypertension, pericardial diseases, cardiac dysrhythmias and clinical electrophysiology, cardiothoracic surgery, cardiac rehabilitation, and pulmonary hypertension.
- Begin to learn the basic literature related to cardiovascular testing and procedures and begin to develop interpretive skills.

#### Practice-based Learning and Improvement (PBLI)

By the end of the first year of fellowship training, fellows:

- Learn the indications, contraindications, and potential complications related to each major cardiovascular procedure.
- Begin to develop a working knowledge of the risk/benefit assessment that must take place prior to performing an invasive cardiac procedure.

- Learn how to perform procedures safely and to interpret the data obtained. These procedures include electrocardiograms, ambulatory ECG monitoring, transthoracic and transesophageal echocardiograms, cardiac catheterization (hemodynamic and angiographic studies), exercise and pharmacologic stress testing, cardiac CT and MRI, electrical and chemical cardioversion, temporary pacemaker placement, and nuclear cardiac imaging.
- Learn how to document procedure findings properly and are expected to document a thorough and accurate report on any procedure performed.
- Will be expert in the pre-procedural and post procedural assessment of patients referred for cardiac testing and should participate in the performance of invasive procedures only under the direct supervision of an Attending cardiologist.

#### Interpersonal and Communication Skills (ICS)

By the end of the first year of fellowship training, fellows:

- Learn how to write a thorough, informative, and instructive cardiac consultation note as well as accurate and detailed procedure notes.
- Learn to verbally communicate effectively with patients, families, and all members of the health care team.
- Learn the importance of maintaining complete and accurate medical records that are easily accessible to referring providers.

#### Professionalism (P)

By the end of the first year of fellowship training, fellows:

- Are expected to conduct themselves with exemplary professionalism at all times, as evidenced by the display of honesty, integrity, respect, and compassion when caring for patients and interacting with patient families, referring providers, and other members of the health care team.
- Accept responsibility for the care of cardiac patients and will be held accountable for conducting themselves with the highest of ethical standards at all times.

#### Systems-based Practice (SBP)

By the end of the first year of fellowship training, fellows:

- Are expected to provide instruction to medical students and fellows on the basics of common cardiovascular conditions and routine bedside invasive procedures, especially on the consult and CICU services. Teaching methods should include:
  - Actively participating in case discussions on rounds,
  - Conducting brief teaching sessions, and
  - Introducing house staff to common cardiology literature sources (journal articles, textbooks, etc.).
- Should be able to provide guidance for medical students and fellows as it relates to routine patient care and should be able to participate in management discussions on teaching rounds in conjunction with the service attending.

#### Continuing Scholarship

By the end of the first year of fellowship training, fellows:

- Are expected to develop a reading program that will build the foundation of basic cardiology knowledge necessary to become a competent clinical cardiologist.
- Learn the significance of keeping current with the literature in order to be able to adapt their clinical practice as new advances are made.

- Expected to attend Journal Club which allows them to keep abreast of the current literature.
- Are expected to improve their ability to critically review the cardiovascular literature and to correctly apply the literature in their clinical practice.
- Are introduced to both clinical and basic science research as it applies to cardiovascular diseases, in order to help them select their fellowship research project.

## **Second Year Fellowship Training—PGY-5**

Second year fellows continue to build on the knowledge and skills gained during the first year of training and begin to focus on their particular area of interest. Second year fellows are given greater latitude in patient management decisions in the continuity of care clinic. During the second year, the fellow's research project should be well established, and each second-year fellow should be able to present his or her activities at the dedicated research conference. Depending on the outcome of their research work, some second-year fellows may be positioned to submit their findings in abstract form to national or regional scientific meetings.

### Patient Care (PC)

By the end of the second year of fellowship training, fellows:

- Improve upon the clinical judgment and skills acquired during their first year of training by continued participation in patient care in a variety of settings and will work to master the development of acute and chronic management plans for patients with cardiovascular diseases.
- Are expected to understand the pathophysiologic basic of common cardiovascular diseases and will use this knowledge to help guide clinical management decisions.
- Gain a better understanding of how best to use cardiac procedures in the care of patients, demonstrate continued improvement in test result interpretation, and continue to refine their understanding of the risks and benefits of the various cardiac procedures.
- Continue to improve their ability to synthesize the cardiology literature and apply it in an evidence-based manner to the care of their patients.

### Medical Knowledge (MK)

By the end of the second year of fellowship training, fellows continue to expand their knowledge base by critically reviewing the cardiology literature and continuing to read standard cardiology texts.

### Practice-Based Learning and Improvement (PBLI)

By the end of the second year of fellowship training, fellows will be skilled in determining the appropriateness of planned procedures.

### Interpersonal and Communication Skills (ICS)

By the end of the second year of fellowship training, fellows:

- Work to improve their written and verbal communication skills relative to direct patient care reporting.
- Continue to gain experience in interacting with patients, family members, and all members of the health care team, especially in the continuity of care clinic.
- Are expected to understand the importance of maintaining complete and accurate medical records easily accessible to referring providers.

Professionalism (P)

By the end of the second year of fellowship training, fellows continue to perform their duties with utmost professionalism meeting the highest ethical standards.

Systems-Based Practice (SBP)

By the end of the second year of fellowship training, fellows:

- Teach medical students ECGs.
- Are expected to help introduce first year fellows to the program and to assist with bedside procedures (e.g., PA catheter placement, temporary pacemaker placement, transthoracic echocardiography, etc.) especially when the second year fellows are on weeknight or weekend call for the intensive care unit.
- Are expected to be role models for first year fellows and to set the highest professional and ethical standards for them to follow.

Continuing Scholarship

By the end of the second year of fellowship training, fellows:

- Continue to update their cardiovascular knowledge base via critical review of the literature and continued reading of standard cardiology texts.
- Are expected to be able to interpret the cardiology literature correctly and to apply it appropriately in an evidenced-based manner to the care of individual patients.
- Are expected to formulate a meaningful research experience in conjunction with an appropriate mentor; they may apply for research grant funding after discussion with their research mentors and gathering preliminary data.

**Third Year Fellowship Training—PGY-6**

The overall purpose of the third year of fellowship is for trainees to perfect their clinical patient care and procedural skills and to be able to practice evidence-based medicine for the full spectrum of cardiovascular diseases. By the end of their third year, fellows should be deemed capable of practicing clinical cardiology competently and independently, and to perform all procedures safely and expertly. Third year fellows should fully meet all six of the ACGME general core competencies. Additionally, third year fellows may submit the results of their research project as an abstract to the appropriate forum. They will also be encouraged to submit full-length manuscripts for publication in clinical or scientific journals. The faculty will provide guidance and support regarding such scholarly endeavors.

Patient Care (PC)

By the end of the third year of fellowship training, fellows:

- Improve upon the clinical judgment and skills acquired during the first two years of training by further participation in patient care in a variety of settings.
- Are expected to apply evidence-based medicine to develop comprehensive acute and chronic management plans for the full spectrum of cardiovascular diseases.
- Are expected to select the most appropriate cardiac tests for individual patients skillfully and to apply the results leading to the safest and most optimal care expertly.
- Should be able to manage all cardiac patients expertly and should be able to function independently as a consultant cardiologist.

### Medical Knowledge (MK)

By the end of the third year of fellowship training, fellows:

- Continue to build their cardiology knowledge base by further review of the available literature.
- Are expected to be well-versed in all aspects of the clinical cardiovascular diseases' literature.
- Will be able to expertly interpret cardiac tests and to apply the results appropriately to the care of individual cardiac patients.

### Practice-Based Learning and Improvement (PBLI)

By the end of the third year of fellowship training, fellows:

- Perfect their procedural skills and become skilled in performing procedures in complicated patients.
- Have a thorough understanding of the risks and benefits of the procedures they perform.
- Are able to manage associated complications.
- Are able to interpret and apply all data obtained expertly
- Communicate procedure results to patients and referring providers effectively.

### Interpersonal and Communication Skills (ICS)

By the end of the third year of fellowship training, fellows:

- Are able to write complete, accurate, and informative consults as well as detailed and accurate procedure reports.
- Communicate effectively with patients, their families, and all members of the health care team.

### Professionalism (P)

By the end of the third year of fellowship training, fellows continue to conduct themselves professionally at all times and with the highest ethical standards.

### Systems-Based Practice (SBP)

By the end of the third year of fellowship training, fellows:

- Are expected to teach medical students, fellows, and junior cardiology fellows on clinical services, laboratory and non-laboratory setting, and to actively participate in conferences.
- Are able to function as team leaders for the clinical cardiovascular services under the direction of the assigned staff physician.
- Are expected to mentor junior fellows in all aspects of the training program.

### Continuing Scholarship

By the end of the third year of fellowship training, fellows:

- Should have a well-established educational program that will continue into their practice and allow them to stay current with the cardiology literature.
- Should be expert at interpreting and applying new data to enhance patient care.
- Are expected to demonstrate the outcome of their research activities in an appropriate formal setting.
  - This presentation is usually completed at the research conference at the end of the second and third year of training.
  - In addition, fellows may also present their research project results as a written abstract to a local or national meeting, and/or as a manuscript submitted to a peer reviewed journal.

### Documentation

Documentation files include:

- Bi-monthly evaluation forms
- Documentation of procedures performed and verification of technical proficiency
- Brief notes substantiating critical incidents, counseling sessions, patient perspectives, and feedback on fellows' skills and performance
- 360-degree rotation evaluations
- Reports of mini-CEXs or other direct observations
- Assessment of research performance, when applicable
- Semiannual evaluation summaries
- Individual skill competency evaluations
- Area examinations

### Types of Feedback

Feedback is provided through the following elements:

- Both computerized and verbal feedback are provided at the end of each rotation.
- Summary verbal and written feedback is given every six (6) months.
- The mini-clinical evaluation exercise (Mini-CEX) is available for Attending evaluation on any service. The Mini-CEX is used to:
  - Observe fellows while they conduct a focused task in any setting;
  - Rate fellows on several dimensions of competence; and
  - Provide fellows with educational feedback.

### Additional Evaluation Methods

Simulations and models provide evaluation through computer-based simulations that assess the fellow's use of knowledge in diagnosing or treating patients or evaluating procedural skills. Simulation-based learning enhances the fellows' clinical and procedural skills.

[Return to Table of Contents](#)



## Orientation

Orientation for new fellows is held approximately one week prior to beginning their F1 year (July 1<sup>st</sup>). During orientation, fellows receive an introduction to the administrative and academic requirements of the Cardiovascular Disease Fellowship Program, the Department of Internal Medicine, Morehouse School of Medicine, Grady Memorial Hospital, and the Atlanta VA Medical Center. Orientation includes information about the faculty, rotation and call schedules, conferences, advisors, evaluation procedures, benefits, and policies. The MSM Office of Graduate Medical Education conducts a Grady House Staff orientation which includes a review of discharge planning, on-call rooms, medical records, nursing services, and OSHA training.

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

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

The fellow file is the property of the Morehouse School of Medicine, Internal Medicine Cardiovascular Disease Fellowship Department, and may not be photocopied.

### MSM Internal Medicine Benefits

- Medical and Dental Insurance
- Life Insurance
- Professional Liability Insurance
- Sick Leave (15 days/year)
- Vacation (15 days/year)
- White coats (3)
- Electronic tablets
- Administrative/Educational Leave (Max 10 Days)

[Return to Table of Contents](#)

## General Information

### A.I.R. and Code of Conduct

The acronym AIR stands for: **A**ccountability, **I**ntegrity and **R**esponsibility. This is a component of the Cardiovascular Disease Fellowship Program code of conduct.

The fellowship program is a relatively large and growing program. A program like the Cardiovascular Disease Fellowship Program is only effective when there is a program-wide commitment to the patients, the program, and the fellow colleagues. Fellows are expected to fulfill their assigned roles and duties including, but not limited to:

- Attending conferences regularly with on time attendance.
- Arriving on time for clinic and other patient care responsibilities.
- Completing discharge summaries in a timely manner.
- Fulfilling back up duties.
- Completing assigned MR, PS/QI, and other presentations.

Other clinical responsibilities include additional night float coverage, additional back up, or weekend administrative time, including vacation weekends. The chief fellows are responsible for keeping track of the responsibilities listed above and for assigning additional duties. The program director and the associate program director will be notified of continued issues in failing to meet patient care or educational obligations.

### Adherence to Policies and Procedures

All fellows must comply with the policies and procedures of the program, GME, MSM, and all affiliate hospitals and sites where rotations are provided. The electronic version of the manual can be found on the Internal Medicine Residency Program home site of the Residency Management System.

#### Pagers

The program provides pagers and holders to all fellows at no charge. The pagers are alphanumeric and receive two (2) types of messages: text and numeric. Text messages are sent on the Spok website [iweb.msm.edu](http://iweb.msm.edu).

Malfunctioning pagers are replaced at no additional charge to the fellow. The units are exchanged in the main Internal Medicine Department Office. For issues regarding pagers, contact Ms. Saunder Reid at (404) 756-8904. Fellows will be charged a \$42 fee for lost or stolen pagers. The program expects fellows to respond to pages within five (5) minutes.

**NOTE:** Fellows must wear pagers and respond to pages at all times while on duty.

## Faculty Advisor Roles and Responsibilities

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

Faculty Advisors are responsible to:

- Be dedicated and enthusiastic about the fellow's education and to challenge and encourage fellows to be exemplary in their profession.
- Serve as role models for patient interactions and encourage positive interaction and the development of problem-solving skills.
- Advise the fellow on:
  - Timely fulfillment of requirements (scholarly activity, Step 3, applying for a Georgia license, etc.),
  - Improving study habits, and
  - Issues related to professionalism
- Be actively involved in ensuring that fellows are preparing themselves for life beyond fellowship and to include guidance in the process of applying for exploration of other professional pursuits (private practice, academic medicine, etc.).
- Be a liaison between the individual fellow and the administration.
- Be someone with whom the fellow can discuss confidential issues.

By assisting fellows in identifying their strengths and weaknesses, faculty advisors can help to ensure that fellows make informed long-term decisions regarding their area of practice based on their personal abilities and desires.

## Chief Medical Fellow

The program director selects one graduating fellow to serve as the chief medical fellow. All interested candidates are assessed based on their fund of medical knowledge, clinical skills, leadership, verbal and written communication skills, administrative skills, and teaching ability. When selected, the chief medical fellow begins his or her transition into the new role prior to the end of the PGY-6 training year.

The chief medical fellow serves as a leader for the fellows in the program and sets the tone for the entire year, and in so doing is an important contributor to the overall educational experience. In addition to providing direct patient care, the chief medical fellow serves as teacher, counselor, confidante, leader, and friend. The chief fellow is a valuable link between the department, the fellowship program administration and the other fellows.

The chief medical fellow reports to the fellowship program director and has three main roles: administration, education, and clinical care. The roles and responsibilities are outlined in the chief medical fellow job description a representation of which follows.

The chief medical fellow:

- Serves as liaison between the fellows, faculty, administrative staff, and other clinical and support personnel;
- Organizes and plans research, Heart Failure, Cath and Echo, PSQI, and Journal Club conferences;
- Prepares monthly call schedule/ambulatory schedule/master schedule in consultation with the program director, the program manager, and ambulatory faculty;
- Coordinates vacation, educational, examination, and other leave for each fellow along in consultation with the program manager;
- Monitors fellows' completion of medical records with the program director;
- Attends PEC meetings; advises the program director and the PEC on matters related to the academic and clinical performance of fellows; and
- Fulfills other responsibilities as assigned by program director.

### **Educational Managers, Coordinators, Course Directors**

The educational managers, coordinators and course directors are responsible to:

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

#### Educational Coordinators for Grady Memorial Hospital Rotations

Grady Inpatient:	Rajesh Sachdeva, MD
Grady CCU:	Rajesh Sachdeva, MD
Ambulatory:	Rajesh Sachdeva, MD
Emergency Medicine:	Rajesh Sachdeva, MD

#### Site Director/Coordinator for Teaching Location at the Atlanta VA Medical Center

VA Inpatient Wards:	Rachel Harris, MD
VA CCU:	Rachel Harris, MD
VA CBOCs:	James White, MD

### **Required Electives at Grady VA or Away Electives**

Required electives taken at Grady VA or as away electives must be based on ACGME requirements and ABIM content specifications.

Fellows may take more electives beyond the minimum number required based on scheduling and individual interest.

### Electives

During the fellowship, electives are available in advanced noninvasive imaging, invasive cardiology, and cardiovascular research. Elective opportunities also exist in the areas of pediatric cardiology, transplantation medicine, prevention and rehabilitation, advanced cardiac imaging, and electrophysiology.

Research electives are also available, but must be approved by the program director and/or his or her designee. The electives are with MSM; electives at another institution must be approved as an away elective, in which case this will be considered the fellow's away elective.

### **Assessments for Rotations**

The fellow must complete each rotation successfully. Each rotation is scored.

- A numerical score of 5 or higher for the overall score completion of the rotation is required to unequivocally pass a rotation.
- An overall score of 4 will be reviewed by the CCC and the program director and a decision will be made regarding whether the fellow must repeat the rotation.
- An overall score of 3 is generally considered unsatisfactory and the fellow must repeat that rotation.

### **Required Procedures**

ABIM requires that fellow know the indications and contraindications, and is able to successfully perform the following procedures:

- ACLS (team leader or team member during code plus ACLS training)
- Pap smear with cervical sampling
- Drawing arterial blood (includes successful placement of arterial lines)
- Venipuncture
- Placement of peripheral IVs

See [www.abim.org](http://www.abim.org) for additional details.

### **Online Databases for Medicine and Cardiology**

#### Tulane's Online Library

<http://medlib.tulane.edu/>

This website provides access to books and full articles in the Tulane online library. On-campus access doesn't require a sign in. Off-campus access requires sign in with the log on name and password the fellow uses to check webmail. Among many other things, this site provides access to:

- *Ovid MEDLINE* and some full articles
- *PubMed* and some full articles  
**NOTE:** At times, to download articles from *PubMed*, the user must already be logged into *Ovid*.
- *UPTODATE*  
**NOTE:** This site is available only with on-campus access.

- *AccessMedicine*, which includes:
  - *Hurst's The Heart*
  - *Current Diagnosis and Treatment in Cardiology*
  - *Cardiovascular Physiology*
  - Many other publications
- *ClinicalKey* which includes: *Braundwald's Heart Disease*, as well as many other publications.

American College of Cardiology

[www.acc.org](http://www.acc.org)

This website includes information on scientific sessions, ACC courses, and practice guidelines.

American Heart Association, Professional Heart Daily

[www.myamericanheart.org](http://www.myamericanheart.org)

This website includes information on research opportunities, practice guidelines, scientific sessions, AHA courses, patient education, and more helpful information.

Medscape

[www.medscape.com](http://www.medscape.com)

This website offers free sign in and access to medicine information, some full articles, patient information, and latest drugs related articles.

Epocrates

[www.epocrates.com](http://www.epocrates.com)

Website with access to information on medications, dosages, side effects, contraindications; can be download for a fee, with access to tables, calculations, formularies; free sign in.

Medtronic

[www.medtronicconnect.com](http://www.medtronicconnect.com)

Physician info website with lectures, images, articles, patient info; free sign in.

Univadis

[www.merckmedicus.com](http://www.merckmedicus.com)

Merck website with lectures, images, *Harrison's Online (Harrison's Principles of Internal Medicine)*, *Cecil Textbook of Medicine*, *Braunwald's Atlas of Internal Medicine*, slides bank; free sign in.

Astra Zeneca

<https://www.astrazeneca-us.com/>

Astra Zeneca website with information and slides on diabetes, CHD, CHF, arrhythmias, lipids, etc.; free sign in.

National Heart, Lung, and Blood Institute

<http://www.nhlbi.nih.gov/>

Research opportunities, practice guidelines, interactive tools, publications, CME, links to other cardiology websites.

## **Away Electives**

Fellows (F-2 and F-3) are allowed to participate in away electives. During the month of June, fellows are required to take one (1) of their three (3) vacation weeks as a transition/travel time. This preliminary away elective is set up generally during their orientation a week prior to starting the fellowship July 1 each academic year.

The process for away electives for upper level fellows generally begins in February of each academic year. With the program director's approval, fellows in good standing may take an away elective in one (1) of the medicine subspecialties or a research-based elective during their second or third year. Each fellow can only take one away elective. Fellows are responsible for planning their away elective and making sure all documentation is submitted in a timely manner. The program manager can help facilitate the process, but ultimately it is the fellow's responsibility.

If an away elective is taken with another institution in the Atlanta Metro area, the fellow will be required to attend his or her longitudinal continuity clinic during the away elective. During the away elective MSM will still be responsible for paying the fellow and will provide malpractice insurance.

Each away elective must have a designated point of contact (faculty member and staff member) to help facilitate evaluation of the fellow. Fellows are allotted one (1) month for an away elective. In general, these away electives are taken in June.

**NOTE:** Electives taken at the Atlanta VA are not considered away electives.

With the program director's approval, fellows are allowed one away elective during the second or third year. A fellow can participate in either an away elective or a research elective in the same academic year, but not both. A research elective at a site other than MSM may also count as an away elective. Similar to away electives, all research electives must be approved in advance.

## Call Schedules

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

### Fellowship Reference Calendar—2023-2024

<b>JULY</b>	<ul style="list-style-type: none"> <li>• Beginning of the academic year</li> <li>• Fellow Boot Camp Core Conferences Series</li> <li>• Applicants begin applying to July cycle ACGME and AOA fellowship programs</li> <li>• July cycle ACGME and AOA fellowship programs start receiving applications</li> <li>• July cycle program users with a reviewer/interviewer role will gain access to the PDWS</li> <li>• NRMP Medical Specialties Match opens</li> </ul>
<b>AUGUST</b>	<ul style="list-style-type: none"> <li>• Fellow Boot Camp Core Conference Series</li> <li>• NRMP Medical Specialties Match opens</li> </ul>
<b>SEPTEMBER</b>	<ul style="list-style-type: none"> <li>• Fellowship Grand Round and other conference series begin</li> <li>• Fellowship interviews</li> </ul>
<b>OCTOBER</b>	NRMP Rank Order List opens
<b>NOVEMBER</b>	<ul style="list-style-type: none"> <li>• NRMP Quota Change deadline</li> <li>• NRMP Rank Order List deadline</li> <li>• MATCH DAY</li> </ul>
<b>DECEMBER</b>	<ul style="list-style-type: none"> <li>• July-Dec. semi-annual evaluations</li> </ul>
<b>JANUARY</b>	
<b>FEBRUARY</b>	<ul style="list-style-type: none"> <li>• Annual Heart Disease Seminar</li> </ul>
<b>MARCH</b>	<ul style="list-style-type: none"> <li>• ACGME, APDIM Conferences</li> </ul>
<b>APRIL</b>	<ul style="list-style-type: none"> <li>• ACS Conference</li> </ul>
<b>MAY</b>	<ul style="list-style-type: none"> <li>• AHME Conference</li> <li>• Jan-June semi-annual evaluations</li> </ul>
<b>JUNE</b>	<ul style="list-style-type: none"> <li>• Programs update their websites to reflect requirements and deadlines</li> <li>• C3 Conference</li> </ul>

## Conferences

In addition to clinical and research rotations, there are a variety of conferences to enhance the fellows' learning opportunities. The conferences are developed to:

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

### Boot Camp Core Curriculum Conference Series

This series of conferences is designed to bring all new first years up to date on basic cardiology concepts and serves as review for all second and third year fellows. Patients of interest to Cardiology and CV Surgery are presented by both cardiology fellows and Attendings, with emphasis on angiographic findings, interventional and surgical procedure, and outcome.

July to August, Monday through Friday, 12:00-1:00 p.m. in conference room 2F239.



### Research Conference

Research conferences include presentations by trainees, cardiovascular medicine faculty, and guest researchers. The goal of these conferences is to present state-of-the-art cardiovascular research, provide opportunity for trainees to gain experience in detailed critical presentations of their own work, and learn from visiting investigators about progress in cardiovascular research. Second and third year fellows present their research projects for discussion and feedback. Every second and fourth Monday, 12:00-1:00 p.m. in conference room 2F239.

### Heart Failure Conference

Review of topics and cases in advanced heart failure. Every first and third Monday, 12:00-1:00 p.m. in conference room 2F239.

### Cath and Echo Conference

#### CATH

During this conference, fellows present recent cases from the cath lab, both hemodynamic and coronary angiographic information, to facilitate both faculty and fellow discussion of clinical decision making.

#### ECHO

A weekly CV imaging conference presented by the fellows and/or staff. The staff presents didactic lectures on topics ranging from echo physics to complex valve disease and congenital anomalies. There are several recurring lecture formats each month. The second year fellow on TTE presents a didactic talk on a specific topic with case illustrations at the echo conference. Every Tuesday, 12:00-1:00 p.m. in conference room 2F239.

### PSQI Conference (formerly M&M)

Case-based conference presented by the second year fellows. The fellows present cases involving adverse events and solicits feedback from peers and Attending staff on how management strategies could have been improved. Every last Wednesday of each month in conference room 2F239.

### Journal Club

A second and third year fellow presents an article for review and critique by the fellows and faculty. Generally, a fellow will present two (2) recent journal articles which are discussed by both faculty and fellows. Articles are selected to represent major advances in cardiovascular medicine and/or to evaluate investigational methods. This conference typically culminates in a lively discourse among the staff, often the leaders in the field. Every third Thursday of each month, 12:00-1:00 p.m. in conference room 2F239.

### Cardiovascular Disease Fellowship Grand Rounds

This conference consists of guest speakers presenting an update, review, or novel topic in cardiology. Both basic science and clinical cardiology topics are represented by this conference. The guest speakers generally have been nationally and internationally recognized leaders in cardiology and can also include local faculty. In addition, current cardiology fellows are invited to present at the Cardiovascular Disease Fellowship Grand Rounds. CME is offered for all faculty and lunch may at times be provided. Every Friday except for the month of December, 12:00-1:00 p.m. Location depends on room availability.

### Internal Medicine Grand Rounds Conference

The conference topics cover all medical subspecialties and general cardiovascular disease. Generally, the talks are presented by an MSM faculty member or guest lecturer. Every Wednesday, 12:00 noon in Grady Memorial Hospital, conference room 2B038.

**NOTE:** Attendance at all conferences is **mandatory**.

## **Didactics/Initiatives**

### Patient Safety and Quality Improvement Conference—PS/QI (formerly Morbidity and Mortality)

This conference is facilitated by a faculty member or chief fellow. A fellow will present a case, generally from the inpatient Ward or ICU service. The facilitator then leads the group in discussing whether the care was “safe, effective, patient-centered, timely, efficient and equitable.” Conference attendees also discuss system issues that can be addressed to improve the quality of care and enhance patient safety.

Occurs 10 months each year, at Grady and VA hospitals.

### Quarterly PS/QI Grand Rounds

Co-sponsored by GME, these conferences explore many aspects of patient safety and quality improvement and focus on creating “A culture of safety.” Fellows, faculty, other health care professionals and hospital administration attend.

### IHI Open School Patient Safety and Quality Modules

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization helping to lead the improvement of health care throughout the world. IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping healthcare systems put those ideas into action.

All Interns/Fellows are required to complete assigned IHI modules twice each year and must complete them in order to be promoted to the next level of training.

### Diabetes Management Feedback Program (DMFP) at Grady Health System

The DMFP supports diabetes-related performance feedback and decision support flowsheets to providers in the Grady primary care clinics. Throughout the course of the year all MSM IM fellows receive regular feedback on their panel of diabetic patients with the aim of standardizing and improving care.

### Hospital-Wide Initiatives and Conferences/Physician Meetings

Our fellows and faculty members are integrated into numerous hospital-wide PS/QI initiatives and are educated at least once each year on the hospital’s patient safety goals.

### Fellow Orientation

Introduction to PS/QI principles (GME and program specific sessions) All fellows and faculty members are encouraged to be actively involved in hospital and MSM committees that focus on patient safety and quality improvement. MSM provides faculty and administrative support for fellows who seek to study or implement PS/QI initiatives.

[Return to Table of Contents](#)

## **Fellow Evaluations**

Multisource evaluative feedback on performance and progress in the training program is provided to the fellows throughout their training. These types of 360 evaluations include nurses, patient, peer, self, and student. During days 12 to 15 of each rotation, the Attending should meet with each fellow to discuss his or her mid-month evaluation, document progress, and provide feedback on the fellow's strengths and weaknesses.

At the end of each rotation, the faculty member assigned to the ward team, ICU, or consultation service, completes a written monthly rotation evaluation on the performance of the fellows. The faculty member evaluates the fellow on each of the six (6) core competencies established by the ACGME which include: medical knowledge, patient care, professionalism, interpersonal skills and communication, practice-based learning and improvement, and systems-based practice. In addition, peer evaluations are also required. Fellows must complete an Attending evaluation of their assigned clinical supervisor at the end of each rotation.

Twice a year, each fellow receives his or her semi-annual evaluations by the program director or associate program director. These evaluations are intended to review the overall progress of the fellow, discuss any problems or concerns, and discuss goals for the upcoming year.

### **Evaluation of Clinical Competence**

The baseline clinical competence of each PGY-4 fellow is evaluated every four (4) to six (6) months within their fellowship using the Clinical Competency Assessment. The fellowship program assigns a faculty member to conduct this one (1) to two (2) hour assessment within the clinical environment.

Fellows are evaluated on their ability to:

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

In addition, fellow clinical competence is evaluated with the Mini-CEX. The Mini-CEX assesses fellows in a much broader range of clinical situations than the traditional CEX, has better reproducibility, and offers fellows greater opportunity for observation and feedback by more than one (1) faculty member and with more than one (1) patient.

A Mini-CEX encounter consists of a single faculty member observing a fellow while that fellow conducts a focused history and physical examination in any of several settings. After asking the fellow for a diagnosis and treatment plan, the faculty member rates the fellow and provides feedback. The encounters are intended to be short (about 20 minutes) and to occur as a routine part of training so that each fellow can be evaluated on several occasions by different faculty members. A Mini-CEX exam should be performed and submitted monthly during the first six (6) months of internship.

## **ABIM In-Training Examination**

The Cardiovascular Disease Fellowship In-Training Examination, sponsored jointly by the American College of Physicians, the Association of Professors of Medicine, and the Association of Program Directors in Internal Medicine, is offered as an instrument for evaluating the medical knowledge of fellows in internal medicine. The examination is designed to aid both second year fellows and program directors in evaluating the training experience at midpoint, while there is still time for corrective action.

First and third year fellows also take the examination. The examination is not used as a pretest to the American Board of Internal Medicine Examination or as qualification to take the Boards. The examination is given in August or September and all fellows are required to take the it. When the results are received, each fellow meets with the program director or associate program director to review the results. The scores identify strengths as well as areas of deficiency and are helpful in developing a plan for improvement. Fellows who score below the 35<sup>th</sup> percentile in any year will be required to participate in a structured reading program to help improve their performance/medical knowledge.

## **ABIM Certification in Internal Medicine**

Certification in Internal Medicine is granted by the American Board of Internal Medicine. Certification by the ABIM recognizes excellence in the discipline of internal medicine, its subspecialties, and areas of added qualifications. The ABIM administers the certification process by (1) establishing training requirements, (2) assessing the credentials of candidates, (3) obtaining substantiation by appropriate authorities of the clinical competence and professional standing of candidates, and (4) developing and conducting examinations for certification and re-certification.

Physicians who are awarded a certificate in internal medicine must have completed the required predoctoral medical education, met the postdoctoral training requirements, demonstrated clinical competence in the care of patients, and passed the Certification Examination in Internal Medicine.

To be admitted to an examination, physicians must have completed three (3) years of accredited training before August 31 of the year of examination. The 36 months of training must have included a minimum of 33 months of meaningful patient responsibility. Of these 33 months, at least 20 must occur in the following settings: in-patient services in which disorders of general internal medicine or its subspecialties are managed; emergency medicine, general medical or subspecialty ambulatory settings; and dermatology or neurology services. Four (4) months of meaningful patient responsibility may be taken outside these areas with the approval of the internal medicine program director. Within the 36 months of training, no more than 12 weeks of vacation, sick leave, maternity/paternity leave, etc. can be taken. A complete copy of the ABIM Policies and Procedures for Certification is available in the Fellowship Program Office.

[Return to Table of Contents](#)

## **Research and Scholarly Activity Guidelines**

Several medical institutions in the United States promote diversity and career development of minority clinician-investigators. Morehouse School of Medicine (MSM) is among the nation's leading institutions for this cause, existing to increase the diversity of the health professional and scientific workforce. Founded in 1975, MSM now employs more than 250 faculty members dedicated to leading educational and research advancements to improve the health and well-being of people everywhere. MSM has also increased the number of underrepresented minority medical graduates through a comprehensive portfolio of research activities.

The MSM Cardiovascular Disease Fellowship Program has an aligned mission with Morehouse School of Medicine to 1) improve the health and well-being of individuals and communities; 2) increase the diversity of the health professional and scientific workforce; and 3) manage cardiovascular disease care through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

Morehouse School of Medicine has developed strong health force collaborations through transdisciplinary work with several institutions with common clinical and research goals. The MSM Cardiovascular Disease Fellowship Program is embarking on similar commitments, fostering transdisciplinary research collaborations that benefit all involved. The mission challenges the fellowship program to provide reliable ways to educate, inspire, and successfully mentor our trainees.

Fellows are required to complete a Senior Talk and an additional scholarly project/presentation prior to graduation. Examples of scholarly activity include a poster or oral presentation at a local, regional, or national conference, published letters to the editor, published case reports (first author), published research manuscripts (all authors), partial or complete book chapters, and implemented PS/QI projects. Submitted, but not accepted manuscripts or posters will be judged on a case by case basis.

Faculty scholarly activity in cardiovascular disease (both core and non-core faculty) demonstrates accomplishments in at least three (3) of the following domains:

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

The Cardiovascular Disease Fellowship Program demonstrates dissemination of scholarly activity within and external to the program by the following methods:

- Faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor
- Peer-reviewed publication

### **Conferences, Presentations, and Research**

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

- Fellows must be in good standing (not on probation or have issues related to professionalism).
- In addition to Georgia ACP, the department attempts to sponsor one (1) additional conference per year.
- All sponsorship is based on availability of funds.
- Notification of invitation to present must be given at least 60 days in advance whenever possible.
- Time away for conferences is based on rotation, number of administrative days available, and the discretion of the program director. Number of days off for job interviews will also be taken into account.

These guidelines are effective July 1, 2016.

The subject matter of the research or presentation is determined by the fellow in consultation with their faculty advisor or research mentor.

#### Abstracts

- All fellows submitting abstracts for scientific meeting presentation are to complete the submission form and submit it to the Fellowship Program Office at the time the abstract is submitted.
- Fellows are to provide the Fellowship Program Office with documentation of their abstract acceptance.
- All abstracts prepared by fellows for submission and presentation at scientific meetings should have a designated faculty/mentor reviewer. Fellows are responsible for obtaining faculty/mentor review and signature on the abstract submission forms.

Fellows should determine at onset of their proposed research (with the help of the faculty/mentor), whether the research activity planned requires MSM IRB review and approval. This should be stated in the methods section of the abstract submission.

In order to obtain departmental reimbursement for scholarly activities, fellows must have a completed Department of Medicine (DOM) abstract submission form and documentation of abstract acceptance by the respective scientific conference.

Lead time for requested departmental support/reimbursement is critical. As soon as the fellow is notified of an acceptance for a presentation, he or she **MUST** inform the fellowship program. At least a month lead time is expected; more advance notice is preferred. Requests submitted less than two (2) weeks prior to the event will result in the fellows covering the initial cost and not being reimbursed at the full cost of the travel expenses with partial or complete reimbursement as funds allow.

[Return to Table of Contents](#)



INTERNAL MEDICINE  
CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM

**ABSTRACT SUBMISSION FORM**

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

Abstract Title: \_\_\_\_\_

Authors: \_\_\_\_\_

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

\_\_\_\_\_

Name of Conference: \_\_\_\_\_

Location and dates of conference: \_\_\_\_\_

Presenting Author/s: \_\_\_\_\_

Reviewing Faculty Member: \_\_\_\_\_

Research funding (if applicable): \_\_\_\_\_

MSM IRB review submission required?  Y  N

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





INTERNAL MEDICINE  
CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM  
**TRAVEL REQUEST FORM**

TO: Department Chairman/Administrator

FROM : \_\_\_\_\_ Date of Request: \_\_\_\_\_

Division: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Source of Funds:

F	O	A	P

Sponsoring Organization: \_\_\_\_\_  
Dates of Meeting: From: \_\_\_\_\_ To: \_\_\_\_\_

Location: \_\_\_\_\_

Program Participant: Yes \_\_\_ No\* \_\_\_ (Attach program description/flyer with this request)

Title of Presentation: \_\_\_\_\_

CHECK ALL THAT APPLY:

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

Traveler's Signature: \_\_\_\_\_

Name of Covering Doctor: \_\_\_\_\_

Department Chairman/Administrator: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason for non-approval: \_\_\_\_\_

Dept. Chairman/Administrator Signature: \_\_\_\_\_

\*Dept. Funding Not Available

## Cardiovascular Disease Fellowship Block Schedule

### Block Diagram 1

#### Rotations—First Year Fellow (12, one-month clinical rotations)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	2	1	2	1	1	1	1
Rotation	Cath	Con-sult	Echo	Nu-clear	CCU	EP	Rese arch	Imag-ing	Elec-tive	Cath	Con-sult	Echo
% Outpatient	20	20	20	20	20	30	20	20	20	20	20	20
% Research	0	0	0	0	0	0	80	0	0	0	0	0

### Block Diagram 2

#### Rotations—Second Year Fellow (12, one-month clinical rotations)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	2	1	1	2	1	1	1
Rotation	Cath	Con-sult	Echo	Nu-clear	CCU	EP	Rese arch	Heart Fail-ure	Vas-cular	Cath	Nu-clear	Echo
% Outpatient	20	20	20	20	20	30	20	40	30	20	20	20
% Research	0	0	0	0	0	0	80	0	0	0	0	0

### Block Diagram 3

#### Rotation—Third Year Fellow (12, one-month clinical rotations)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	2	1	2	1	1	1	1
Rotation	Cath	Con-sult	Echo	Nu-clear	CCU	EP	Rese arch	Imag-ing	Elec-tive	Cath	Con-sult	Echo
% Outpatient	20	20	20	20	20	30	20	20	20	20	20	20
% Research	0	0	0	0	0	0	80	0	0	0	0	0

[Return to Table of Contents](#)

## Cardiovascular Disease Fellowship Third Year Master Schedule

CARDIOVASCULAR DISEASE FELLOWSHIP 2019-20 ROTATION SCHEDULE <span style="float: right;">Revised 06.21.19</span>												
Dates	07/01-30/19	08/01-31/19	09/01-30/19	10/01-31/19	11/01-30/19	12/01-31/19	01/01-31/20	02/01-28/20	03/01-31/20	04/01-30/20	05/01-31/20	06/01-30/20
<b>PGY-4 1st Year Fellows</b>												
EFFOE, Valery	ECHO	CONSULT / CCU	CATH	NUCLEAR	RESEARCH	ECHO	CONSULT / CCU	CATH	CONSULT / CCU	EP (VA)	IMAGING UAB	AMB DX
VERNA, Isha	CONSULT / CCU	CATH	RESEARCH	ECHO	NUCLEAR	CONSULT / CCU	ECHO	AMB DX	EP (VA)	CONSULT / CCU	CATH	IMAGING UAB
<b>PGY-5 2nd Year Fellows</b>												
EGBUCHÉ, Obiora	RESEARCH	CATH (MACON)	CATH (MACON)	CONSULT / CCU	EP (VA)	CATH	EMORY Adv Heart Failure & Trans F2	CONSULT / CCU	ECHO	CATH	IMAGING UAB	NUCLEAR
HANNA, Bishop	EP (VA)	Nuclear	CONSULT / CCU	CATH	ECHO	EMORY Adv Heart Failure & Trans F2	ECHO	VASCULAR	CATH (MACON)	CATH (MACON)	RESEARCH	CONSULT / CCU
<b>PGY-6 3rd Year Fellows</b>												
GILL, Sartaj	CONSULT / CCU	EP (VA)	ECHO	CATH (MACON)	CATH (MACON)	ADULT CONG (EMORY)	ADV HEART FAILURE (UAB)	ECHO	RESEARCH	ECHO	CONSULT / CCU	RESEARCH
SIVAKUMAR, Kalaivani	ECHO	EMORY ADV HEART FAILURE	ADV HEART FAILURE (UAB)	ADULT CONG (EMORY)	CONSULT / CCU	EP (VA)	CATH (MACON)	CATH (MACON)	RESEARCH	VASCULAR	ECHO	RESEARCH

LEGEND	
Site 1 = Grady Memorial Hospital (GMH) 80 Jesse Hill Jr Dr SE, Atlanta, GA 30303	
Site 2 = Atlanta VA Hospital (VA) 1701 Hardee Ave SW, Atlanta, GA 30310	
Site 3 = Emory University Hospital 1364 Clifton Rd NE, Atlanta, GA 30322	
Site 3 = Navicent Health Medical Central GA (MACON) 777 Hemlock Street, MSC 165 Macon, GA 31201	
Site 4 = (Univ of Alabama at Birmingham) (UAB) 1720 2nd Ave S, Birmingham, AL 35294	

### FELLOWS' 2019-20 VACATION SCHEDULE

Dr. K. Sivakumar Vacation Leave: Nov 4,27, Dec 26-27 (2019) Jan 2,3,6,7 Mar 2-6 and May 4-5 (2020)  
 Dr. K. Sivakumar Administrative Leave: TBD  
 Dr. S. Gill Vacation Leave: Oct 21-25 (2019) Mar 16-20, Jun 24-26 and 29-30 (2020)  
 Dr. S. Gill Administrative Leave: TBD

Dr. O. Egbuche Vacation Leave: Oct 7-11, Nov 11-15 (2019) June 1-5 (2020)  
 Dr. O. Egbuche Administrative Leave: TBD

Dr. B. Hanna Vacation Leave: Aug 15-16, Oct 14-16, Dec 23-26 (2019) Feb 13-14, Apr 30-1, Jun 8 (2020) Dr. B. Hanna Administrative Leave: TBD

Dr. V. Effoe Vacation Leave: TBD (2020)  
 Dr. V. Effoe Administrative Leave: Aug 9-16, 19-23 (2019)  
 Dr. I. Verma Vacation Leave: Oct 14-18 (2019) Jan 27-30, June 15-19 (2020)  
 Dr. I. Verma Administrative Leave: TBD

Cath -	Cardiac Catheterization
Consult -	Consult
Echo -	Echocardiography
Nuclear -	Nuclear Cardiology
CCU -	Coronary Care Unit
EP -	Electrophysiology
Research -	Research
Imaging -	Cardiovascular Imaging
Elective -	Elective

[Return to Table of Contents](#)

## **Cardiovascular Disease Fellowship Program Policy on Policies**

The following elements are in addition to the corresponding policies in the Policies, Procedures, Processes, and Program Templates section of this manual.

### **Adverse Academic Decisions and Due Process**

The Cardiovascular Disease Fellowship Program follows all MSM and GME policies for Adverse Academic Decisions and Due Process, available in the policy manual on the [MSM website](#).

#### Academic Deficiency

Academic deficiency occurs when a resident/fellow's academic performance is deemed deficient if performance does not meet or does not satisfy the program and/or specialty standards.

#### Disciplinary Actions

Disciplinary actions include suspension, non-renewal, non-promotion, or dismissal which are reportable actions by the program and MSM for state licensing, training verifications, and hospital and insurance credentialing depending upon the state and entity.

#### Due Process

Due process includes matters involving academic deficiency(ies) in resident/fellow performance involving:

- Providing notice to the resident of the deficient performance issue(s);
- Offering the resident/fellow a reasonable opportunity to cure the academic deficiency; and
- Engaging in a reasonable decision-making process to determine the appropriate course of action to take regarding whether to impose corrective action.

Refer to the full Adverse Academic Decisions and Due Process policy in the Policies, Procedures, Processes, and Program Templates section of this manual.

#### Clinical Experience and Education

The Cardiovascular Disease Fellowship Training Program complies with the clinical experience and education policy and definitions as set forth by the ACGME. The program director and the program manager and/or coordinator will monitor duty hours with a frequency to ensure compliance with ACGME requirements (see the [GME Program Clinical Experience and Education Policy](#)).

### **Fatigue Mitigation Plan**

The following fatigue mitigation plan includes strategic napping, adjusting schedules or back-up support, including a process to ensure continuity of patient care should faculty or fellow be unable to perform his or her duties.

In compliance with the ACGME requirement to ensure that faculty and fellows appear for duty appropriately rested and fit for duty (C.P.R.VI.A.1), this policy provides guidance on the methods used to educate faculty members and fellows regarding:

- Recognizing the signs of fatigue and sleep deprivation
- Alertness management and fatigue mitigation processes
- Adopting fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

### Definitions

- Fatigue management—Recognition by either a faculty or supervisor of a level of fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.
- Fitness for duty—Mentally and physically able to effectively perform required duties and promote patient safety.
- Fellow—Any physician in an accredited graduate medical education program, including interns, residents, and fellows.
- Scheduled duty periods—Assigned duty within the institution encompassing hours, which may be within the normal work day, beyond the normal work day, or a combination of both.

MSM will provide all faculty members and fellows information and instruction on:

- Recognizing the signs of fatigue and sleep deprivation
- Alertness management and fatigue mitigation processes
- Adopting these processes to avoid potential negative effects on patient care and learning.

This is accomplished through orientation sessions sponsored by GME and a department-specific orientation early in the academic year. This material is published in the annual GME Policy Manual.

To ensure that patient care is not compromised if a fellow or faculty member must apply fatigue mitigation techniques while on scheduled duty, fellows should contact their faculty supervisor so that appropriate coverage can be obtained to ensure continuity of patient care. The MSM Cardiovascular Disease Fellowship Program and its hospital affiliates ensure that adequate sleep facilities are available to fellows and/or provide safe transportation options for fellows requesting assistance due to fatigue because of time spent on duty.

### **GME Physician Well-Being Policy**

Morehouse School of Medicine (MSM) and the Cardiovascular Disease Fellowship Program are committed to supporting the well-being of all members of the health care team through practice efficiency and leadership development, cultivating a positive work community and environment.

The mission of MSM is to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education, and research. Supporting the well-being of all members of the health care team is foundational to our success and necessary to meeting patient needs.

The Cardiovascular Disease Fellowship Program is in accordance with ACGME Common Program Requirements Section IV that states that accredited programs are expected to define their specific program aims consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve, and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

[Return to Table of Contents](#)

### GRADY Schedule Modification Form

If a fellow wants to change vacation time, it must be done 60 days prior to the first day off. Written approval from the program director is required and a Grady Schedule Modification Form must be filled out in order to adjust clinic schedules. The form must be submitted to Jo Ann Cross, RN ([jcross@msm.edu](mailto:jcross@msm.edu)).

**GRADY HEALTH SYSTEM®**  
**Schedule Modification Form**

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

**Reason for absence:**

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

Conference (Name of Conference Required) \_\_\_\_\_

Other (Specify) \_\_\_\_\_

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

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

Provider(s) Covering Clinic: \_\_\_\_\_

Coverage Dates: \_\_\_\_\_

Additional Dates/Times to Add for Make – up: \_\_\_\_\_

- All leave requests must be received by Practice Leader no later than **60 days** prior to the beginning of the leave date.
- The Clinic Medical Director/Chief must sign all leave requests.
  - All requests for cancellations of an entire clinic require the approval of the Chief of Ambulatory Medicine who will notify the Chief Medical Officer.
  - Leave requests received less than 60 days in advance require that the requesting provider either arrange for coverage (*complete box above*) or absorb additional patients. The affected patients must be rescheduled within 30 days which will result in overbooks.

Updated: 5/2017

## Promotion Criteria

### Promotion from PGY-4 to PGY-5

The following promotion criteria apply to PGY-4 to PGY-5 levels:

- The fellows must receive an overall Satisfactory evaluation in all of their required rotations (five (5) or more on monthly evaluation).
- The fellow must not have any professionalism or ethical issues that preclude him or her from being moved to the next level of fellowship in the opinion of the Clinical Competency Committee.
- The fellow must be continually eligible to practice medicine on a Georgia State medical license.
- The fellow must complete the GME returning resident/fellow orientation.
- The fellow must be compliant with all MSM Internal Medicine Fellowship Program policies including, but not limited to, being up to date with his or her duty hour log.

Final decisions on promotion to the next level of fellowship are made by the Clinical Competency Committee and the program director.

### Promotion from PGY54 to PGY-6

The following promotion criteria apply to PGY-5 to PGY-6 levels:

- The fellow must receive an overall grade of Satisfactory or above on all required rotations.
- The fellow must not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee.
- The fellow must be continually eligible to practice medicine on a Georgia State medical license.
- The fellow must complete the GME returning resident/fellow orientation.
- The fellow must be compliant with all MSM Internal Medicine and Cardiovascular Disease Fellowship Program policies including, but not limited to, being up to date with his or her duty hour log.
- The fellow must have up-to-date BLS and ACLS certification at all times.
- The fellow must complete a board study plan and have it approved by the fellow's associate program director.

Final decisions on promotion to the next level of fellowship are made by the Clinical Competency Committee and the program director.

## **PGY-6 Graduation Criteria**

The following graduation criteria apply to the PGY-6 level:

- The fellow must receive an overall grade of Satisfactory or above on all required rotations.
- The fellow must not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee.
- The fellow must be continually eligible to practice medicine on a Georgia State medical license.
- The fellow must be compliant with all MSM Internal Medicine Fellowship Program policies including, but not limited to, being up to date with his or her duty hour log.
- The fellow must have completed an approved scholarly activity.
- The fellow must have completed and logged all required ABIM procedures.
- The fellow must present an approved Senior Fellow Talk.
- The fellow must complete the GME, HR, and MSM Internal Medicine exit procedures.
- The fellow must be performing as Satisfactory or above in all six (6) ACGME competencies.
- The program director must determine that the fellow has had sufficient training to practice medicine independently as evidenced by meeting the goals above and within a final summative assessment.

[Return to Table of Contents](#)



## **Clinical Competency Committee (CCC)**

The Cardiovascular Disease Fellowship Clinical Competency Committee (CCC) is expected to monitor fellow performance in accordance with ACGME Common and Specialty Program Requirements and the Morehouse School of Medicine (MSM) Graduate Medical Education (GME) policies and procedures regarding promotion and dismissal. The purpose of the CCC is to review fellow performance and to make recommendations to the program director for advancement to the next PGY level.

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

### **CCC Composition**

The program director identifies and appoints three (3) to four (4) faculty members, at least one (1) of whom is a core faculty member. The members are appointed to the committee for a period of two (2) years as long as they remain active participants. The program director, chairperson, and associate program director(s) are all members of the committee. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents/fellows.

### **Committee Responsibilities**

The Cardiovascular Disease Fellowship Clinical Competency Committee must:

- Review all fellow evaluations by all evaluators quarterly.
- Determine each resident/fellow's progress on achievement of the specialty-specific Milestones semi-annually.
- Meet prior to the resident/fellow's semi-annual evaluations and advise the program director regarding each resident's/fellow's progress.

### **Meeting Frequency**

The Cardiovascular Disease Fellowship CCC will meet three (3) times a year, in October, February, and June. Generally, meetings will be held on the third Thursday of those months. In addition, the Cardiovascular Disease Fellowship CCC will agree to meet as necessary, to discuss any urgent issues regarding fellow performance or other important program matters.

The fellowship program manager or designee will document each CCC meeting with meeting minutes. Minutes will be reviewed for accuracy at subsequent meetings. In addition, the CCC's review and recommendation of each fellow will be documented in the online fellowship management system, Residency Management System.

## Procedure

The CCC shall evaluate all of the fellows on a semi-annual basis and provide consensus recommendations to the fellowship program. In addition, if any fellow is having academic problems or issues, he or she will be reviewed in discussion at the meeting.

Assessment tools and evaluation measures include:

- Rotation evaluations (to include input from faculty members/Attendings, other providers, colleagues, and nursing staff (360 evaluations)
- Peer review evaluations
- Didactic evaluations
- Fellow portfolios
- In-Training Exam scores
- Conference participation and attendance records
- Direct observation activities

The CCC can set thresholds for remediation, probation, and dismissal. The CCC will complete a Notice of Deficiency Form for all fellows who receive an adverse recommendation. The form will be sent to the program director and designated associate program director. The program director or designated associate program director will meet with each fellow and communicate the recommendation and design a remediation or improvement plan.



## **Recommendations**

Upon review of each fellow's record, the CCC shall assess that fellow's performance and make the following recommendations to the program director in accordance with MSM's Promotion and Adverse Academic Decisions policies:

- **Progression**—Fellow is performing appropriately at current level of training with no need of remediation.
- **Promotion**—Fellow has demonstrated performance appropriate to move to the next level of training.
- **Notice of Deficiency**—Fellow has demonstrated challenges in a specific competency or area but does not require remediation.
- **Notice of Deficiency with Remediation**—Fellow has demonstrated challenges in a specific competency or area and requires remediation.
- **Immediate Suspension**—Serious misconduct or threat to colleagues, faculty, staff, or patients. Suspension time shall not exceed 30 days in an academic year. Action remains in the fellow's permanent record.
- **Probation**—Fellow has demonstrated challenges in a specific competency or area that are disruptive to the program. Probation time shall not exceed six (6) months in an academic year. Action remains in the fellow's permanent record.
- **Non-Promotion**—Fellow will not be promoted to the next year of training due to repeated performance or academic deficiencies. Fellow's current level of training will be extended. Action remains in the fellow's permanent record.
- **Non-Renewal**—Fellow will not be promoted to the next year of training due to repeated performance or academic deficiencies. Fellow's current level of training will not be extended. Action remains in the fellow's permanent record.
- **Dismissal**—Fellow will not be promoted to the next year of training due to repeated performance or academic deficiencies. The fellow will be dismissed from the program. Action remains in the fellow's permanent record.

[Return to Table of Contents](#)

## Evaluations

The Morehouse School of Medicine Cardiovascular Disease Fellowship Program has numerous evaluations in place to help assess the acquisition of the knowledge, skills, and abilities needed to independently practice clinical medicine. Monthly faculty evaluation of residents and fellows written evaluations are the main tool used to assess our fellows.

### Fellow Performance Feedback and Evaluation

Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. Evaluation must be documented at the completion of the assignment. For block rotations more than three (3) months in duration, evaluation must be documented at least every three (3) months. Continuity clinic and other longitudinal experiences in the context of other clinical responsibilities must be evaluated at least every three (3) months and at completion.

Other evaluation tools include:

- Mini-CEX
- Continuity clinic evaluations
- QI project participation and performance

In accordance with the ACGME, Morehouse School of Medicine Cardiovascular Disease Fellowship Program faculty members have a strong commitment to the fellow and the desire to provide optimal education and work opportunities. Faculty members must be provided feedback on their contribution to the mission of the program. All faculty members who interact with fellows desire feedback on their education, clinical care, and research. If a faculty member does not interact with fellows, feedback is not required. With regard to the diverse operating environments and configurations, the fellowship program director may need to work with others to determine the effectiveness of the program's faculty performance with regard to their role in the educational program. All teaching faculty members should have their educational efforts evaluated by the fellows in a confidential and anonymous manner.

### Program Director Evaluations

The program director reports directly to the chair of the Department of Internal Medicine and indirectly to the associate dean for Graduate Medical Education. The program director is evaluated by the fellows through the annual Institutional GME survey and by the chair of the DOM.

### Program Evaluation Committee (PEC)

The purpose of the MSM Cardiovascular Disease Program Evaluation Committee (PEC) for the Morehouse School of Medicine is to oversee and participate actively in all aspects of program quality and improvement. At all times, the procedures and policies of the PEC will comply with those of the ACGME common and specialty program requirements and the Graduate Medical Education Committee as outlined in the GME Policy and Procedure Manual.

### Membership

The program director shall appoint all members of the PEC. Members will include key clinical faculty who have experience in medical education and who work directly with the fellows. Class representatives for each PGY level serve on the committee. The program director will appoint the chair of the committee.

### Responsibility of Members

Members must commit to attend at least 70% of all meetings: monthly, faculty development, and ad hoc meetings as needed to address urgent program issues. Committee members are expected to actively participate in the following activities per the ACGME Internal Medicine program requirements (V.C.):

- Fellow performance;
- Faculty development;
- Graduate performance, including performance of program graduates on the certification examination:
  - At least 80% of those who completed their training in the program for the most recently defined three-year period must have taken the certifying examination.
  - Graduates of the program must achieve a pass rate on the certifying examination of the ABIM of at least 80% for first-time takers of the examination in the most recently defined three-year period.
  - Committee members are expected to check for, identify, and follow any new program requirements.
- Program quality; and,
- Progress on the previous year's action plan(s).

### Program Responsibilities through the (PEC)

The program must:

- Document formal, systematic evaluation of the curriculum at least annually, and take responsibility for rendering a written and Annual Program Evaluation (APE).
- Prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., of the program requirements as well as delineate how they will be measured and monitored.

### Scheduled Meetings

The PEC will meet a minimum of twice per year. The PEC in its entirety or its subcommittees will meet at least annually to document systematic and formal evaluation of the curriculum and render a written APE.

### PEC Procedures

The PEC shall evaluate the program on an ongoing basis and make recommendations to the program. All PEC meetings shall be documented with a sign-in sheet and agendas, PowerPoint slides, and meeting minutes as appropriate. When conducting the formal program evaluation meeting, the PEC may choose to break out into four subcommittees:

- Fellow and graduate performance
- Faculty development
- Program quality
- Curriculum review

The PEC aggregates and summarizes all relevant data. These completed summaries will be considered the minutes for the PEC meetings. The PEC reviews and approves the final APE report and monitors completion of the annual program evaluation improvement plan.

[Return to Table of Contents](#)

## **Quality Improvement and Patient Safety Guidelines**

Detailed requirements for patient safety and quality improvement include the following elements:

- Patient Safety Events—Residents, fellows, faculty members, and other clinical staff members must:
  - Know their responsibilities in reporting patient safety events at the clinical site.
  - Know how to report patient safety events, including near misses, at the clinical site and be provided with summary information of their institution's patient safety reports.
- Quality Improvement—Fellows and residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.
- Quality Metrics—Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

Fellows, residents, and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

The MSM Cardiovascular Disease Fellowship Program educates fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. The program is committed to and responsible for promoting patient safety and fellow wellbeing in a supportive educational environment.

The program director ensures that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. As such, the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and are not compromised by excessive reliance on fellows to fulfill non-physician service obligations.

MSM GME and the program director ensure a culture of professionalism that supports patient safety and personal responsibility. Fellows and faculty members must demonstrate:

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

All 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.

[Return to Table of Contents](#)

## House Staff Procedure Supervision Table

### Levels of Supervision

Appropriate supervision of fellows must be available at all times. Levels of supervision may vary depending on circumstances or skill and experience of the fellow. The following chart shows the definitions relative to levels of supervision.

<b>Direct Supervision</b>	The supervising physician is physically present with both the fellow and patient.
<b>Indirect Supervision</b>	<b>Direct supervision immediately available</b> The supervising physician is physically within the confines of the site of the patient care and immediately available to provide DIRECT supervision.
	<b>Direct supervision available</b> The supervising physician is not physically present within the confines of the site of patient care, but is immediately available by phone, and is available to come in and provide direct supervision.
<b>Oversight</b>	The supervising physician is available to provide review of procedures and encounters with feedback provided after care has been delivered.

Each fellow must know the level of supervision required for him or her in all circumstances.

The supervising physician must be immediately available to the fellow in person or by telephone 24 hours a day during clinical duty. Fellows must know which supervising physician is on call and how to reach this individual. Contact information and schedules for fellows, residents, Attending physicians, and other designated patient care individuals are readily available to all parties involved with patient care.

The schedule is distributed via email and accessible through the hospital intranet. In addition, the hospital operator always has access to the schedule and contact information of the physician on-call for all specialties. At any time, a faculty member of the Medical Intensive Care Unit is available in house.

### Communication Requirements

The Attending physician must clearly communicate to the fellow when and under which circumstances they expect to be contacted by the fellow concerning patients. Circumstances and events in which the fellow must communicate with supervising faculty. At a minimum, the fellow must notify the Attending of any significant changes in the patient's condition, including but not limited to:

- Patient admission to hospital
- Transfer of patient to intensive care unit
- Need for intubation or ventilator support
- Cardiac arrest or significant changes in hemodynamic status
- Development of significant neurological changes
- Development of major wound complications



- Medication errors requiring clinical intervention
- Any significant clinical problem that will require an invasive procedure or surgery
- Any condition which requires the response of a special team
- End-of-life decisions
- Any patient request to do so

### **Inpatient supervision**

The supervising physician must obtain a comprehensive presentation by the fellow for each admission. This must be done within a reasonable time, but always within 24 hours of admission. The supervising physician must also require the fellow to present the progress of each inpatient daily, including discharge planning. All required supervision must be documented in the medical record by the fellow and the supervising faculty member.

### **Outpatient supervision**

The supervising physician must require fellows to present each outpatient's history, physical exam, and proposed decisions. All required supervision must be documented in the medical record by the fellow and the supervising faculty member.

### **Supervision of Consultations**

The supervising Attending must communicate with the fellow and obtain a presentation of the history, physical exam, and proposed decisions for each referral. This must be done within an appropriate time but no longer than 24 hours after notification of the consultation request. All required supervision must be documented in the medical record by the fellow and the supervising faculty member.

### **Supervision of Procedures**

The supervising faculty physician must ensure that procedures performed by the fellow are warranted, that adequate informed consent has been obtained, and that the fellow has appropriate supervision during the procedure to include sedation. Whenever there is more than minor risk to the patient, the supervising physician must be present during the key part of the procedure. All required supervision must be documented in the medical record by the fellow and the supervising faculty member.

### **Supervision of Emergencies**

During emergencies, the fellow should provide care for the patient and notify the supervising physician as soon as possible to present the history, physical exam, and planned decisions. All required supervision must be documented in the medical record by the fellow and the supervising faculty member.

### **Progressive Authority and Responsibility, Conditional Independence, Supervisory Role in Patient Care**

Fellows are monitored and assessed regularly by the faculty and program director regarding their abilities and progressive responsibilities in the care of patients based on the clinical and technical abilities and skills of the fellows. Faculty members formally evaluate fellow performance in all core competencies at the completion of each rotation.

The Clinical Competence Committee meets at least twice each year to review overall fellow performance and assist the program director in making decisions regarding progression through the program. Fellows must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.

Senior fellows serve in a supervisory role of junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.

### **Clinical Responsibilities by PGY Levels for Supervision**

NA	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6
Trainee will not perform	Faculty present	Faculty in hospital and available for consultation (indirect)	Faculty out of hospital but available by phone (indirect)	Supervising fellow present (direct)	Supervising fellow in hospital and available for consultation (indirect)	Supervising fellow out of hospital but available by phone (indirect)

Procedural Activity	PGY-4	PGY-5	PGY-6
Direct current cardioversion (10)	1	1-2	2
Echocardiography (75)	1	1-2	2
Stress ECG tests (50)	1	1-2	2
Catheterizations (100)	1	1-2	2
Interpret electrocardiograms (3500)	1	1-2	2
Interpret nuclear radionuclide studies (100)	1	1-2	2

[Return to Table of Contents](#)

## **Cardiovascular Disease Fellowship Rotations**

### **Cardiac Catheterization Rotation**

#### Rotation Overview

The cardiac catheterization rotation and associated training is designed to provide the fellow two potential levels of COCATS training within the standard three-year program:

- COCATS Level I (minimum four-month experience):
  - All fellows are expected to achieve COCATS Level I training during the fellowship.
  - Trainee should participate in minimum of 100 diagnostic procedures.
  - At least 50 of these procedures should involve coronary angiography and 25 should involve hemodynamic assessment of valvular, myocardial, pericardial, or congenital disease.
- COCATS Level II: (minimum six-month experience):
  - All fellows have the opportunity to achieve COCATS Level II training during the fellowship program.
  - Trainees participate in the performance of 300 diagnostic catheterization procedures.

The cardiovascular fellow on the cardiac catheterization laboratory rotation will be responsible for evaluating patients for, assisting in the performance of, and interpreting the results of, cardiac catheterizations.

Specific responsibilities include:

- Seeing the patient prior to cardiac catheterization
- Documenting the indication for the cardiac catheterization
- Completing an appropriate history and physical (H&P) examination
- Writing a brief note that includes:
  - Pertinent history, including indication for the test, presence or absence of contrast allergy, and results of previous cardiac catheterizations
  - Pertinent physical examination data
  - Pertinent laboratory data (hemogram, electrolytes, renal function, clotting parameters)
  - Documentation that the patient and, as appropriate, the patient's family, understand the risks and benefits of the planned procedure and that informed consent has been obtained
- Discussing the planned procedure with the patient, outlining risks and benefits, and obtaining informed consent
- Understanding recommendations for testing consistent with the ACC/AHA guidelines
- Performing/assisting with the catheterization procedure under the supervision of the Attending physician in the laboratory
- Interpreting the results of the procedure, including hemodynamic tracings and video images
- Communicating the results of the study to the patient
- Assessing the patient after the procedure, including assessing the patient for any complications related to the procedure
- Educating the patient

Fellows on this rotation become integral members of the Arrhythmia Service and are exposed to complex ablation, cardiac resynchronization therapy, consultative electrophysiology, and interpretation of electrocardiograms. At the end of the rotation, fellows should be proficient in device interrogation and reprogramming, cardioversion, tilt table testing, understanding arrhythmia mechanisms and guideline-based therapy for various arrhythmias.

### Rotation Goals

The goals of the Cardiac Catheterization Rotation include:

- Competency in the provision of comprehensive care in patients diagnosed with coronary artery disease, structural heart disease, pulmonary vascular disease, and peripheral vascular disease requiring angiography and intervention
- Understanding of the usefulness and limitations of angiography procedures
- Ability to apply evidence-based, cost-conscious strategies to diagnose and manage patients undergoing cardiac catheterization procedures
- Ability to function as a member of a multidisciplinary team treating patients undergoing interventional cardiac procedures
- Ability to participate in family meetings and be an effective communicator
- Utilization of resources and appropriate levels of care in patients with coronary disease, valvular heart disease, and atrial septal defect; and peripheral vascular disease undergoing interventions

### Objectives

The objectives of the Cardiac Catheterization Rotation include teaching the fellow to:

- Function as an effective team leader and teacher in caring for patients undergoing procedures in the cardiac catheterization lab.
- Demonstrate competency in history and physical examination of patients undergoing coronary angiograph.
- Discuss the diagnosis and management of patients with the cardiac conditions requiring invasive procedures and angiography.
- Demonstrate the organizational skills necessary to supervise the care of patients in the cardiac catheterization laboratory.
- Cross cover effectively for patients undergoing angiography when other team members are not available.
- Function effectively as a member of a multidisciplinary team.
- Demonstrate effective communication with patients, families, colleagues, and staff.
- Demonstrate the ability to oversee effective discharge planning for patients who underwent angiography and revascularization.
- Demonstrate an understanding of the indications and contraindications for various types of procedures, including:
  - Hemodynamic invasive monitoring with Swan-Ganz catheters,
  - Arterial catheter monitoring,
  - Intra-aortic balloon pump, and
  - Percutaneous and surgical revascularization.

Methods for Evaluation of Fellows

- Direct observation by the cardiology Attending
- Residency Management System performance evaluation form completed by a cardiology Attending at the conclusion of the rotation

Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

Criteria for Advancement

**Patient Care and Communication**

- Manages patients with progressive responsibility and independence
- Manages patients with progressive responsibility and independence
- Demonstrates skill in performing and interpreting invasive procedures

**Medical Knowledge**

- Possesses clinical knowledge
- Possesses knowledge of diagnostic testing and procedures

**Systems-Based Practice**

- Works effectively within an interprofessional team
- Transitions patients effectively within and across health delivery systems

**Practice-Based Learning**

Learns and improves at the point of care

**Professionalism**

Has professional and respectful interactions with patients, caregivers and members of the interprofessional team

**Interpersonal and Communication Skills**

Communicates effectively in interprofessional teams

Duties

**First Year Fellow**

- Overall Focus: Vascular access; basic coronary angiography and hemodynamics
- Number of months: two (2)

**Objectives**

- Become familiar with operations of the Cath lab.
- Understand indications/contraindications for diagnostic and therapeutic cardiac catheterization.
- Learn standard views obtained during coronary angiography.
- Become proficient in vascular access and management of complications.
- Perform and interpret coronary angiography and hemodynamic assessment.

### **Clinical Responsibilities**

- Develop daily schedule with other fellows in the Cath lab that allows for equal exposure to a variety of cases and clinical indications during the month, as appropriate. More senior fellows focus on complex cases.
- Perform pre-Cath evaluations, including:
  - A complete history and thorough physical examination
  - Pertinent pre-Cath laboratory testing
  - Pre-Cath non-invasive diagnostic testing
- Perform and interpret comprehensive catheterization studies, providing preliminary interpretation with the digital reporting system. These reports must be discussed with the supervising Attending in a timely manner before they can be finalized.
- Perform post-Cath assessment of each patient, monitoring for common complications.

### **Didactic Responsibilities**

Each first-year fellow is required to present a case-based conference. These topics will be assigned by the chief fellow and should focus on a specific theme, with a brief review of guidelines and primary literature.

### **Second Year Fellow**

- Overall Focus: Continued development of catheterization technical skills; evaluation and management of patients with unstable coronary syndromes; incorporation of more advanced arterial access techniques and devices for hemodynamic support
- Number of months: two (2)

### **Objectives**

- Continued development of catheterization performance and interpretation skills
- Participate in more complex diagnostic cases
- Assist in percutaneous interventional procedures, when appropriate

### **Clinical Responsibilities**

- Develop daily schedule with other fellows in the Cath lab that allows for equal exposure to a variety of cases and clinical indications during the month, as appropriate. More senior fellows should focus on complex cases.
- Perform pre-Cath evaluations, including:
  - A complete history and thorough physical examination
  - Pertinent pre-Cath laboratory testing
  - Pre-Cath non-invasive diagnostic testing
- Perform and interpret comprehensive catheterization studies, providing preliminary interpretation with the digital reporting system. These reports must be discussed with the supervising Attending in a timely manner before they can be finalized.
- Perform post-Cath assessment of each patient, monitoring for common complications.
- Participation in more complex and/or unstable diagnostic catheterizations, assisting in interventions, when appropriate.
- Provide mentorship for junior fellows during their time in the Cath lab.

### **Didactic Responsibilities**

Each second-year fellow is required to present a case-based conference. These topics will be assigned by the chief fellow and should focus on a specific theme, with a brief review of guidelines and primary literature.

### **Third Year Fellow**

- Overall Focus: Continued development of catheterization skills and interventions; potential research, education and lab directorship.
- Number of months: two (2)

### **Objectives**

- Continued development of catheterization performance and interpretation skills
- Begin to perform select percutaneous interventional procedures when appropriate

### **Clinical Responsibilities**

- Develop daily schedule with other fellows in the Cath lab that allows for equal exposure to a variety of cases and clinical indications during the month, as appropriate. More senior fellows should focus on complex cases.
- Perform pre-Cath evaluations, including:
  - A complete history and thorough physical examination
  - Pertinent pre-Cath laboratory testing
  - Pre-Cath non-invasive diagnostic testing
- Perform and interpret comprehensive catheterization studies, providing preliminary interpretation with the digital reporting system. These reports must be discussed with the supervising Attending in a timely manner before they can be finalized.
- Perform post-Cath assessment of each patient, monitoring for common complications.
- Participation in more complex and/or unstable diagnostic catheterizations, assisting in interventions, when appropriate.
- Perform select percutaneous interventional procedures, when appropriate.
- Provide mentorship for junior fellows during their time in the Cath lab.

### **Didactic Responsibilities**

Each third-yearfellow is required to present a case-based conference. These topics will be assigned by the chief fellow and should focus on a specific theme, with a brief review of guidelines and primary literature.

[Return to Table of Contents](#)

## **Cardiovascular Medicine Consult Service Rotation**

### Rotation Overview

The core membership of the Cardiovascular Medicine Consult Service consists of an Attending faculty member and three (3) nurse practitioners, fully trained in cardiovascular consultation. Members of the fellowship program rotate through the service for two (2) months during the first year of fellowship, one (1) month in the second year of fellowship and two (2) months during the third year of fellowship.

### Rotation Goals

The primary goals of the Cardiovascular Medicine Consult Service Rotation include:

- Clinical expertise in in-patient and consultative cardiology
- Ability to act independently as a cardiologist in treating in-patient cardiac disease
- Development of the skills necessary to work with other medical and surgical services toward patient care. These skills are garnered through the fellows' exposure to a wide variety of cardiac illnesses, including:
  - Chest pain (ranging from non-anginal pain to acute coronary syndromes), supraventricular and ventricular arrhythmias
  - Valvular heart disease
  - Cardiomyopathy
  - Adult congenital heart disease
  - Hypertension and hypertensive heart disease
  - Various levels of heart failure
  - Pericardial diseases
  - Cardiac tamponade
  - Cerebrovascular disease
  - Peripheral vascular disease
  - Lipid and other metabolic disorder
  - Assessment of cardiac issues in pregnancy
  - The pre-op clearance of patients for non-cardiac surgeries

### Objectives

The objectives of the Cardiovascular Medicine Consult Service Rotation include teaching the fellow to:

- Promote their skills as a consultant.
- Gather complete and accurate information from multiple sources and to correlate the data from various diagnostic modalities, for the purpose of developing and providing optimal treatment plans for individual patients.
- Suggest additional appropriate referrals and coordinate patient care as might be required of a consultant.
- Weigh diverse and contradictory information in formulating consultation recommendations.
- Extrapolate from the literature in making recommendations.

### Methods for Evaluation of Fellows

- Direct observation by the Consult Attending on the CCU rotation
- Residency Management System performance evaluation form completed by a Consult Attending at the conclusion of the rotation



### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Duties

- During their rotation on the Cardiovascular Medicine Consult Service, fellows are exposed to all aspects of adult cardiology involving hospitalized patients on medical and surgical services.
- Each fellow will answer approximately 200-250 consultation requests during the year.
- Teaching rounds are made each day with the Consult Attending and work rounds are conducted each morning with medical residents and 4<sup>th</sup> year medical students rotating on the service.
- Fellows work closely with house staff on the thoracic-cardiovascular surgical team in the care and follow-up of patients undergoing cardiovascular surgery.

### Criteria for Advancement

#### **Junior Fellows (first year fellows)**

- Every patient will be staffed with the faculty in a timely fashion.
- The faculty will then review the history and physical findings with the fellow as well as any pertinent laboratory studies.
- The fellow will then formulate a plan and generate a note in the medical record.
- These findings will then be communicated with the patient and health care team.

#### **Senior Fellows (second year fellows and above)**

In addition to the goals and objectives of junior fellows, senior fellows will be given more independence in decision making and in communication with the patient and health care team.

#### **Patient Care**

- The fellow is expected to gain expertise in the management of complex cardiac cases.
- These patients frequently are on non-cardiology services. As such, the fellow must learn the role of a consultant.
- The fellow may interact with other cardiology Attendings, internal medicine Attendings, surgeons, and other non-medical specialists.
- Learning the expectations of a consultant can often be difficult, but it is one of the primary goals of the rotation.

#### **Medical Knowledge**

- The fellow is expected to research the clinical trials that support the therapy of these patients.
- It is expected that the fellow present the results of trials which are germane to the care of their patients at teaching rounds.

#### **Practice-based Learning and Improvement**

- All fellows must understand the limitations of their knowledge as fellows and as consultants.
- Fellows are asked to address specific questions. It is rarely appropriate to address non-cardiac issues.
- The fellow must accept feedback.

- In addition, the fellow must understand the variability of patient care styles of different Attendings.
- Fellows are expected to facilitate quality improvement initiatives.

**Interpersonal and Communication Skills**

- The fellow must demonstrate caring and respect for all patients and families, including those who are angry and frustrated.
- The fellow must conduct supportive and respectful discussions of code status and appropriateness of care. The fellows will facilitate the learning of students and residents.

**Professionalism**

- The fellows will demonstrate respect and compassion.
- The fellows will understand that they are the representatives of the Cardiovascular Division and will be expected to perform in a professional manner.
- The fellows will appreciate the diversity of ethical, religious, and socioeconomic factors which impact patients and their families and their response to healthcare professionals.

**Systems-Based Practice**

- The fellow must work well in a complex system of nurses, social workers, and other healthcare professionals.
- The fellow will try to facilitate the patient's transition from inpatient to outpatient and will utilize appropriate resources to continue high quality care as an outpatient.

[Return to Table of Contents](#)

## **Coronary Care Unit Rotation**

### Rotation Overview

- The Coronary Care Unit (CCU) Rotation provides an excellent training opportunity for the fellow to acquire experience in the diagnosis and management of critically ill patients with cardiovascular diseases.
- Fellows are exposed to a broad range of problems including acute coronary syndromes, congestive heart failure, arrhythmias, valvular heart disease, endocarditis, hypertensive crisis, cardiomyopathy, pericarditis, cor pulmonale, aortic dissection, aortic aneurysm, and cardiac tamponade.
- The fellow will also be exposed to a variety of invasive and noninvasive cardiac testing.
- The fellow will work closely with their medical peers from Grady Hospital and under the close supervision of the Cardiology Attending.

### Rotation Goal

The goal of the Coronary Care Unit Rotation is to provide an opportunity to enhance clinical and procedural skills and to develop skills in making appropriate decisions related to invasive, diagnostic, and therapeutic interventions in the Coronary Care Unit.

### Objectives

The objectives of the Coronary Care Unit Rotation include teaching the fellow to:

- Continue to develop skills in physical examination and the ability to relate abnormal physical findings to the result obtained from invasive and non-invasive diagnostic studies.
- Continue to earn clinical and physiologic basic for management of acute cardiac illnesses, including myocardial infarction, arrhythmias, congestive heart failure, pericardial, and valvular heart disease and their complications.
- Learn the pharmacological properties and toxic effects of cardiovascular drugs.
- Continue to develop and demonstrate competence in EKG interpretations.
- Learn how to function effectively as a member of a multi-disciplinary cardiology team.
- Learn ethical aspects of decision required in the care of critically or terminally ill patients.
- Develop skills as a consultant to Internal Medicine Residents.
- Demonstrate appropriate and cost-effective utilization of diagnostic tests in the evaluation and management of cardiac patients.
- Demonstrate appropriate inclusion of social workers, case managers, assigned nurses, dietitians, laboratory personnel, and consultants in the management of patients.

### Procedures

- Fellows will be appropriately supervised for all procedures.
- Procedures for the rotation include:
  - Central venous catheter placement
  - Pulmonary artery catheterization
  - Temporary pacemaker implantation
  - Advanced cardiac life support
  - Elective and emergent cardioversion
  - Pericardiocentesis
  - Appropriate EKG performance.

Methods for Evaluation of Fellows

- Direct observation by the cardiology attending on the CCU rotation
- Residency Management System performance evaluation form completed by a cardiology Attending at the conclusion of the rotation

Methods for Evaluation of Rotation/Attendings:

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

Criteria for Advancement:

**First Year Fellow**

**Patient Care**

- Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis-driven fashion.
- Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, pharmacy).
- Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions.
- Identify pertinent abnormalities using common maneuvers.
- Track important changes accurately in the physical examination over time in the CCU or inpatient setting.
- Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem.
- Develop prioritized differential diagnoses, and evidence-based diagnostic and therapeutic plan for common CCU conditions.
- Develop an awareness of indications, contraindications, risks and benefits of common CCU invasive procedures.
- Perform invasive procedures appropriately under supervision of the Attending staff, fellow, or supervising resident.
- Make appropriate clinical decisions based on the results of common diagnostic testing, including, but not limited to, routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and tests of other body fluids.
- Recognize situations with a need for urgent or emergent medical care including life threatening conditions,
- Recognize when to seek additional guidance,
- Provide appropriate preventive care and teach patient regarding self-care in the CCU or inpatient setting,
- Initiate management and stabilize patients with emergent medical conditions.

**Medical Knowledge**

- Understand the relevant pathophysiology and basic science for common inpatient and CCU conditions.
- Understand indications for and basic interpretation of common diagnostic testing, including, but not limited to, routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and tests of other body fluids.

### **Practice-based Learning and Improvement**

- Identify learning needs (clinical questions) as they emerge in patient care activities.
- Access medical information resources to answer clinical questions and library resources to support decision making.
- Appraise study design and conduct and statistical analysis in clinical research papers with assistance.
- Appraise clinical guideline recommendations for bias with assistance.
- Determine if clinical evidence can be generalized to an individual patient.
- Respond welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients, and their advocates.
- Actively seek feedback from all members of the health care team.
- Actively participate in teaching conferences.

### **Interpersonal and Communication Skills**

- Provide timely and comprehensive verbal and written communication to patients and their advocates.
- Use verbal and non-verbal skills effectively to create rapport with patients and their families.
- Use communication skills to build a therapeutic relationship.
- Involve an interpreter effectively to engage patients in the clinical setting, including for patient education, when appropriate.
- Demonstrate sensitivity to differences in patients including, but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs.
- Communicate with other caregivers effectively in order to maintain appropriate continuity during transitions of care.
- Deliver appropriate, succinct, hypothesis-driven oral presentations.
- Communicate plan of care effectively to all members of the health care team.
- Request consultative services in an effective manner.
- Communicate the role of consultant clearly to the patient, in support of the primary care relationship.
- Provide legible, accurate, complete, and timely written communication that is congruent with medical standards.

### **Professionalism**

- Document and report clinical information truthfully.
- Follow formal policies.
- Accept personal errors and honestly acknowledge them.
- Demonstrate empathy and compassion to all patients.
- Demonstrate a commitment to relieve pain and suffering.
- Communicate constructive feedback to other members of the health care team, including but not limited to calls and pages.
- Carry out timely interactions with colleagues, patients, and their designated caregivers.
- Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients.
- Dress and behave appropriately. Scrubs are only to be worn on call and underneath a white lab coat.
- Maintain appropriate professional relationships with patients, families, and staff.
- Ensure prompt completion of clinical, administrative, and curricular tasks.

- Recognize and address personal, psychological, and physical limitations that may affect professional performance.
- Recognize the scope of the fellow's own abilities and ask for supervision and assistance appropriately.
- Recognize when it is necessary to advocate for individual patient needs.
- Treat patients with dignity, civility, and respect, regardless of race, culture, gender, ethnicity, age, or socioeconomic status.
- Maintain patient confidentiality.
- Recognize that disparities exist in health care among populations and that they may impact care of the patient.

### **Systems-Based Practice**

- Understand the unique roles and services provided by local health care delivery systems.
- Appreciate the roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers.
- Work effectively as a member within the interprofessional team to ensure safe patient care.
- Consider alternative solutions provided by other teammates.
- Recognize health system forces that increase the risk for error including barriers to optimal patient care.
- Identify, reflect upon, and learn from critical incidents such as near misses and preventable medical errors.
- Reflect awareness of common socio-economic barriers that impact patient care.
- Understand how cost-benefit analysis is applied to patient care (i.e., via principles of screening tests and the development of clinical guidelines).
- Identify costs for common diagnostic or therapeutic tests.
- Minimize unnecessary care including tests, procedures, therapies, and excessive inpatient and CCU lengths of stay.

### **Second Year Fellow**

The following list assumes the inclusion of all elements of the PGY-1 year of fellowship training previously listed.

#### **Patient Care**

- Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient.
- Demonstrate and teach how to elicit important physical findings for junior members of the healthcare team.
- Modify differential diagnosis and care plan based on clinical course and data, as appropriate.
- Perform invasive procedures appropriately and provide post-procedure management for common procedures.
- Make appropriate clinical decisions based on the results of more advanced diagnostic tests.

### **Medical Knowledge**

- Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions.
- Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care.
- Understand indications for and have basic skills in interpreting more advanced diagnostic tests.
- Understand prior probability and test performance characteristics.

### **Practice-Based Learning and Improvement**

- Classify and precisely articulate clinical questions.
- Develop a system to track, pursue, and reflect on clinical questions.
- Search NLM database effectively and efficiently for original clinical research articles.
- Search evidence-based summary medical information resources effectively and efficiently.
- Calibrate self-assessment with feedback and other external data.
- Reflect on feedback in developing plans for improvement.
- Maintain awareness of the situation in the moment and respond to meet situational needs.
- Integrate teaching, feedback, and evaluation with supervision of interns' and students' patient care.

### **Interpersonal and Communication Skills**

- Engage patients and their advocates in shared decision-making for uncomplicated diagnostic and therapeutic scenarios.
- Use patient-centered education strategies.
- Role model and teach effective communication with next caregivers during transitions of care.
- Ensure succinct, relevant, and patient-specific written communication.

### **Professionalism**

- Provide physical, psychological, social, and spiritual support for dying patients and their families.
- Provide leadership for a team that respects patient dignity and autonomy.
- Recognize, respond to, and report impairment in colleagues or substandard care via peer review process.
- Maintain ethical relationships with industry.
- Recognize and manage subtler conflicts of interest.
- Recognize and take responsibility for situations where public health supersedes individual health (e.g., reportable infectious diseases).
- Educate and hold others accountable for patient confidentiality.

### **Systems-Based Practice**

- Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and skilled nursing.
- Dialogue with care team members to identify risk for and prevention of medical error.
- Understand mechanisms for analysis and correction of systems errors.
- Identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers, and consumers and their varied impact on the cost of and access to health care.

- Understand coding and reimbursement principles.
- Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making.

### **Third Year Fellow**

The following list assumes the inclusion of all elements of the PGY-1 and PGY-2 years of fellowship training previously listed.

#### **Patient Care**

- Role model for junior members of the healthcare team gathering subtle and reliable information from the patient.
- Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable.
- Recognize disease presentations that deviate from common patterns and that require complex decision making.
- Manage patients with conditions that require intensive care.
- Manage complex or rare medical conditions.
- Customize care in the context of the patient's preferences and overall health.

#### **Medical Knowledge**

- Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions.
- Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions.
- Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education.

#### **Practice-Based Learning and Improvement**

- Appraise the quality of medical information resources and select among them based on the characteristics of the clinical question.
- Appraise study design, conduct, and statistical analysis in clinical research papers, with assistance.
- Appraise clinical guideline recommendations for bias and cost benefit considerations independently.
- Customize clinical evidence for an individual patient.
- Communicate risks and benefits of alternatives to patients.
- Integrate clinical evidence, clinical context, and patient preferences into decision-making.
- Reflect (in action) when surprised, apply new insights to future clinical scenarios, and reflect back (on action) on the process.
- Take a leadership role in the education of all members of the health care team.

#### **Interpersonal and Communication Skills**

- Engage patients and their advocates in shared decision-making for difficult, ambiguous, or controversial scenarios.
- Counsel patients appropriately about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation when appropriate.
- Role model effective communication skills in challenging situations when appropriate.



- Seek actively to understand patient differences and views then reflect this with the patient and the healthcare team in respectful communication and shared decision-making.
- Engage in collaborative communication with all members of the health care team.
- Communicate consultative recommendations to the referring team in an effective manner.

**Professionalism**

- Uphold ethical expectations of research and scholarly activity.
- Serve as a professional role model for more junior colleagues (e.g., residents, medical students, interns).
- Recognize the need to assist colleagues in the provision of duties.
- Advocate for individual patient needs effectively.
- Recognize and manage conflict when patient values differ from one's own.
- Embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering.
- Advocate for appropriate allocation of limited healthcare resources.

**Systems-Based Practice**

- Negotiate patient-centered care among multiple care providers.
- Demonstrate how to manage the team by incorporating the skills of interprofessional team members and coordinating their activities.
- Demonstrate the incorporation of cost-awareness principles into complex clinical scenarios.

[Return to Table of Contents](#)

## **Echocardiography Rotation**

### Rotation Goal

The primary goals of the Echocardiography Rotation include:

- Introduction of echocardiography basic procedures and knowledge of ultrasound medical physics
- Detailed description of the role of the major types of echocardiography:
  - Stress echocardiography
  - Transthoracic echocardiography
  - Transesophageal echocardiography in cardiovascular diagnosis and evaluation of therapy
- Development of a thorough knowledge base for the indications of all types of echocardiography procedures
- Development of a thorough understanding of the implication of the test results of all types of echocardiography procedures
- Development of fundamental medical knowledge to understand the tools necessary to adequately perform and to interpret stress echocardiograms, transthoracic echocardiograms, and transesophageal echocardiograms. Minimum exposure over 6 months' time to evaluation and interpretation of:
  - 250 transthoracic echocardiograms
  - 25 transesophageal echocardiograms
  - 50 stress echocardiograms
- Participation in the interpretation of at least 150 complete echocardiographic examinations and personal performance of 75 transthoracic echocardiograms

### Objectives

The objectives of the Echocardiography Rotation include teaching the fellow to understand the:

- Implications of the use of echocardiography in the context of patient care
- Needs of patients and their expectations when echocardiographic studies are scheduled to be performed
- Principles of the use of conscious sedation, and the indications of potential problems and side effects of the performance under conscious sedation of a transesophageal examination
- Need and precautions necessary to fully and safely perform a transesophageal echocardiogram
- Appropriate indications and appropriate contraindications for patients undergoing exercise stress echocardiography or dobutamine stress echocardiography
- Implications of the results of echocardiograms of all types and to learn techniques of explaining the overall results of echocardiograms to patients

### Methods for Evaluation of Fellows

- Direct observation by the cardiology Attending.
- Residency Management System performance evaluation forms are completed by a cardiology Attending at the conclusion of the rotation.

Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation

Duties

- Fellows on this rotation become skilled in all aspects of the performance and interpretation of transthoracic and transesophageal imaging.
- With the election of advanced clinical training in echo in the 3<sup>rd</sup> year, fellows are eligible to sit for the National Board of Echocardiography.

Criteria for Advancement

**First Year Fellow**

**Patient Care**

- Understand the evaluation and work-up of patients prior to the procedure.
- Feel comfortable to assess patients prior to stress echo testing.

**Medical Knowledge**

- Have a basic understanding of a patients' examination.
- Be able to perform a standard 2D echocardiogram with routine Doppler for assessment of presence or absence of:
  - Aortic and mitral stenosis
  - Valvular regurgitation
  - Presence of wall motion abnormalities
  - LV function
  - RV function
  - Pericardial effusion
- Be familiar with the basic performance and evaluation of stress echocardiograms.
- Be more knowledgeable about different types of valvular heart disease, complications of CAD/MI, hypertrophic cardiomyopathy, diastolic function, etc.
- Be able to generate a preliminary report by pre-reading studies that have been entered by the sonographers before the Attending interprets them.

**Practice-Based Learning**

- Understand when to call and involve their more senior fellows, Attendings, and consultants from other specialties (e.g., sonographer).
- Be able to perform exercise and Dobutamine stress studies independently.

**Interpersonal and Communication Skills**

Demonstrate an understanding of the ethical and legal principles applicable to the care of general patients.

**Professionalism**

The fellow demonstrates respect, compassion, integrity, and honesty at all times.

**Systems-Based Practice**

Fellows will have learned to interact professionally in the context of the healthcare system as a whole and remain sensitive to the role of ancillary services, other health care providers, good business practice, and adherence to high ethical standards.

**Second Year Fellow**

The following list assumes the inclusion of all elements of the PGY-1 year of fellowship training previously listed.

**Patient Care**

- Understand the evaluation and work-up of patients prior to the procedure.
- Feel comfortable to assess patients prior to stress testing.

**Medical Knowledge**

The fellow is now able to generate a fairly accurate preliminary report by pre-reading studies before the Attending interprets them.

**Practice-Based Learning**

The fellow will feel comfortable with the basic echocardiography and Doppler examination of most common cardiac diseases.

**Interpersonal and Communication Skills**

The fellow will demonstrate an understanding of the ethical and legal principles applicable to the care of general patients.

**Professionalism**

The fellow demonstrates respect, compassion, integrity, and honesty at all times.

**Systems-Based Practice**

The fellow is now able to recognize all common pathologic entities and has now been exposed to some congenital heart issues.

**Third Year Fellow**

The following list assumes the inclusion of all elements of the PGY-1 and PGY-2 years of fellowship training previously listed.

**Patient Care**

- Understand the evaluation and work-up of patients prior to the procedure.
- Feel comfortable to assess patients prior to stress testing.

**Medical Knowledge**

The fellow should now have a comprehensive understanding of what constitutes a high quality and complete study.

**Practice-based Learning/Systems-Based Practice**

- The fellow should understand the correlation with clinical results in a broad range of problems.
- A fellow that has completed six (6) months of echocardiography training is now able to independently perform and interpret an echocardiographic study and Doppler that is diagnostic, complete, and accurate.

**Professionalism**

The fellow demonstrates respect, compassion, integrity, and honesty at all times.

[Return to Table of Contents](#)

## **Elective Rotation**

### Rotation Overview

Throughout their training, cardiology fellows are encouraged to interact with other specialties which impact cardiovascular patient care. Special rotations can be scheduled in these disciplines with approval of the Cardiovascular Disease Fellowship Program Director, the division chief, and the prospective preceptor in the respective subspecialty. Off-campus rotations at other institutions are possible, but require detailed advanced planning involving the cardiology fellow, MSM program director, program director and rotation supervisor at the remote institution, and GME offices at both campuses.

### Rotation Goal

The changing demographics of the American population has resulted in an increased number of both medically well and unhealthy elderly individuals who suffer with cardiovascular disorders. The practicing cardiologist must develop a working fund of knowledge in both the specific medical and surgical issues pertinent to the treatment of cardiovascular disorders in each patient. This elective is designed to expose the cardiovascular fellow to the outpatient and inpatient diagnostic evaluation and medical therapy of patients in order to create an integrated approach to the management of these patients.

### Objectives

This rotation is a natural complement to fellowship training in cardiovascular disease medicine. The goal of this rotation is to provide cardiology fellows with an understanding of the risks and benefits of cardiothoracic and cardiovascular surgery, the rationale for the selection of candidates for surgical treatment, and the preoperative and postoperative management of patients with cardiovascular disease and associated co-morbidities.

### Methods for Evaluation of Fellows

- Direct observation by the cardiology Attending
- Residency Management System performance evaluation form completed by a cardiology Attending at the conclusion of the rotation.

### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Criteria for Advancement

### Duties

Specific activities during this rotation will enhance the fellows' skills in the six (6) core competencies, based on the type of elective chosen.

### **Patient Care**

- Performance of complete history taking
- Performance of complete physical examination
- The evaluation and treatment of common problems for which adults are admitted to the hospital and the ICU
- The coordination of comprehensive care for hospitalized patients

- Recognition of the role of the family and other psychosocial factors in the care of hospitalized patients
- Understanding of the consultative services that are useful to a hospitalized patient
- Understanding of the multidisciplinary services that are useful to hospitalized patients
- Arrangement of discharge and follow up care for patients who have been hospitalized

### **Medical Knowledge**

- The fellow has an increasing knowledge base to care for the breadth of patients that internists and family physicians care for who require hospitalization.
- Specific medical topics should be reviewed and learned on a daily basis based on the diagnoses and disorders of patients currently admitted to the resident's service.

### **Practice-based Learning and Improvement**

This competency is addressed longitudinally throughout the rotation.

- Scientific evidence will be reviewed by the resident and Attending physician in the context of their patients.
- The practical implementation of evidence-based medicine will be discussed as the medical decision making is reviewed.
- Medical evidence will be reviewed and presented during the daily morning report sessions.
- Information technology will be used by the resident as he or she is required to research topics as directed by the Attending physician.
- Information technology will be used as the hospital implements its electronic health record.
- The resident will also be evaluated on the steps they took during the rotation to improve their shortcomings.

### **Interpersonal and Communication Skills**

This competency is addressed longitudinally throughout the rotation.

The resident will observe and be observed, taught, and evaluated in the performance of:

- Obtaining patient histories
- Documenting histories
- Writing prescriptions
- Educating patients about treatment plans and prognosis
- Teaching medical students and other learners
- Interactions with patients, families, office staff and physicians

### **Professionalism**

This competency is addressed longitudinally throughout the rotation.

- The Attending physician will observe and assess the resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress.
- Ethical and legal practice skills will be taught.
- Respect for cultural, age, and gender differences will be taught, observed, and evaluated.
- The resident is expected to treat patients, families, and colleagues with respect, understanding, sympathy, and honesty

### **Systems-Based Practice**

This competency is addressed longitudinally throughout the rotation.

- The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options.
- The resident will gain an increasing understanding of the role of the patient, physician, support staff, and insurer in the healthcare environment.
- The resident will gain an increasing understanding of the role of the hospital in the healthcare environment.
- Through the coordination of care for the hospitalized patients, the resident will become aware of the breadth of available resources in our community as well as to the limitations of the resources in our community. In this regard, the resident will be expected to work very closely with social workers and hospital case coordinators to assist in providing the best care available to our patients.

[Return to Table of Contents](#)



## **Electrophysiology Rotation**

### Rotation Overview

Fellows on the Electrophysiology Rotation become integral members of the arrhythmia service and are exposed to complex ablation, cardiac resynchronization therapy, consultative electrophysiology, and interpretation of electrocardiograms. At the end of the rotation fellows become proficient in device interrogation and reprogramming, cardioversion, tilt table testing, understanding arrhythmia mechanisms, and guideline-based therapy for various arrhythmias.

### Rotation Goal

The goal of the Electrophysiology Rotation is to provide an opportunity for the fellow to enhance clinical and procedural skills and to develop a deeper understanding of decisions related to non-invasive and invasive diagnostic and therapeutic interventions in electrophysiology medicine.

### Objectives

The objectives of the Electrophysiology Rotation include teaching the fellow to:

- Develop skills in physical examination and in the ability to relate abnormal physical findings to the result obtained from invasive and non-invasive electrophysiology diagnostic studies.
- Learn clinical and physiologic basic for management of cardiac arrhythmias and their complications.
- Learn the pharmacological properties and toxic effects of cardiovascular antiarrhythmic drugs.
- Learn the indications for percutaneous electrophysiologic interventions.
- Develop and demonstrate competence in EKG interpretations and arrhythmia interpretations.
- Develop and demonstrate competence in pacemaker and AICD interrogations.
- Learn to function effectively as a member of a multi-disciplinary Cardiology team.
- Learn ethical aspects of decisions required in the care of critically or terminally ill patients.
- Develop skills as an electrophysiology consultant to internal medicine residents and other medical and surgical disciplines.
- Learn how to engage the resources of social workers, case managers, assigned nurses, dietitians and laboratory personnel.

### Methods for Evaluation of Fellows

- Direct observation by the cardiology Attending
- Residency Management System performance evaluation form completed by a cardiology Attending at the conclusion of the rotation

### Methods for Evaluation of Rotation/Attendings:

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Criteria for Advancement

### Duties

Specific activities during this rotation will enhance the fellows' skills in the six (6) core competencies.

## **First Year, One-Month EP Rotation Curriculum**

### **Patent Care**

- Obtain a history and physical exam for admissions or consults with particular concentration on history elements or physical exam findings that will impact the proper diagnosis and treatment of their arrhythmia syndrome.
- Collect and interpret all documentation of rhythm abnormalities including inpatient holter monitors, ECG, EMS/ED rhythm strips, and outpatient monitoring to aid in diagnosis and management of the patient's arrhythmia syndrome.
- Determine when medical management versus invasive management is appropriate for various arrhythmias.
- Describe the risks and benefits of basic procedures performed on the EP service (pacemaker/ICD/BIV implantation, EP study, ablation for SVT, ablation for atrial fibrillation).
- Perform basic device interrogations for patients who are POD #1 from device implant, for patients where the device interrogation will provide information that will guide the management plan for a consult, or when requested by other services as it will affect their treatment plan under supervision of the teaching Attending.
- Manage temporary pacemakers, i.e., check parameters daily and identify when the device is not functioning properly.
- Recognize special situations in electrophysiology and how to manage them safely:
  - WPW with atrial fibrillation
  - Wide complex tachycardia
  - Digoxin toxicity
  - Bradycardia induced TdP
  - VT storm
  - Pacing or ICD lead fracture
  - VF
  - Brugada's syndrome
- Manage device complications from implant with teaching Attending supervision.
- Provide timely follow-up to the patient for any testing done during the evaluation.
- Complete in the EHR the evaluation to include all of the information listed above.

### **Medical Knowledge**

- Review the differential diagnosis of narrow complex SVT and identify findings on ECG/ambulatory monitoring that will provide clues towards differentiating types of SVT.
- Review the differential diagnosis of wide complex tachycardia with particular attention to diagnosis of ventricular tachycardia.
- Recognize the indications for temporary pacing.
- Recognize the indications for cardioversion.
- Review device guidelines to learn up-to-date indications for device implantation.
- Understand the utility of electrophysiologic testing.
- Learn the genetic arrhythmia syndromes and common presentations.
- Review the CHA<sub>2</sub>DS<sub>2</sub>-Vasc score for identifying stroke risk in patients with AF/flutter and compare this to their risk of bleeding (HAS-Bled).
- Gain a complete knowledge of the pharmacology, pharmacokinetics, mechanisms of action, and drug interactions of anti-arrhythmic drugs with a concentration on their toxicities.
- Review the indications for tilt testing and the diagnostic utility of tilt testing.

### **Practice-Based Learning and Improvement**

- Interpret ECGs, holter monitors, and outpatient monitors.
- Use the knowledge gained from study and testing to improve patient management.
- Set goals of learning during the rotation and discuss with the Attending at the beginning of the rotation and then at completion.
- Read critically and evaluate current literature related to arrhythmias and device management.

### **Interpersonal Skills and Communication**

- Communicate with the patient and family regarding the plan of care in a compassionate and informative manner.
- Work effectively as a team with the EP nurse coordinator and Attending in managing patients.
- Communicate with the floor team and nursing staff the plan of care for the patient.
- Discuss consult requests in an appropriate manner with the requesting team.
- Provide a coherent and integrated presentation to the attending about your assessment and plans.

### **Professionalism**

- Treat the patient, the patient's family, and patient information in a professional manner at all times.
- Attend daily EP rounds punctually, prepared, having already pre-rounded.
- Complete all medical records in a timely fashion.

### **Systems-Based Practice**

- When scheduling patients for procedures, ensure for a smooth transition by preparing the patient and the nursing staff accordingly prior to transport by having orders ready and consents obtained.
- Use the EHR to document encounters and patient data and effectively provide communication to colleagues, clinic staff, and referring medical personnel to minimize duplication, provide efficient care implementation, and prevent miscommunications and errors.
- Appreciate the context in which the pertinent is being evaluated and appropriately use resources and recommendations that provide the optimal patient outcome.

## **Second Year, One-Month EP Rotation Curriculum**

Note: Changes from first year/month appear in bold and italicized lettering.

### **Patent Care**

- Obtain a history and physical exam for admissions or consults with a particular concentration on history elements or physical exam findings that will impact the proper diagnosis and treatment of the patient's arrhythmia syndrome.
- Collect and interpret all documentation of rhythm abnormalities including inpatient holter monitors, ECG, EMS/ED rhythm strips, and outpatient monitoring to aid in diagnosis and management of the patient's arrhythmia syndrome.
- Determine when medical management versus invasive management is appropriate for various arrhythmias.
- Describe the risks and benefits of ***ALL*** procedures performed on the EP service.

- Perform basic device interrogations for patients who are POD #1 from device implant, for patients where the device interrogation will provide information that will guide the management plan for a consult, or when requested by other services as it will affect their treatment plan.
- **Perform device troubleshooting under supervision of the Attending.**
- Manage temporary pacemakers, i.e., check parameters daily and identify when the device is not functioning properly.
- **Place a temporary device while in the EP lab or at bedside with the Attending.**
- Recognize special situations in electrophysiology and how to manage them safely and **start the appropriate therapy to manage the situation accordingly:**
  - WPW with atrial fibrillation
  - Wide complex tachycardia
  - Digoxin toxicity
  - Bradycardia induced TdP
  - VT storm
  - Pacing or ICD lead fracture
  - VF
  - Brugada's syndrome
- Manage device complications from implant with teaching Attending supervision.
- Provide timely follow-up to the patient for any testing done during the evaluation.
- Complete in the EHR the evaluation to include all of the information listed above.

### Medical Knowledge

- **Know** the differential diagnosis of narrow complex SVT and identify findings on ECG/ambulatory monitoring that are clues towards differentiating types of SVT.
- **Know** the differential diagnosis of wide complex tachycardia with particular attention to diagnosis of ventricular tachycardia.
- Know the indications for temporary pacing.
- Know the indications for cardioversion.
- Review device guidelines to learn up-to-date indications for device implantation.
- Understand the utility of electrophysiologic testing; **watch or participate in an EP study.**
- **Review** the genetic arrhythmia syndromes and common presentations.
- **Know** the CHA<sub>2</sub>DS<sub>2</sub>-Vasc score for identifying stroke risk in patients with AF/flutter and compare this to their risk of bleeding (HAS-Bled).
- Gain a complete knowledge of the pharmacology, pharmacokinetics, mechanisms of action, and drug interactions of anti-arrhythmic drugs with a concentration on their toxicities.
- Review the indications for tilt testing and the diagnostic utility of tilt testing.

### Practice-Based Learning and Improvement

- Interpret ECGs, holter monitors, and outpatient monitors.
- Use the knowledge gained from study and testing to improve patient management.
- Set goals of learning during the rotation and discuss with the Attending at the beginning of the rotation and then at completion.
- Critically read and evaluate current literature related to arrhythmias and device management.

### **Interpersonal Skills and Communication**

- Communicate with the patient and family regarding the plan of care in a compassionate and informative manner.
- Work effectively as a team with the EP nurse coordinator and Attending in managing patients.
- Communicate with the floor team and nursing staff the plan of care for the patient.
- Discuss consult requests in an appropriate manner with the requesting team.
- Provide a coherent and integrated presentation to the Attending about assessment and plans.

### **Professionalism**

- Treat the patient, the patient's family, and patient information in a professional manner at all times.
- Attend daily EP rounds punctually, prepared, having already pre-rounded.
- Complete all medical records in a timely fashion.

### **Systems-Based Practice**

- When scheduling patients for procedures, ensure for a smooth transition by preparing the patient and the nursing staff accordingly prior to transport by having orders ready and consents obtained.
- Use the EHR to document encounters and patient data, and effectively provide communication to colleagues, clinic staff, and referring medical personnel to minimize duplication, provide efficient care implementation and prevent miscommunications and errors.
- Appreciate the context in which the pertinent is being evaluated and appropriately use resources and recommendations that provide the optimal patient outcome.

### **Third Year one-month EP Rotation Curriculum**

Note: Changes from second year/month appear in bold and italicized lettering.

#### **Patent Care**

- Obtain a history and physical exam for admissions or consults with particular concentration on history elements or physical exam findings that will impact the proper diagnosis and treatment of their arrhythmia syndrome.
- Collect and interpret all documentation of rhythm abnormalities including inpatient holter monitors, ECG, EMS/ED rhythm strips, and outpatient monitoring to aid in diagnosis and management of the patient's arrhythmia syndrome.
- Determine when medical management versus invasive management is appropriate for various arrhythmias and ***proceed with treating the patient as dictated by your assessment.***
- Describe the risks and benefits of ALL procedures performed on the EP service.
- ***Perform advanced device interrogations and troubleshooting under supervision of the teaching Attending.***
- Manage temporary pacemakers, i.e., check parameters daily and identify when the device is not functioning properly.

- Place a temporary device while in the EP lab or at bedside with the Attending.
- **Be comfortable managing special situations in EP:**
  - WPW with atrial fibrillation
  - Wide complex tachycardia
  - Digoxin toxicity
  - Bradycardia induced TdP
  - VT storm
  - Pacing or ICD lead fracture
  - VF
  - Brugada's syndrome
- Manage device complications from implant with teaching Attending supervision.
- Provide timely follow-up to the patient for any testing done during the evaluation.
- Complete in the EHR the evaluation to include all of the information listed above.

### Medical Knowledge

- Know the differential diagnosis of narrow complex SVT and identify findings on ECG/ambulatory monitoring that are clues towards differentiating types of SVT.
- Know the differential diagnosis of wide complex tachycardia with particular attention to diagnosis of ventricular tachycardia.
- Know the indications for temporary pacing.
- Know the indications for cardioversion.
- **Know** device guidelines to learn up-to-date indications for device implantation.
- Understand the utility of electrophysiologic testing, watch or participate in an EP study, and **be able to interpret basic intracardiac electrograms**.
- **Know** the genetic arrhythmia syndromes and common presentations.
- Know the CHA2DS2-Vasc score for identifying stroke risk in patients with AF/flutter and compare this to their risk of bleeding (HAS-Bled).
- Gain a complete knowledge of the pharmacology, pharmacokinetics, mechanisms of action, and drug interactions of anti-arrhythmic drugs with a concentration on their toxicities.
- Review the indications for tilt testing and the diagnostic utility of tilt testing.

### Practice-Based Learning and Improvement

- Interpret ECGs, holter monitors, outpatient monitors.
- Use the knowledge gained from study and testing to improve patient management.
- Set goals of learning during the rotation and discuss with the Attending at the beginning of the rotation and then at completion.
- Critically read and evaluate current literature related to arrhythmias and device management.

### Interpersonal Skills and Communication

- Communicate with the patient and family regarding the plan of care in a compassionate and informative manner.
- Work effectively as a team with the EP nurse coordinator and Attending in managing patients.
- Communicate with the floor team and nursing staff the plan of care for the patient.
- Discuss consult requests in an appropriate manner with the requesting team.
- Provide a coherent and integrated presentation to the Attending about assessment and plans.

**Professionalism**

- Treat the patient, the patient's family, and patient information in a professional manner at all times.
- Attend daily EP rounds punctually, prepared, having already pre-rounded.
- Complete all medical records in a timely fashion.

**Systems-Based Practice**

- When scheduling patients for procedures, ensure for a smooth transition by preparing the patient and the nursing staff accordingly prior to transport by having orders ready and consents obtained.
- Use the EHR to document encounters and patient data and effectively provide communication to colleagues, clinic staff, and referring medical personnel to minimize duplication, provide efficient care implementation, and prevent miscommunications and errors.
- Appreciate the context in which the pertinent is being evaluated and appropriately use resources and recommendations that provide the optimal patient outcome.

[Return to Table of Contents](#)

## **Adult Cardiology Congenital Heart Disease Elective Rotation**

### Rotation Overview

The heart failure experience is a one-month rotation in the second year of fellowship training on the inpatient service, dedicated to the care of patients with advanced heart disease, and includes care of heart failure patients, including those with cardiogenic shock requiring advanced pharmacologic and device therapies, as well as patients who have undergone cardiac transplantation.

### Rotation Goals

- Initiate the appropriate work-up for a patient who presents with new onset heart failure, focusing on defining reversible causes of ventricular dysfunction.
- Understand the pathophysiologic basis of the heart failure syndrome.
- Develop proficiency in the care of patients with heart failure, including the appropriate guideline-supported use of proven medical therapies for heart failure (ACE inhibitors, beta blockers, diuretics, and spironolactone), the role of implanted device therapy (ICDs, CRT, ICD/CRT), as well as non-pharmacological treatments such as dietary sodium and fluid restriction and exercise training.
- Develop familiarity with the treatment of arrhythmic complications in the patient with systolic dysfunction heart failure, including use of anti-arrhythmic therapy, invasive testing, and treatments such as ablation, and the use and monitoring of implanted devices.
- Exposure to methods used to appropriately select patients with severe heart failure requiring advanced therapy including hemodynamic monitoring for adjustment of therapy, intravenous inotropes, renal dose dopamine, intra-aortic balloon pumps, or ventricular assist devices.
- Develop comfort with the perioperative management of patients with severe left ventricular dysfunction undergoing cardiac surgery, including management of vasoactive medications in the immediate post-cardiopulmonary bypass period, and management of post-operative fluid, arrhythmic and blood pressure issues.
- Exposure to the use of cardiopulmonary exercise testing as part of the evaluation and management of the heart failure patient.
- Exposure to the management of patients with heart failure severe enough to require left ventricular assist devices as a bridge to cardiac transplantation or destination therapy, the management of the perioperative cardiac transplant recipient, and the long-term care of the cardiac transplant recipient.

### Objective

Fellows in Cardiovascular Disease gain experience in diagnosis and management of common and some uncommon forms of adult congenital heart disease in their continuity clinics, in the Echocardiography Laboratory, in the Cardiac Catheterization Laboratory and on the inpatient cardiology services.



### Procedures

- Fellows will be appropriately supervised for all procedures.
- Procedures for the rotation include:
  - Central venous catheter placement
  - Pulmonary artery catheterization
  - Temporary pacemaker implantation
  - Advanced cardiac life support
  - Elective and emergent cardioversion
  - Pericardiocentesis
  - Appropriate EKG performance

### Methods for Evaluation of Fellows

- Direct observation by a cardiology Attending
- Residency Management System performance evaluation form completed by a Cardiology attending at the conclusion of the rotation

### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Criteria for Advancement

### **Second Year Fellow**

#### **Patient Care**

- Patient evaluation including:
  - Strong emphasis on taking an accurate heart failure history and performing a bedside physical exam for determination of volume status and perfusion
  - Generation of a written or dictated history and physical and impression with treatment plan
  - Close interaction with attending heart failure/transplant
  - Cardiologist for refinement of H&P and discussion of evaluation and treatment plan
  - Review of diagnostic studies with attending heart failure/transplant cardiologist
  - Daily rounds including patient examination, bedside discussion with heart failure/transplant cardiologist, NP, RNs, and social worker.
  - Ordering pertinent tests and therapies
  - Interactions with consultants and other members of the healthcare team as care evolves
  - Interaction with all members of the multi-disciplinary team to address barriers to compliance and optimize all aspects of care
  - Participation in discussion with the patient and family and discharge planning
- Procedural skills, including:
  - Assess volume status and perfusion at the bedside using refined physical diagnosis skills
  - Invasive procedures performed on inpatients on the heart failure and transplant cardiology service, including obtaining informed consent
  - Performance of right heart catheterizations, primarily via the right internal jugular approach, but occasionally via the left internal jugular or subclavian approach.
  - Sterile technique and venous access

- Interpretation of invasive hemodynamics and understanding of management of the heart failure patient based on invasive hemodynamics
- Opportunity to become experienced in endomyocardial biopsy technique
- Familiarity with implantable cardiac devices used in the management of heart failure patients, including implanted cardiac defibrillators, resynchronization pacemakers and ventricular assist devices; emphasis will be placed on appropriate patient selection for these therapies.
- Familiarity with cardiopulmonary exercise testing, including indications, performance, and interpretation of tests.

### **Medical Knowledge**

- Describe the pathophysiology of the heart failure syndrome.
- Demonstrate specific knowledge of the ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult.
- Initiate the appropriate clinical evaluation for patients with new onset heart failure.
- Identify reversible causes of ventricular dysfunction and the appropriate interventions.
- Demonstrate specific knowledge of the major clinical trials in heart failure and cardiac transplantation.
- Discuss the current pharmacologic treatment of ventricular dysfunction, including the rationale for using angiotensin converting enzyme inhibitors, hydralazine/isosorbide, beta blocking agents, digoxin, diuretics, angiotensin receptor blocking agents and aldosterone antagonists.
- Discuss experimental and/or controversial pharmacologic treatments for ventricular dysfunction.
- List the indications, management, and complications of hemodynamic monitoring with a pulmonary artery catheter.
- Interpret cardiac pathophysiology from pressure waveform analysis.
- Discuss the current indications for mechanical treatment of advanced heart failure, including implantation of an intra aortic balloon pump or a ventricular assist device.
- Participate in the post-operative care of a patient with a ventricular assist device, including complications and device management.
- List the indications and contraindications for cardiac transplantation and discuss candidate selection.
- Initiate the appropriate evaluation for cardiac transplantation.
- Participate in the pre-operative, peri-operative, and immediate post-operative care of the cardiac transplant patient.
- Discuss the histologic and hemodynamic features of cellular and humoral cardiac allograft rejection.
- Discuss the maintenance immunosuppressive regimen used after cardiac transplantation, including actions, interactions, and toxicities.
- Discuss the immunosuppressive regimens used to treat acute cellular and/or humoral rejection.
- Describe the evaluation and treatment of infection in the immunocompromised patient.
- Discuss the long-term management and expected outcomes of the cardiac transplant patient.

### **Practice-Based Learning and Improvement**

- During the heart failure rotation, time is dedicated to improving the trainee's understanding and appreciation of the nature and advantages of multidisciplinary practice in chronic illness.
- The trainee participates in daily multidisciplinary case discussions with the cardiac surgeons, Attending heart failure/transplant cardiologist, surgery and cardiology midlevel providers, nurse coordinators, social worker, physical therapists, nutritionists, and other relevant team members.
- A patient-centered model of care using chronic disease management by the multidisciplinary advanced heart disease team is in continual use.
- The trainee will gain understanding of the importance of opinions and input from all members of the multidisciplinary team, particularly when making difficult, often life-and-death, decisions regarding patient candidacy for ventricular assist device implantation or cardiac transplantation.
- Awareness of the role of palliative care practices and team approach in the management of patients with advanced heart failure who are not candidates for heart transplantation or advanced device-based care.
- The trainee will gain appreciation for a collaborative relationship with cardiothoracic surgeons and participate in frequent discussions with cardiothoracic surgeons regarding appropriate patient management in complex cases of advanced heart failure. This will be contrasted with the classical referral model for clearly indicated cardiac surgical procedures.

### **Interpersonal and Communication Skills**

- Develop effective written, verbal, and non-verbal communication skills.
- Understand the importance of listening and careful communication skills to the therapeutic relationship, particularly when dealing with chronically and severely ill patients.
- Gain an understanding of the importance of communication between physicians and consultants, nurses, advanced practitioners, dieticians, social workers, exercise physiologists, and many other care team members.
- Demonstrate compassionate and culturally aware communication with the critically ill and/or dying patient, caregivers, and loved ones in order to maintain optimism and motivation, create a positive environment, and instill hope.

### **Professionalism**

The fellow will display professionalism in:

- Carrying out clinical responsibilities
- Adhering to ethical principles
- Being culturally aware
- Respecting patients consistently and recognizing how a patient's background affects health care choices and wishes
- Involving the patient and family in decision making
- Acting with altruism, integrity, reliability, courtesy, and empathy in a consistent manner when caring for patients

### **Systems-Based Practice**

- During the heart failure rotation, time is dedicated to improving the trainee's understanding and appreciation of the nature and advantages of multidisciplinary practice in chronic illness.
- The trainee participates in daily multidisciplinary case discussions with the cardiac surgeons, Attending heart failure/transplant cardiologist, surgery and cardiology midlevel providers, nurse coordinators, social worker, physical therapists, nutritionists, and other relevant team members.
- A patient-centered model of care using chronic disease management by the multidisciplinary advanced heart disease team is in continual use.
- The trainee will gain understanding of the importance of opinions and input from all members of the multidisciplinary team, particularly when making difficult, often life-and-death, decisions regarding patient candidacy for ventricular assist device implantation or cardiac transplantation.
- The trainee will develop an awareness of the role of palliative care practices and team approach in the management of patients with advanced heart failure who are not candidates for heart transplantation or advanced device-based care.
- The trainee will gain an appreciation for a collaborative relationship with cardiothoracic surgeons and participate in frequent discussions with cardiothoracic surgeons regarding appropriate patient management in complex cases of advanced heart failure. This will be contrasted with the classical referral model for clearly indicated cardiac surgical procedures.

[Return to Table of Contents](#)

## **Advanced Imaging Rotation**

### Rotation Overview

The Advanced Imaging Rotation provides senior cardiology fellows additional exposure to advanced cardiac imaging techniques, including echocardiography (Echo), cardiac MRI (CMR), and cardiac/coronary CTA (CCT). This rotation provides a practical, evidence-based approach to using multimodality cardiac imaging in cardiovascular medicine. The rotation prepares senior cardiology fellows for the increasing emphasis of advanced imaging and multimodality imaging on the ABIM cardiovascular medicine examination.

### Rotation Goal

The goal of the Advanced Imaging Rotation is to provide senior cardiology fellows an opportunity to develop an understanding of the physics, diagnostic aspects, and interpretive skills of Cardiac CT and Magnetic Resonance Technology in order to apply appropriate recommendations for diagnostic testing of patients with known or suspected cardiac conditions.

### Objectives

The objectives of this rotation are to teach the senior cardiology fellow to:

- Learn the basics of the physics surrounding each technology.
- Learn the positive and negatives, diagnostic sensitivity and specificity, for each technology applied to various cardiac conditions.
- Learn the safeguards for patients and personnel involved in such testing.
- Continue to develop and demonstrate competent interpretations.
- Learn how to function effectively as a member of a multi-disciplinary Cardiology team.
- Demonstrate appropriate and cost-effective utilization of diagnostic tests in the evaluation and management of cardiac patients.
- Develop appropriate communication skills for interaction with the requesting medical personnel.

### Methods for Evaluation of Fellows

- Direct observation by the cardiology Attending
- Residency Management System performance evaluation form completed by the cardiology Attending at the conclusion of the rotation

### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Criteria for Advancement

### Duties

Specific activities during this rotation will enhance the fellows' skills in the six (6) core competencies:

### **Patent Care**

- Communicate effectively and demonstrate caring, respectful, and ethical behaviors when interacting with patients, their families, physicians, and other healthcare professionals (see Interpersonal and Communication Skills competency domain).
- Counsel and educate patients and their families.
- Obtain patient informed consent for required procedures according to state law and institutional policy.
- Educate patients on pre-procedural preparation and post-procedural care.
- Make informed decisions about diagnostic and therapeutic procedures based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Gather and evaluate essential information including correlative studies about patients.
- Perform history and physical examinations.
- Evaluate findings for contraindications to testing and for indicators of additional patient pathology.
- Consult with physician as needed.
- Counsel patient and family as indicated.
- Determine and implement a plan of care.
- Use professional judgment to recommend or adapt protocols for procedures to improve diagnostic quality and outcome.
- Consult with the physician or appropriate health care provider to determine a modified action plan when necessary.
- Report findings to referring physicians and patients per protocol.

### **Medical Knowledge**

- Identify normal, cross-sectional anatomy and three-dimensional vascular anatomy of the chest, abdomen, pelvis, and extremities as seen on the MRI.
- Identify and/or describe common variants of normal.
- Demonstrate a basic knowledge of MRI physics and contraindications to MR.
- Demonstrate a basic knowledge of body MR protocols.

### **Interpersonal Skills and Communication**

- Demonstrate team communication and leadership skills to work effectively with others as a member or leader of a health care team or other professional group.
- Demonstrate leadership skills by leading a group project to successful completion.
- Communicate with a referring physician to ensure appropriate examination selection, including actions to be taken if the requested procedure appears to be inappropriate.
- Collaborate with other health care team members to improve service delivery.
- Protect and preserve personal and confidential information of others to which access is provided.
- Adhere to privacy and regulatory standards and requirements regarding the accountability and protection of patient information.
- Identify potential abuses of confidential patient information.
- Describe the challenges associated with maintaining the confidentiality of patient information stored in computer systems and transmitted via networks.

### **Professionalism**

- Demonstrate calm, compassionate, helpful demeanor toward those in need.
- Treat others with dignity and respect, demonstrating sensitivity and responsiveness to culture, age, gender, and disability.
- Discuss how diversity issues, health literacy, or disparity issues might impact patient care and adherence to treatment.
- Consistently strive for excellence in professional activities.
- Be meticulous and careful in conducting professional tasks.
- Work systematically and complete assignments in a timely manner.
- Take responsibility for continuity of care.
- Recognize how NMAA patient care and professional practices might affect other health care professionals and the health care organization.
- Demonstrate the ability to reflect on methods of improving professional behavior.
- Act with integrity and understand personal limitations.
- Refrain from performing tasks beyond personal capabilities or outside of professional scope of practice.
- Accept responsibility for mistakes and report mistakes as appropriate.
- Accept criticism and make an effort to improve.
- Reflect on difficult encounters and analyze how values, skills, and knowledge are affecting the care of patients with challenging and/or terminal illnesses.
- Recognize and appropriately respond to impairment of self or colleagues.

### **Practice-Based Learning and Improvement**

- Track and analyze processes, procedures, and outcomes using appropriate statistical and/or qualitative techniques.
- Use the evidence-based medicine (EBM) process of asking, acquiring, appraising, applying, and assessing to improve clinical practice.
- Analyze practice organization and management and perform practice-based improvement activities.
- Develop a personal program of self-study and professional growth.
- Use benchmarking analysis and adjust processes, procedures, and operations for comparison with published standards of care.
- Follow a systematic process for identifying and implementing best or better practices.
- Follow professional standards of practice and work within the NMAA scope of practice to improve patient care and safety, and to protect the public.
- Critically evaluate current literature and extant research to assess the effectiveness of diagnostic and therapeutic procedures.
- Identify credible sources of information.
- Determine applicability of information; clarifying patients' questions and misunderstandings about procedures, conditions, or treatment options based on what they may have read.
- Use findings from literature and benchmarks to design and initiate appropriate research to investigate a given clinical situation in order to arrive at an optimal solution.
- Apply knowledge of research design and statistical methods to appraise the literature.

**Systems-Based Practice**

- Describe the structure, governance, financing, and operation of the healthcare system and its facilities and how this influences patient care, research, and educational activities at a local, state, regional, and national level.
- Understand the structure and function of health care delivery systems and medical practices.
- Describe the various third-party payer systems, covered health benefits, formularies, preauthorization, appeals, disease management, and quality improvement.
- Define and describe a patient population.
- Practice cost effective healthcare and resource allocation that do not compromise quality of care.
- Review and adjust coding practices and procedures to ensure optimal and legal reimbursement.
- Analyze departmental budget and cost/revenue for optimal efficiency.
- Provide documented analysis and data for resource acquisition.
- Follow filing and documentation practices for practitioner reimbursement as directed by CMS policies and procedures, state, and federal law.

[Return to Table of Contents](#)



## **Nuclear Cardiology Rotation**

### Rotation Overview

The performance and interpretation of cardiovascular nuclear medicine procedures involves the administration of intravenous radiopharmaceutical and is strongly regulated by national and state regulations. A fellowship program must take into account the licensing regulations.

### Rotation Goal

The goal of the Nuclear Cardiology Rotation is to provide an opportunity to develop an understanding of the physics, diagnostic aspects, and interpretive skills of cardiac nuclear and stress testing in order to apply appropriate recommendations for diagnostic testing of patients with known or suspected cardiac conditions.

### Objectives

The objectives of this rotation are to teach the senior cardiology fellow to:

- Learn the basics of the physics surrounding nuclear testing.
- Learn the positive and negatives, diagnostic sensitivity, and specificity for each test and how to apply them to various cardiac conditions.
- Learn the safeguards for patients and personnel involved in such testing.
- Continue to develop and demonstrate competence in interpretative skills.
- Learn to function effectively as a member of a multi-disciplinary cardiology team.
- Learn appropriate and cost-effective utilization of diagnostic tests in the evaluation and management of cardiac patients.
- Develop appropriate communication skills for interaction with laboratory personnel and coworkers as well as the requesting medical personnel.
- Develop stress testing skills.

### Methods for Evaluation of Fellows

Observation and Residency Management System form completed by the Nuclear Cardiology attending at the conclusion of the rotation

### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Criteria for Advancement

### Duties

Specific activities during this rotation will enhance the fellows' skills in the six (6) core competencies.

### **Patient Care**

This rotation does not include a large amount of direct patient care. Fellows will learn, however, how to maximize patient comfort during exercise and pharmacologic nuclear perfusion imaging.

### **Medical Knowledge**

Fellows will gain experience and knowledge in nuclear cardiology during the performance of exercise and pharmacologic nuclear perfusion imaging, during daily teaching rounds with Attending faculty, during review of teaching files, and during self-directed learning and reading.

### **Interpersonal and Communication Skills**

Fellows will interact with nuclear medicine physicians, nuclear technologists, and nursing staff. They will be expected to keep accurate, timely-signed medical records and procedure reports.

### **Professionalism**

Fellows will gain experience in the respectful treatment of all the above-mentioned groups and will also maintain accurate procedure logs and hospital privileges.

### **Practice-Based Learning**

Fellows are expected to gain knowledge from self-directed literature and on-line review concerning interesting cases they encounter and to facilitate the education of internal medicine residents. Fellows may present cases during Journal Club and the weekly catheterization conference and discuss pertinent literature.

### **Systems-Based Practice**

There is not substantial activity in this competency during the Nuclear Cardiology Rotation. Fellows will, however, be exposed to issues of cost-effectiveness when deciding on the most appropriate noninvasive tests for patients with coronary artery disease.

## **First Year Fellow**

### **Patient Care**

- Identify results that indicate a high-risk state.
- Develop the skill to select appropriate stress type and exercise protocol for diverse patient types.

### **Medical Knowledge**

- Know indications for myocardial perfusion imaging and the appropriate selection of exercise versus pharmacologic stress.
- Know how to evaluate pre-test and post-test probability.
- Know the indications, risks, and contraindications for stress testing (both for diagnosis and risk stratification).
- Know common exercise test protocols.
- Know ECG and hemodynamic for stopping a test and defining high risk.
- Know the limitations of exercise ECG alone, and the potential utility of adding imaging.

### **Interpersonal and Communication Skills**

Fellows will interact with nuclear medicine physicians, nuclear technologists, and nursing staff. They will be expected to keep accurate, timely-signed medical records and procedure reports.

### **Professionalism**

Fellows will demonstrate respect, compassion, integrity and honesty at all times.

### **Practice-Based Learning**

Fellows are expected to gain knowledge from self-directed literature and on-line review concerning interesting cases they encounter and to facilitate the education of internal medicine residents. Fellows may present cases during Journal Club and the weekly catheterization conference and discuss pertinent literature.

### **Systems-Based Practice**

- Incorporate appropriate use criteria, risk-benefit, and cost considerations in the use of stress testing and cardiac radionuclide procedures.
- Work effectively with nuclear cardiology laboratory staff.

## **Second Year Rotation**

### **Patient Care**

- Integrate nuclear imaging findings with other clinical data for evaluation and management of patients.
- Develop the skill to safely perform stress testing (both exercise and pharmacologic).
- Develop the skill to identify and treat complications from stress testing.
- Integrate all data from stress testing for risk assessment.

### **Medical Knowledge**

- Know principles of image acquisition and display, including standard tomographic views.
- Know properties of perfusion tracers.
- Know principles of radiation safety.
- Know mechanisms of pharmacologic stress agents, proper use, and safety issues.

### **Interpersonal and Communication Skills**

Communicate effectively with patients and referring physicians regarding the results of testing.

### **Professionalism**

Fellows will demonstrate respect, compassion, integrity and honesty at all times.

### **Systems-Based Practice**

Effectively lead and coordinate the stress test interdisciplinary team.

### **Practice-Based Learning and Improvement**

Identify gaps in knowledge to focus learning.

## **Third Year Rotations**

### **Patient Care**

- Perform and interpret gated rest/stress myocardial perfusion imaging studies.
- Perform and interpret radionuclide ventriculography.

**Medical Knowledge**

- Know protocols of administration for all radiotracers used for nuclear cardiology procedures.
- Know techniques to minimize radiation exposure.
- Know how to perform quality control on images, including recognition of artifacts.
- Know the potential role of PET cardiac imaging, including types of studies and radiotracers.

**Interpersonal and Communications Skills**

Create a comprehensive and understandable report.

**Professionalism**

The fellow will demonstrate respect, compassion, integrity and honesty at all times.

**Systems-Based Practice**

Participate in lab quality monitoring initiatives.

**Practice-Based Learning and Improvement**

Identify gaps in knowledge to focus learning.

NRC Training

For individuals who want to achieve Level Two training or higher in nuclear cardiology, they must gain an understanding of nuclear imaging technology and radiation safety. Radiation safety training is in part obtained through a formal didactic course, as per NRC guidelines.

[Return to Table of Contents](#)

## **Research Rotation**

### Rotation Overview

The goals and objectives of the Research Rotation are to discover new knowledge and to translate this knowledge into the practice of cardiology. Research rotations are required. Cardiology fellows are encouraged to take part in clinical trials. Duties include:

- Review and understanding of research protocols,
- Recruitment of patients into studies, and
- Follow-up of patients within protocol guidelines.

In addition, blocks of one to three months of research time are available with selected members of the cardiology and university faculty.

### Rotation Goal

At least one (1) month prior to the onset of the set time, fellows with their mentor must present to the program director a research proposal describing the proposed plan of activities and research, and the timeline for completing the required products and presentation.

### Objectives

Upon completion of this elective the fellow will be able to:

- Demonstrate preparation of a background paper of at least five (5) pages double-spaced with properly cited references reflecting the background for a research project.
- Describe techniques used in a research project, consistent with the “Material and Methods” section.
- Present findings in a scholarly paper and poster.

### Methods for Evaluation of Fellows

Observation and Residency Management System form completed by a Cardiology attending at the conclusion of the rotation

### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Duties

Research rotations are required. Cardiology fellows are encouraged to take part in clinical trials. Duties include:

- Review and understanding of research protocols,
- Recruitment of patients into studies, and
- Follow up with patients within protocol guidelines.

In addition, blocks of one to three months of research time are available with selected members of the cardiology and university faculty.

Criteria for Advancement

KEY:

- PC = Patient Care
- MK = Medical Knowledge
- PBL = Practice-Based Learning
- ICS = Interpersonal and Communication Skills
- P = Professionalism
- SBP = Systems-Based Practice

Although the amount of research is dependent on the experience of the trainee, the following competencies apply to the fellows as indicated below.

**First Year Fellows**

- Researching topics of presentation with the help of assigned mentors (MK)
- Presentation of researched topics in Conference formats (MK, P)
- Critically analyzing journal articles of relevance to cardiovascular diseases and presenting such analyses in the form of Journal Club presentations (MK, ICS, P, SBP)
- Preparing and presenting topics, case reports, and research studies of importance to internal medicine at the regional and national meetings of the American College of Physicians and other organizations in internal medicine (MK, ICS, P, SBP)
- Attending the National Annual Scientific Sessions of the American Heart Association/ American College of Cardiology (P)
- Identifying areas of potential research, including participation in clinical trials (SBP, P)

**Second Year Fellows**

- Further refining research and presentation skills by acquiring the ability to present with clarity, complex topics and controversial topics in internal medicine and cardiology in conference format (MK, ICS, P, SBP)
- Participating in ongoing clinical and basic science research protocols of the Division of Cardiology (P)
- Attending the National Annual Scientific Sessions of the American Heart Association/ American College of Cardiology (P)

**Third Year Fellows**

- Attending the National Annual Scientific Sessions of the American Heart Association/ American College of Cardiology (P)
- Preparing and submitting for publication manuscripts on original research conducted (SBP, P)
- Formulate research plans for a future career in cardiovascular medicine (SBP, P)

**Patient Care**

- Use one's experiences in caring for patients to develop research questions.
- Consider health care delivery, management of specific disease processes, screening for diseases, or other aspects of health care as an area to study.

### **Medical Knowledge**

- Generate patient-centered clinical questions to drive knowledge acquisition when designing a research study.
- Identify one's knowledge deficiencies and develop a system for generating and answering clinical questions based on patient cases.
- Use a standard format to phrase clinical questions (e.g., PICO = Patient/Problem, Intervention, Comparison Intervention, Outcome), to help in the performance of an efficient literature search in assessing what has already been studied.
- Assess the type of question being asked in order to identify the type of study that would best answer the question.
- Identify and efficiently locate the best available information resources to address one's question in developing a research project.
- Conduct a computerized literature search using Medline, PubMed, or an equivalent method.
- Use methodological filters to limit searches to articles dealing with therapy, diagnosis, or prognosis.
- Use secondary sources (Cochrane, CAT databases, ACP Journal Club, etc.) to efficiently obtain evidence.
- Use practice guidelines (e.g., [www.guidelines.gov](http://www.guidelines.gov), AAP Practice Guidelines) to identify and review recommended care plans for a variety of common pediatric problems.
- Select the appropriate study design to answer one's question.
- Know the indications for IRB approval including studies using patients, patient medical records, and other data specifically to patients that can compromise confidentiality.

### **Communication Skills**

- Discuss the project with an advisor and appropriate consultants including statisticians and other specialists in research design and or scientific knowledge.
- Present one's project as a Grand Rounds at its conclusion.
- Write a scientific abstract for potential submission to a regional or national research meeting, i.e., pediatric academic societies, society of adolescent medicine, American academy of pediatrics, or the Midwest society of pediatric research.
- Strive to write one's project into a scientific paper at the conclusion of the project.
- Complete final IRB reporting.

### **Practice-based Learning and Improvement**

- Compare one's data to that previously collected and determine the differences.
- Read current literature to substantiate one's findings.
- Determine the application to patient care that one's study has and describe how patient care can be changed accordingly.

### **Professionalism**

- Respect patients' privacy of medical information in performing research.
- Understand the function of an IRB and how it serves to protect patients.
- Discuss the ethics of research, including subject recruitment, informed consent, patient privacy and the role of Institutional Review Boards.
- In performing research that involves seeking information from patients and their families, respect privacy in obtaining such information.
- Be honest in one's report of data.

- Present data in aggregate manner to eliminate identification of specific patients in one's report.
- Submit one's proposal to the IRB.
- Complete the IRB ethics in research test.

**Systems-Based Practice**

- Understand the costs of research.
- Determine the best methods of performing research within the constraints of residency and the medical system.
- Understand when research is appropriate and when it is not; considering the health of the patient, his/her understanding of the project, etc.
- Advocate for research to promote understanding of various disease processes or ways to deliver care.

[Return to Table of Contents](#)



## **Vascular Medicine Rotation**

### Rotation Overview

The Vascular Medicine Rotation in the fellow's second year of training is based at Veterans Administration Medical Center (VAMC), Atlanta. The rotation is one month in duration and includes interventional procedures in the catheterization laboratory, outpatient clinics, and inpatient consults. One half-day/week is also protected from clinical responsibility to pursue scholarly activity. Fellows will also attend and participate in the weekly vascular conference and monthly PSQI (formerly M&M) and Journal Club conferences.

Fellows will evaluate and treat patients with vascular disease including arterial occlusive disease, aneurysmal disease, arterial dissection, arterial/venous thromboembolism, and vasospastic disease. Patients routinely treated include those with claudication, limb threatening ischemia, stroke, and renovascular hypertension. Fellows will be exposed to inpatients who may be stable or critically ill who are in need of urgent or emergent diagnostic and interventional cardiovascular procedures. Fellows will have ample exposure to evaluate and manage bleeding and vascular access complications that may arise in these patients.

In the Vascular Medicine Clinic (two to three one-half days a week), fellows will have exposure to the evaluation and management of patients with peripheral arterial disease, including on-site non-invasive vascular testing in an ICAVL accredited laboratory. Fellows will also have one-on-one reading with RPVI-certified Attendings in the TMH hospital non-invasive vascular ICAVL accredited lab.

### Rotation Goal

This rotation provides an introductory experience in vascular and endovascular medicine. In this rotation, the fellow will become familiar with consultation in vascular medicine, diagnostic vascular imaging procedures, and the variety of peripheral artery interventional procedures, including, but not limited to:

- Noninvasive vascular study interpretation,
- Diagnostic angiography, and
- Peripheral interventions, including carotid, vertebral, mesenteric, renal, aortic, iliac, and lower extremity intravascular interventions, as well as venous interventions for DVT and PE.

### Objectives

In this rotation, fellows will:

- Gain experience in the prevention, evaluation, and management of both inpatients and outpatients with the following disorders:
  - Peripheral arterial disease
  - Arterial and venous thromboembolism
- Gain experience in noninvasive vascular tests such as segmental blood pressure measurements, arterial and venous duplex ultrasonography, and computed tomographic and magnetic resonance angiography.
- Learn indications, alternatives, and contraindications for catheter-based interventions.
- Gain introductory experience in the range of interventional vascular procedures.
- Learn to communicate effectively as a member of an interdisciplinary team in the Interventional Vascular Lab.
- Learn to communicate effectively with consulting physicians.

- Provide appropriate informed consent to patients and families for elective and emergency procedures.
- Communicate effectively with patients and families regarding procedure outcomes and prognosis.

#### Methods for Evaluation of Fellows

Observation and Residency Management System form completed by a Vascular attending at the conclusion of the rotation

#### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

#### **Patient Care**

Fellows will gain experience in:

- The prevention, evaluation, and management of both inpatients and outpatients with the following disorders:
  - Peripheral arterial disease
  - Renal artery stenosis
  - Mesenteric ischemia
  - Extracranial cerebrovascular disease
  - Aneurysmal disease
  - Arterial dissection
  - Arterial and venous thromboembolism
- Noninvasive vascular tests such as segmental blood pressure measurements, arterial and venous duplex ultrasonography, and computed tomographic and magnetic resonance angiography including:
  - Accuracy and limitations of diagnostic tests
  - Radiation physics, safety, and radiographic imaging equipment
  - Principles of image acquisition and display
  - Advantages, disadvantages, and potential complications of iodinated and noniodinated contrast agents
  - Advantages, disadvantages, potential outcomes, and complications of interventional procedures
  - Indications, alternatives, and contraindications for catheter-based interventions
- The range of interventional vascular procedures at an introductory level.

#### **Medical Knowledge**

Fellows will gain knowledge of the following content areas:

- Vascular biology precepts that govern normal blood vessel function
- Pathologic mechanisms that lead to vascular disease, including the molecular and cellular processes that result in atherosclerosis and thrombosis
- Systemic manifestations of atherosclerosis and the risk factors that contribute to its development
- Guidelines established to modify risk factors
- Pathophysiology, clinical manifestations, natural history, evaluation, and management of peripheral arterial disease, renal artery stenosis, extracranial cerebrovascular disease, aortic and peripheral artery aneurysms, and other arterial diseases
- Pathophysiology, clinical manifestations, evaluation, and management of venous thromboembolism

- Prothrombotic disorders including inherited and acquired hypercoagulable states
- Pathophysiology, clinical manifestations, evaluation, and treatment of chronic venous insufficiency and lymphedema
- Preoperative evaluation and perioperative care of the vascular surgery patient
- Non-invasive vascular tests including duplex ultrasonography of peripheral arteries and veins, carotid arteries, renal arteries, and physiologic tests of the peripheral circulation
- Magnetic resonance and computed tomographic angiography
- Conventional contrast angiography

### **Interpersonal and Communication Skills**

Fellows will communicate effectively in the following areas:

- As a member of an interdisciplinary team in the Interventional Vascular Lab
- With consulting physicians
- With patients and families regarding procedure outcomes and prognosis

Fellows will also provide appropriate informed consent to patients and families for elective and emergency procedures.

### **Professionalism**

The fellow will learn to:

- Demonstrate a commitment to carrying out professional responsibilities, adherence to organizational and ethical principles, and demonstrate sensitivity to diverse patient population.
- Understand the importance of honesty in the doctor/patient relationship and in other medical interactions.
- Respond and answer pages promptly.
- Practice patient advocacy at all times.
- Complete medical records honestly and punctually.
- Treat patients, families, staff, and other personnel with respect and honesty.
- Dress appropriately and in a professional manner at all times.

### **Practice-Based Learning and Improvement**

The fellow will:

- Investigate and evaluate his or her own patient care practices, appraise and assimilate scientific evidence, and initiate improvement in patient care.
- Analyze, critique, and review surgical literature as it applies to practice-based medicine.
- Use information technology and other multi-media resources to increase medical knowledge and assist in patient care.
- Develop a personal program of self-study and professional growth with guidance from the teaching staff and faculty.
- Participate in the education of medical students and other health care professionals.
- Prepare for and participate in PSQI (formerly M&M).

### **Systems-Based Practice**

The fellow will:

- Demonstrate an awareness of, and responsiveness to, the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value to their patients.
- Practice quality, cost effective healthcare.
- Advocate and facilitate patient advancements through the healthcare system.
- Understand different surgical practice models and delivery systems, and how to best utilize them to care for their patients.
- Understand the value of, and uses, practice guidelines.

[Return to Table of Contents](#)

## **CT Surgery Elective Rotation**

### Objectives and Expectations

This rotation is a complement to fellowship training in cardiovascular medicine. The goal of this rotation is to provide cardiology fellows with an understanding of the risks and benefits of cardiothoracic and cardiovascular surgery, the rationale for the selection of candidates for surgical treatment, and the preoperative and postoperative management of patients with cardiovascular disease and associated co-morbidities.

### Learning Activities on This Rotation

During the cardiovascular surgery assignment, the fellow will:

- Spend time in the operating room observing cardiac bypass, valve replacements, aortic aneurysm repairs, LVAD insertions, and other procedures.
- Attend rounds with consulting surgeons.
- Participate in the postoperative care and management of patients in the Cardiac Surgery Intensive Care Unit.
- Attend Cardiac Surgery Clinic to participate in the outpatient management of patients.

### Curriculum Content and Methods Used

The content is learned through participation on the clinical services, in the operating room, on SICU rounds, and in outpatient clinics. Participation in the weekly Cardiac Surgery Conference is expected. Outside reading of appropriate Cardiac Surgery text chapters and publications is strongly encouraged. Familiarity with the ACC/AHA Guidelines for Coronary Artery Bypass Grafting is expected.

### Supervision

The fellow will be supervised by the cardiac surgery Attending physicians, and SICU Attending physicians.

### Methods for Evaluation of Fellows

Observation and Residency Management System evaluation form to be completed by a Cardiac Surgery attending at the conclusion of the elective

### Methods for Evaluation of Rotation/Attendings

Fellows complete evaluations anonymously in the Residency Management System at the conclusion of the rotation.

### Medical Knowledge

- Describe and discuss cardiovascular physiology and the influence of cardiovascular disease on normal physiology.
- Know various operative approaches to the chest and understand indications for various preoperative studies of the chest and become familiar with their interpretation (chest x-rays, angiography, echocardiograms, EKGs).
- Demonstrate understanding of pathogenesis, pathophysiology, treatment, and outcome of the disease processes most frequently encountered in cardiovascular practice (e.g., coronary circulation, theories of plaque development, indications for angioplasty versus bypass, choice of valvular procedures and operations).
- Understand and demonstrate knowledge of basic theory and physiology of the heart-lung machine (cardiopulmonary bypass) and ventricular assist devices.

### **Patient Care**

- Demonstrate an awareness of physical examination findings in cardiac diseases.
- Develop few technical skills in the Operating Room.
- Demonstrate the ability to appropriately use the ICU for proper postoperative care and management of patients with cardiovascular instability from one or more of the following:
  - Common arrhythmias
  - Tamponade (early and late)
  - Low cardiac output
  - Excessive bleeding
  - Pulmonary problems
  - The impact of the surgery and underlying health problems
  - Low urine output
  - Central nervous system complications

### **Systems-Based Practice**

Understand the multidisciplinary role of the cardiac surgeon, nurses, and the operating room team in the provision of safe and high-quality cardiac surgery care.

### **Professionalism**

- Interact with patients and their families in a respectful, sensitive, and ethical manner.
- Interact with other members of the cardiac surgery team and ambulatory clinic personnel in a respectful, responsible, and professional manner.

### **Practice-Based Learning and Improvement**

- Demonstrate the ability to use scientific studies to provide high quality cardiac surgical care.
- Use hospital information technology systems appropriately to manage patient care and to access on-line medical information to deliver high quality care.
- Facilitate and support the education of medical students, junior residents, and other healthcare team members.

### **Interpersonal and Communication Skills**

- Demonstrate skill in effective information exchange with patients, their families, and other members of the cardiac surgery team.
- Demonstrate the ability for accurate and timely information exchange between other members of the health care team, both verbally and in writing, with appropriate use of the medical record.

[Return to Table of Contents](#)

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



**MOREHOUSE SCHOOL OF MEDICINE**  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES

POLICY NUMBER	CVD-01
EFFECTIVE DATE	06/01/2017
PAGE(S)	10
SUPERSEDES	05/01/2015 06/01/2014 04/01/2011 04/01/2013

**SUBJECT**  
ADVERSE ACADEMIC DECISIONS AND DUE  
PROCESS POLICY

**Adverse Academic Decisions and Due Process Policy**

**I. PURPOSE:**

- 1.1. Morehouse School of Medicine (MSM) shall provide residents and fellows with an educational environment that MSM believes is fair and balanced.
- 1.2. This policy outlines the procedures which govern adverse academic decisions and due process procedures relating to residents and fellows during their appointment periods at Morehouse School of Medicine regardless of when the resident or fellow matriculated.
- 1.3. Actions addressed within this policy shall be based on an evaluation and review system tailored to the specialty in which the resident/fellow is matriculating.

**II. SCOPE:**

- 2.1. All MSM administrators, faculty, staff, residents, fellows and administrators at participating affiliates shall comply with this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.
- 2.2. Residents and fellows shall be given a copy of this Adverse Academic Decisions and Due Process Policy at the beginning of their training.

**III. DEFINITIONS:**

**3.1. Academic Deficiency**

- 3.1.1. A resident/fellow's academic performance is deemed deficient if performance does not meet/does not satisfy the program and/or specialty standards.
- 3.1.2. Evidence of academic deficiency for a resident/fellow can include, but is not limited to:
  - 3.1.2.1. Having an insufficient fund of medical knowledge
  - 3.1.2.2. Inability to use medical knowledge effectively
  - 3.1.2.3. Lack of technical skills based on the resident/fellow's level of training
  - 3.1.2.4. Lack of professionalism, including timely completion of administrative functions such as medical records, duty hours, and case logging
  - 3.1.2.5. Unsatisfactory written evaluation(s)
  - 3.1.2.6. Failure to perform assigned duties
  - 3.1.2.7. Unsatisfactory performance based on program faculty's observation
  - 3.1.2.8. Any other deficiency that affects the resident/fellow's academic performance



- 3.2. Opportunity to Cure** occurs when a resident/fellow is provided the opportunity to correct an academic deficiency and corrects the academic deficiency to the satisfaction of the faculty, program director, department chairperson, and Clinical Competency Committee of the program in which the resident is enrolled.
- 3.3. Day**—a calendar business day from 8:30 am to 5:00 pm, Monday-Friday; weekends and MSM-recognized holidays excluded.
- 3.4. Corrective Action**
- 3.4.1.** Corrective action is defined as written formal action taken to address a resident's or fellow's academic, professional, and/or behavioral deficiencies and any misconduct.
- 3.4.2.** Typically, corrective action includes/may include probation which can result in disciplinary action such as suspension, non-promotion, non-renewal of residency/fellowship appointment agreement, dismissal, or termination pursuant to the due process guidelines outlined in this policy or in other appropriate MSM policies.
- 3.4.3.** Corrective action does not include a written or verbal notice of academic deficiency.
- 3.5. Dismissal**—the immediate and permanent removal of the resident from the educational program for failing to maintain academic and/or other professional standards required to progress in or complete the program. This includes conduct described in section 4.2 of this policy.
- 3.6. Due Process**
- 3.6.1.** For matters involving academic deficiency(ies) in resident/fellow performance, due process involves:
- 3.6.1.1.** Providing notice to the resident of the deficient performance issue(s);
- 3.6.1.2.** Offering the resident/fellow a reasonable opportunity to cure the academic deficiency; and
- 3.6.1.3.** Engaging in a reasonable decision-making process to determine the appropriate course of action to take regarding whether to impose corrective action.
- 3.7. Due Process Disciplinary Actions** include suspension, non-renewal, non-promotion, or dismissal.
- 3.8. GME**—Graduate Medical Education
- 3.9. GME Office**—Graduate Medical Education Office of Morehouse School of Medicine
- 3.10. Mail**—to place a notice or other document in the United States mail or other courier or delivery service
- 3.10.1.** Notices mailed via first class mail, postage prepaid, unless returned to sender by the United States Postal Service or other courier or delivery service, are presumed to have been received three (3) days after mailing.
- 3.10.2.** Unless otherwise indicated, it is not necessary in order to comply with the notice requirements in this policy to hand-deliver the notice or use certified or registered mail. However, such methods of delivery, when documented, will verify actual notice. It is the resident's responsibility to ensure that his or her program and the GME office possess the resident/fellow's most current mailing address.

**3.10.3. Email Notification**—Morehouse School of Medicine email addresses (@msm.edu) are the official email communication for all employees including residents/fellows. Emailing information to the resident's official MSM email address is sufficient to meet MSM's notification and mail obligations except where otherwise indicated. Residents/fellows are responsible for ensuring that they check and are receiving email communication.

### **3.11. Meeting**

**3.11.1.** The appeals process outlined in this policy provides the resident an opportunity to present evidence and arguments related to why he or she believes the decision by the program director, department chairperson, or Clinical Competency Committee to take action for non-renewal or dismissal is unwarranted.

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

### **3.12. Misconduct**

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

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

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

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

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

### **3.14. Non-Promotion**

**3.14.1.** Resident/fellow annual appointments are for a maximum of 12 months, year to year.

**3.14.2.** A delay in being promoted to the next level is an academic action used in limited situations. These limited situations include, but are not limited to, instances where a resident has an overall unsatisfactory performance during the academic year or fails to meet any promotion criteria as outlined by the program.

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

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

**3.17. Probation**—a residency/fellowship program may use corrective action when a resident's/fellow's violations include but are not limited to:

**3.17.1.** Providing inappropriate patient care;

**3.17.2.** Lacking professionalism in the education and work environments;

3.17.3. Failure to cure notice of academic deficiency or other corrective action;

3.17.4. Negatively impacting healthcare team functioning; or

3.17.5. Causing residency/fellowship program dysfunction.

### **3.18. Remediation**

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

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

### **3.19. Suspension**

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

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

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

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

## **IV. POLICY:**

4.1. When a resident/fellow fails to achieve the standards set forth by the program, decisions must be made about notice of academic deficiency, probation, suspension, non-promotion, non-renewal of residency appointment agreement, and in some cases, dismissal. MSM is not required to impose progressive corrective action but may determine the appropriate course of action to take regarding its residents/fellows depending on the unique circumstances of a given issue.

4.2. Residents/fellows engaging in conduct violating the policies, rules, bylaws, or regulations of MSM or its educational affiliates, or local, state, and federal laws regarding the practice of medicine and the standards for a physician in training may, depending on the nature of the offense, be dismissed.

4.2.1. Such misconduct will be considered a breach of the Resident/fellow Appointment Agreement or Reappointment Agreement.

4.2.2. In such instances, the Graduate Medical Education Office and Human Resources Department may be involved in the process of evaluating the violation.

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

**V. PROCEDURES:**

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

**5.2. Notice of Academic Deficiency**

**5.2.1.** The residency/fellowship program director may issue a Notice of Academic Deficiency to a resident to give notice that academic deficiencies exist that are not yet severe enough to require corrective action, disciplinary action, or other adverse actions but that do require the resident/fellow to take immediate action to cure the academic deficiency.

**5.2.2.** This notice may be concerning both progress in the program and the quality of performance.

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

**5.2.4.** It is the responsibility of the resident/fellow, using necessary resources, including advisor, faculty, PDs, chairperson, etc., to cure the deficiency(ies).

**5.2.5.** The residency/fellowship program director will notify the GME director in writing of all notices of deficiency(ies) within five (5) calendar days of the program director's decision.

**5.3. Probation**

**5.3.1.** A residency/fellowship program may use this corrective action when a resident/fellow's actions are associated with:

**5.3.1.1.** Providing inappropriate patient care;

**5.3.1.2.** Lacking professionalism in the education and work environments;

**5.3.1.3.** Negatively impacting healthcare team functioning; or

**5.3.1.4.** Failure to comply with MSM, GME, and/or program standards, policies, and guidelines.

**5.3.1.5.** Causing residency/fellowship program dysfunction.

**5.3.2.** Probation can be used as an option when a resident/fellow fails to cure a notice of academic deficiency or other corrective action.

**5.3.3.** The program director must notify and consult with the GME DIO and/or director before issuing a probation letter to a resident.

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

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

- 5.3.3.3.** The length of the probationary period will depend on the nature of the particular infraction and be determined by the program director. However, the program director should set a timed expectation of when improvement should be attained. The duration will allow the resident/fellow reasonable time to correct the violations and deficiencies.
- 5.3.3.4.** A probation period cannot exceed six (6) months in duration and residents cannot be placed on probation for the same infraction/violation for longer than 12 consecutive months (i.e., maximum of two (2) probationary periods).
- 5.3.4.** Probation decisions shall not be subject to the formal appeals process.
- 5.3.5.** While on probation, a resident/fellow is not in good standing.
- 5.3.6.** Remediation must be used as a tool for probation. Developing a viable remediation plan consists of the following actions:
  - 5.3.6.1.** The resident/fellow must be informed that the remediation is not a punishment, but a positive step and an opportunity to improve performance by resolving the deficiency.
  - 5.3.6.2.** The resident/fellow may be required to make up time in the residency/fellowship if the remediation cannot be incorporated into normal activities and completed during the current residency year.
  - 5.3.6.3.** The resident/fellow must prepare a written remediation plan, with the express approval of the program director as to form and implementation. The program director may require the participation of the resident/fellow's advisor in this process.
    - 5.3.6.3.1.** The plan shall clearly identify deficiencies and expectations for reversing the deficiencies, organized by ACGME core competencies.
    - 5.3.6.3.2.** It is the responsibility of the resident to take actions to meet all standards, and to take the initiative to make improvements as necessary.
- 5.3.7.** All residents placed on probation are required to meet with the Director for Graduate Medical Education.
- 5.3.8.** If the deficiency(ies) persist during the probationary period and are not cured, the residency program director may initiate further corrective or disciplinary action including but not limited to continuation of probation with or without non-promotion, non-renewal of residency/fellowship appointment agreement, or dismissal.
- 5.3.9.** The program director must notify and consult with the GME DIO and/or director before initiating further corrective or disciplinary action.
  - 5.3.9.1.** If the reasons for non-promotion, non-renewal of appointment, or dismissal occur within the last four (4) months of the resident/fellow's appointment year, the program will provide the resident/fellow reasonable notice of the reasons for the decision as circumstances reasonably allow.
  - 5.3.9.2.** The decision of the program director will be communicated to the resident/fellow and to the Office of Graduate Medical Education.
  - 5.3.9.3.** The residency/fellowship program director will notify the resident/fellow in writing of non-promotion, non-renewal of appointment, or dismissal decisions.

## **5.4. Suspension**

- 5.4.1.** Suspension shall be used as an immediate disciplinary action because of a resident/fellow's misconduct. Suspension is typically mandated when it is in the best interest of the patients [patient care] or professional medical staff that the resident/fellow be removed from the workplace.
- 5.4.2.** A resident/fellow may be placed on paid or unpaid suspension at any time for significant violations in the workplace.
- 5.4.3.** A resident may be removed from clinical responsibility or program activities by a faculty member, program director, department chairperson, clinical coordinator, or administrative director of an affiliate. At his or her sole discretion, that individual can remove the resident/fellow if he or she determines that one of the following types of circumstances exist:
  - 5.4.3.1.** The resident/fellow poses a direct detriment to patient welfare.
  - 5.4.3.2.** Concerns arise that the immediate presence of the resident/fellow is causing dysfunction to the residency program, its affiliates, or other staff members.
  - 5.4.3.3.** Other extraordinary circumstances arise that would warrant immediate removal from the educational environment.
- 5.4.4.** All acts of removal from clinical responsibility or program activities shall be documented by the initiating supervisor or administrator and submitted to the program director in writing within 48 hours of the incident/occurrence, explaining the reason for the resident/fellow's removal and the potential for harm.
- 5.4.5.** After receiving written documentation of the incident/occurrence, the program director has up to five (5) days to determine if a resident/fellow will be suspended.
- 5.4.6.** Only the program director has authority to suspend a resident/fellow from the program and decide the length of time of the suspension, regardless of individual hospital or affiliate policies and definitions of suspension.
- 5.4.7.** The program director must notify and consult with the GME DIO and/or director before suspending a resident/fellow.
- 5.4.8.** After a period of suspension is served, further corrective or disciplinary action is required.
  - 5.4.8.1.** The program director shall review the situation and determine what further disciplinary action is required.
  - 5.4.8.2.** Possible actions to be taken by the program director regarding a suspended resident/fellow may be to:
    - 5.4.8.2.1.** Return the resident/fellow to normal duty with a Notice of Academic Deficiency;
    - 5.4.8.2.2.** Place the resident/fellow on probation; or
    - 5.4.8.2.3.** Initiate the resident/fellows' dismissal from the program.

**5.5. Failure to Cure Academic Deficiency**—if a resident/fellow fails to cure academic deficiencies through an approved corrective action, formal corrective action plan (remediation), probation, or other forms of academic support, the program director may take an action, including but not limited to, one or more of the following actions:

- 5.5.1. Probation/continued probation
- 5.5.2. Non-promotion to the next PGY level
- 5.5.3. Repeat of a rotation or other education block module
- 5.5.4. Non-renewal of residency/fellowship appointment agreement
- 5.5.5. Dismissal from the residency/fellowship program

**5.6.** The resident/fellow shall have the right to appeal only the following disciplinary actions:

- 5.6.1. Dismissal or termination from the residency/fellowship program
- 5.6.2. Non-renewal of the resident/fellow's appointment

**5.7. Appeal Procedures—Program and Department**

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

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

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

**5.7.3.1.** The Departmental Appeal Committee shall consist of a minimum of three (3) faculty members and one (1) administrative person (usually the residency/fellowship program manager) who functions as a facilitator and manages scheduling, communication, and administrative functions of the committee. The Departmental Appeal Committee will select one of the three faculty members as lead to complete the written recommendation on behalf of the committee.

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

**5.7.3.3.** The Departmental Appeal Committee will notify the resident/fellow and program director of the meeting date, time, place, and committee members' names and titles.

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

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

**5.7.3.6.** The resident/fellow may bring an advocate, such as a faculty member, staff member, or other resident.

- 5.7.3.7. Legal counsel is not permitted to attend the appeal because the process is an academic appeal.
- 5.7.3.8. Appeal meetings may not be recorded.
- 5.7.3.9. The Department Appeal Committee reserves the right to determine the manner in which the meetings with the resident/fellow and program director will be conducted.

5.7.4. The Departmental Appeal Committee will present its written recommendation to the program director within seven (7) days of the end of the appeal meeting. The program director will then forward the resident's training documents, all information concerning the dismissal/termination/nonrenewal, written appeal recommendation, and any other pertinent information to the department chairperson.

5.7.5. The department chairperson will review all materials and make the final departmental decision within seven (7) days of receipt of materials.

5.7.6. The department chairperson will communicate the final written departmental decision to the program director.

5.7.7. The program director will then communicate the decision by written letter to the resident/fellow via mail and email. This should occur within ten (10) days of the final decision.

## **5.8. Appeal to the Dean**

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

5.8.2. If the resident/fellow is unsuccessful in his or her appeal to the chairperson, he or she may submit a written request to the dean for a review of due process involved in the program's decision of dismissal/termination/non-renewal of appointment.

5.8.3. A request for appeal to the dean must be submitted in writing within seven (7) days of the notification of the final departmental decision.

5.8.4. The appeal must be submitted to both the dean and the program director.

5.8.5. The dean shall instruct the GME office to convene an Institutional Appeal Committee to review the case and provide an advisory opinion regarding whether or not the residency/fellowship program afforded the resident/fellow due process in its decision to dismiss or not renew the resident's appointment. This review is program protocol and required documentation in each case. MSM's Designated Institutional Officer, or his or her designee, shall chair the Institutional Appeal Committee.

5.8.5.1. The Institutional Appeal Committee shall consist of the DIO, two (2) faculty members, and one (1) administrative employee, usually the GME Director, who functions as a facilitator and manages scheduling, communication, and administrative functions of the committee.

5.8.5.2. The Institutional Appeal Committee will meet to review the resident/fellow's training documents and hear directly from the resident/fellow and program director regarding the matter.

5.8.5.3. The Institutional Appeal Committee will notify the resident/fellow and program director of the meeting date, time, place, and the committee members' names and titles.



- 5.8.5.4.** The program director shall provide the training documents and record of the departmental appeal proceedings.  
The program director must also provide a written summary letter and timeline of events for the committee to review at least 24 hours before the scheduled meeting.
- 5.8.5.5.** The Institutional Appeal Committee shall give the resident/fellow an opportunity to present written and/or verbal evidence to dispute the allegations that led to the disciplinary action.  
The resident/fellow may submit written documentation to the committee to review and must do so at least 24 hours before the scheduled meeting.
- 5.8.5.6.** The resident/fellow may bring to the meeting an advocate, such as a faculty member, staff member, or other resident/fellow.
- 5.8.5.7.** Legal counsel is not permitted to attend the appeal because the process is an academic appeal.
- 5.8.5.8.** Recording of the meeting(s) and/or proceedings is prohibited.
- 5.8.6.** The institutional appeals committee chair will submit a written report of the findings to the dean who will make the final determination regarding the status of the resident/fellow.
- 5.8.7.** The final written determination by the dean may be:
- 5.8.7.1.** That the resident/fellow is returned to the residency/fellowship program without penalty;
  - 5.8.7.2.** Recommendation for dismissal, termination, or non-renewal of appointment stands;
  - 5.8.7.3.** Other determination as deemed appropriate by the dean.
- 5.8.8.** If a recommendation for dismissal/termination/non-renewal is confirmed, the resident/fellow is removed from the payroll effective the day of the dean's decision.



**MOREHOUSE SCHOOL OF MEDICINE**  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES

**SUBJECT**  
ANNUAL INSTITUTION AND PROGRAM REVIEW  
POLICY

POLICY NUMBER	CVD-02
EFFECTIVE DATE	06/01/2019
PAGE(S)	05
SUPERSEDES	06/01/2014

## Annual Institution and Program Review Policy

### I. **PURPOSE:**

The purpose of this policy is to provide guidelines for the Accreditation Council of Graduate Medical Education (ACGME) Next Accreditation System (NAS) required Graduate Medical Education Committee (GMEC) oversight of institutional- and program-level annual review procedures and processes, effective July 1, 2014 with minor revisions effective July 1, 2019.

### II. **SCOPE:**

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, fellows, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. All ACGME programs must conduct and implement program-level procedures and processes for annual program evaluation and review.

### III. **GLOSSARY OF ANNUAL REVIEW TERMS:**

- 3.1. **Graduate Medical Education Committee (GMEC)**—ACGME-required advisory committee with oversight of institution and program accreditation. Membership includes program directors, assistant program directors, program managers, residents/fellows, MSM and affiliate representatives from human resources, legal, patient safety, and quality improvement, the DIO, and GME office staff.
- 3.2. **Annual Institutional Review (AIR)**—ACGME-required process to review and assess performance indicators, quality improvement goals and metrics, monitoring procedures, and action plans.
- 3.3. **Annual Program Review (APR)**—GMEC- and GME-required process to ensure program maintenance of ACGME accreditation.
- 3.4. **Special Review (SR)**—ACGME process to identify and assist in the improvement of underperforming programs.
- 3.5. **Self-Study Visit (SSV)**—Replaces ACGME site visits and will eventually occur every 10 years, as long as programs and institutions demonstrate substantial compliance with ACGME requirements and performance indicators.
- 3.6. **Annual Program Evaluation (APE)**—Written documentation that through their PECs, programs are documenting formal, systematic, annual evaluation of the curriculum according to ACGME requirements.

**IV. ANNUAL INSTITUTION AND PROGRAM REVIEW POLICIES AND PROCEDURES:**

- 4.1. Responsibilities of the GMEC include effective oversight of the ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs, through the following measures.
- 4.2. **Annual Institutional Review (AIR)**—Oversight of the sponsoring institution's accreditation is performed through the Annual Institutional Review (AIR).
  - 4.2.1. The GMEC must identify institutional performance indicators for the AIR to include, at a minimum:
    - The most recent ACGME institutional letter of notification,
    - Results of ACGME surveys of residents/fellows and core faculty members, and
    - Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
  - 4.2.2. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's governing body. The written executive summary must include:
    - A summary of the institutional performance on indicators for the AIR, and
    - Action plans and performance monitoring procedures resulting from the AIR.
- 4.3. **Annual Program Review Process (APR)**—Oversight of the residency programs' accreditation through an Annual Program Review Process (APR) will include review of:
  - The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs, and its participating sites,
  - The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and Specialty/subspecialty-specific Program Requirements, and
  - The programs' annual evaluation and improvement activities.
- 4.4. **GME APE Report**—Programs must have a program-level APE policy and process and must complete the GME APE report template for submission of GMEC review and approval.
- 4.5. **ACGME Annual Accreditation Data System (ADS)**—Programs must track and monitor required data and information to accurately complete the ACGME Annual Accreditation Data System (ADS) update, including:
  - Changes in program and participating sites,
  - Progress of addressing any citations,
  - Educational environment—curriculum, duty hours, supervision, etc.,
  - Faculty and resident scholarly activity,
  - Faculty development activities, and
  - Resident and faculty participation in Patient Safety and Quality Improvement activities.
- 4.6. Programs must annually review and monitor their compliance with the following program performance indicators:
  - ACGME resident and faculty survey results,
  - Program Board pass rates,
  - Semi-annual resident evaluation—Milestone-based evaluation reporting, and
  - Clinical experience—case/patient/procedure logs.

- 4.7. The GME DIO and program director will complete annual scorecards for each program based on assessment of the data above, metrics, and information.
- 4.8. The annual program scorecards create the Institutional Dashboard for monitoring programs' compliance with APR requirements.
- 4.9. Oversight of underperforming programs is performed through a Special Review process.
  - 4.9.1. **Special Review Criteria:** A program will be placed on a special review for non-compliance in three (3) of the five (5) areas as follows:
    - ACGME letters of warning, concern, complaint, and/or focused or full site visit announcements
    - Underperformance in five (5) or more of the 18 Annual GME Program Scorecard Metrics, including the ACGME program performance indicators:
      - Annual ADS updates
      - APE Report
      - GMEC/GME program compliance
      - Accreditation status
      - Citations/progress reports
      - Match fill rate
      - Program policies
      - ITE results
      - Resident PSQI involvement
      - Faculty PSQI involvement
      - Resident scholarly activities
      - Faculty scholarly activities
      - Case/procedure/patient logs
      - Semi-annual resident evaluation
      - Faculty evaluation of residents
      - Duty Hour monitoring and oversight
      - Milestone data/reporting
      - Faculty development
    - Failure to comply with ACGME Common and Specialty Specific program requirements not stated/listed in this policy
    - Noncompliance with Specialty Board pass rates
    - Noncompliance with ACGME Resident Survey in two (2) or more of the seven (7) content areas below the national compliance rate:
      - Duty hours
      - Faculty
      - Evaluation
      - Educational content
      - Resources
      - Patient safety/teamwork
      - Overall evaluation of program

#### **4.9.2. Special Review Protocol**

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

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

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

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

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

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

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

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

**4.9.3.2.** For institutional decisions and action regarding Special Review status of a program, the program director of a special review program must provide semiannual written and verbal progress reports to the GMEC demonstrating improvement per recommendations and deadlines detailed in the special review report.

**4.9.3.3.** Period of time for Special Review status

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

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

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

[Return to Table of Contents](#)



**MOREHOUSE SCHOOL OF MEDICINE**  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES

POLICY NUMBER	CVD-03
EFFECTIVE DATE	02/01/2020
PAGE(S)	03
SUPERSEDES	06/01/2019 8/14/2018 06/01/2014

**SUBJECT**  
CONCERN AND COMPLAINT (GRIEVANCE) POLICY  
FOR RESIDENTS AND FELLOWS

## Concern and Complaint (Grievance) Policy for Residents and Fellows

### I. PURPOSE:

- 1.1. The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level that minimizes conflicts of interest (ACGME Institutional Requirements IV.D.).
- 1.2. The purpose of this policy is to provide guidelines for communication of resident and fellow concerns and complaints related to residency/fellowship training and learning environment, and to ensure that residents/fellows have a mechanism through which to express concerns and complaints.
- 1.3. **Note:** For purposes of this policy, a concern or complaint involves issues relating to personnel, patient care, and matters related to the program or hospital training environment, including professionalism and adherence to clinical and educational work (duty hour) standards.

### II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, fellows, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. All residency and fellowship programs must have a program-level Concern and Complaint (Grievance) Policy that aligns with this GMEC policy and is included in the program's policy manual.
- 2.3. Residents, fellows, and faculty agree to work in good faith to resolve any problems or issues that distract from optimal training.

### III. POLICY:

- 3.1. Morehouse School of Medicine and affiliated hospitals encourage resident/fellow participation in decisions involving educational processes and the learning environment. Such participation should occur in both formal and informal interactions with peers, faculty, and Attending staff.
- 3.2. Efforts should be undertaken to resolve questions, problems, and misunderstandings as soon as they arise. Residents/fellows are encouraged to initiate discussions with appropriate parties for the purpose of resolving issues in an informal and expeditious manner.
- 3.3. With respect to formal processes designated to address issues deemed as complaints (grievances) under the provisions of this policy, each program must have an internal process, known to residents, through which residents may address concerns. The program director should be designated as the first point of contact for this process.

- 3.4. A grievance is defined as a complaint that directly and adversely affects a residents/fellows' education, training, or professional activities as a result of an arbitrary or capricious act, or failure to act, or a violation of School policy or procedure, by the School or anyone acting officially on behalf of the School.
- 3.5. Matters that are not grievable include probation and corrective actions, as detailed in the GME Adverse Academic Decisions and Due Process Policy, salary and benefits, and issues not relating to personnel, patient care, program or hospital training environment, including professionalism and adherence to clinical and educational work (Duty Hour) standards.
- 3.6. If the complaint is to formally notify the institution of an incident involving harassment or discrimination, see the Morehouse School of Medicine Sex/Gender, Non-Discrimination, Anti-Harassment, and Retaliation Policy for procedures to be followed. The contact person for this policy is Marla Thompson, Title IX Coordinator for MSM, 404-752-1871, [mthompson@msm.edu](mailto:mthompson@msm.edu).

#### **IV. PROCEDURE:**

##### **4.1. Reporting Structure** “chain of command” for resident/fellow concerns and complaints (grievances)

- 4.1.1. Step 1: Residents and fellows should first talk to program-level persons to resolve problems and concerns.
  - 4.1.1.1. The program's chief resident(s) should be the first point of contact.
  - 4.1.1.2. If the resident/fellow believes their concern is not adequately addressed or there is a conflict of interest, then the resident/fellow should discuss their concerns with the program director or associate program director.
- 4.1.2. Step 2: If the resident/fellow is not satisfied with the program-level resolution, the individual should discuss the matter with the department chair, or service director, or chief of a specific hospital.
- 4.1.3. Step 3: If no solution is achieved, the resident/fellow may seek assistance from the Graduate Medical Education (GME) Designated Institutional Official (DIO), Dr. Yolanda Wimberly at [ywimberly@msm.edu](mailto:ywimberly@msm.edu).

##### **4.2. Other Grievance Resources and Options**

- 4.2.1. If for any reason the resident does not want to discuss concerns or complaints with the chief resident, program director, associate program director, department chair, service director or chief, or Designated Institutional Official (DIO), the following resources are available:
  - 4.2.1.1. For issues involving program concerns, training matters, professionalism, or work environment, residents can contact the Graduate Medical Education Assistant Dean and Director at (404) 752-1011 or [tsamuels@msm.edu](mailto:tsamuels@msm.edu).
  - 4.2.1.2. For problems involving interpersonal issues, the resident/fellow may be more comfortable discussing confidential informal issues apart and separate from the resident/fellow's parent department with the Resident Association president or president elect.
    - 4.2.1.2.1. Any resident or fellow may directly raise a concern to the Resident Association Forum.
    - 4.2.1.2.2. Resident Association Forums and meetings may be conducted without the DIO, faculty members, or other administrators present.



- 4.2.1.2.3.** Residents and fellows have the option to present concerns that arise from discussions at Resident Association Forums to the DIO and GMEC.
- 4.2.2.** Residents and fellows can provide anonymous feedback, concerns, and complaints by completing the GME Feedback Form at <http://www.msm.edu/Education/GME/feedbackform.php>.
- 4.2.2.1.** Comments are anonymous and cannot be traced back to individuals.
- 4.2.2.2.** Personal follow-up regarding how feedback, concerns, or complaints have been addressed by departments and/or GME will be provided only if the resident/fellow elects to include his or her name and contact information in the comments field.
- 4.2.3.** MSM Office of Compliance and Corporate Integrity is at <http://www.msm.edu/Administration/Compliance/index.php>
- 4.2.3.1.** The MSM Compliance Hotline, 1 (855) 279-7520, is an anonymous and confidential mechanism for reporting unethical, noncompliant, and/or illegal activity.
- 4.2.3.2.** Call the Compliance Hotline or email [www.msm.ethicspoint.com](http://www.msm.ethicspoint.com) to report any concern that could threaten or create a loss to the MSM community including:
- Harassment—sexual, racial, disability, religious, retaliation
  - Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical, and waste management safety issues
  - Other reporting purposes:
    - Misuse of resources, time, or property assets
    - Accounting, audit, and internal control matters
    - Falsification of records
    - Theft, bribes, and kickbacks

Refer to the current version of the MSM [GME Policy Manual](#) for detailed information regarding the Adverse Academic Decisions and Due Process Policy for matters involving resident/fellow suspension, non-renewal, non-promotion, or dismissal.

[Return to Table of Contents](#)



**MOREHOUSE SCHOOL OF MEDICINE**  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES

POLICY NUMBER	CVD-04
EFFECTIVE DATE	07/01/19
PAGE(S)	06
<b>SUBJECT</b>	<b>SUPERSEDES</b>
DISASTER PREPAREDNESS POLICY	06/01/2014 04/01/2011

## Disaster Preparedness Policy

### I. PURPOSE:

- 1.1. The purpose of this policy is to provide guidelines for communication with and assignment/allocation of resident physician manpower in the event of disaster, and the policy and procedures for addressing administrative support for Morehouse School of Medicine (MSM) Graduate Medical Education (GME) programs and residents in the event of a disaster or interruption in normal patient care.
- 1.2. It also provides guidelines for communication with residents and program leadership whereby to assist in reconstituting and restructuring educational experiences as quickly as possible after a disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

### II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. This policy is in addition to any emergency preparedness plans established by MSM and its affiliate institutions.
- 2.3. Residents are also subject to the inclement weather policies of the medical school and affiliate institutions.

### III. GLOSSARY OF DISASTER TERMS:

- 3.1. A disaster is defined within this policy as an event or set of events causing significant alteration of the residency experience at one or more residency programs.
- 3.2. This policy and procedures document acknowledges that there are multiple strata or types of disaster:
  - Acute disaster with little or no warning (e.g., tornado or bombing)
  - Intermediate disaster with some lead time or warning (e.g., flooding or ice)
  - Insidious disruption or disaster (e.g., avian flu)
- 3.3. This document addresses disaster or disruption in the broadest terms.

### IV. DISASTER POLICIES AND PROCEDURES:

- 4.1. In accordance with ACGME, the Sponsoring Institutional must maintain a policy consistent with ACGME policies and procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of disaster or interruption of patient care.

- 4.2.** Every effort will be taken to minimize the interruption in continuation of salary, benefits, and resident/fellow assignments.
- 4.3.** A Resident's Duties in Disasters
  - 4.3.1.** In the case of anticipated disasters, residents are expected to follow the rules in effect for the training site to which they are assigned at the time.
  - 4.3.2.** In the immediate aftermath, the resident is expected to attend to personal and family safety and then render humanitarian assistance where possible.
  - 4.3.3.** In the case of anticipated disasters, residents who are not "essential employees" and are not included in one of the clinical site's emergency staffing plans should secure their property and evacuate, should the order come.
  - 4.3.4.** If there is any question about a resident status, he or she should contact the program director before the pending disaster.
    - 4.3.4.1.** Residents who are displaced out of town will contact their program directors as soon as communications are available.
    - 4.3.4.2.** During and/or immediately after a disaster (natural or man-made), residents will be allowed and encouraged to continue their roles where possible and to participate in disaster recovery efforts.
- 4.4.** Manpower/Resource Allocation during Disaster Response and Recovery
  - 4.4.1.** All residency programs at MSM are required to develop and maintain a disaster recovery plan.
    - 4.4.1.1.** These plans should include, but are not limited to, designated response teams of appropriate faculty, staff, and residents, pursuant to departmental, MSM, and affiliated hospital policies.
    - 4.4.1.2.** These response team listings should be reviewed on a regular basis, and the expectations of those members should be relayed to all involved.
  - 4.4.2.** As determined to be necessary by the program director and/or chief medical officer at the affiliated institutions (and/or MSM leadership), physician staff reassignment or redistribution to other areas of need will be made. This shall supersede departmental team plans for manpower management.
    - 4.4.2.1.** Information on the location, status, and accessibility and availability of residents during disaster response and recovery is derived from the Designated Institutional Official (DIO) and/or Associate Dean for Clinical Affairs or their designees in communication with program directors and/or program chief residents.
    - 4.4.2.2.** The DIO and Associate Dean for Clinical Affairs will then communicate with the chief medical officers of affiliated institutions as necessary to provide updated information throughout the disaster recovery and response period.

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

**4.5. Communication**

**4.5.1.** The Graduate Medical Education office and/or all residency programs shall maintain current contact information for all resident physicians. The collected information must include at a minimum the resident's:

- Address
- Pager number
- All available phone numbers (home, cell, etc.)
- Primary and alternate email addresses
- Emergency contact information

**4.5.2.** This information will be updated at least annually before July 1, and within five (5) business days of a change, in order to maintain optimal accuracy and completeness. Along with any internal database documents, this information shall be maintained in the New Innovations Residency Management Suite.

**4.5.3.** The GME office shall share information with MSM Human Resources, MSM Public Safety, and affiliate administration as appropriate.

**4.5.4.** All residents must participate in the MSM Mass Alert System (MSM ALERT). Their contact information must be updated at least annually before July 1, and as appropriate, the resident must maintain optimal accuracy and completeness (requirements attached).

**4.5.5.** All GME programs must submit departmental phone trees and updates to disaster plans to the GME office by July 31 of each year.

**4.6. Legal and Medical-Legal Aspects of Disaster Response Activity**

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

**4.7. Payroll**

**4.7.1.** Residents are encouraged to be paid through electronic deposit, which process is performed off-site. Using this method, no compensation interruption is anticipated.

**4.7.2.** Residents are encouraged to execute personal banking with an institution that has (at least) regional offices available.

**4.8. Administrative Information Redundancy and Recovery**

**4.8.1.** All hardcopy records maintained in the GME office will also be maintained electronically. All hardcopy residency files will be scanned as processing is completed and maintained electronically as backup to the hardcopy files.

**4.8.2.** In addition, all GME programs are responsible for maintaining sufficient protection and redundancy for their program information and resident educational records. At minimum, all programs will maintain the following documentation on NI Residency Management Suite:

- Electronic files of resident evaluations
- Certification letters
- Procedure log summaries
- Immunization records
- Promotion/graduation certificates

**4.9. ACGME Disaster Policy and Procedures**

**4.9.1.** Upon declaration of a disaster by the ACGME Chief Executive Officer, the ACGME will provide information on its website and periodically update information relating to the event, including phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and residency programs.

**4.9.2.** The Designated Institutional Official (DIO) of MSM will contact the ACGME Institutional Review Committee Executive Director with information and/or requests for information.

**4.9.2.1.** Program directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

**4.9.2.2.** They should also communicate with site directors/supervisors at affiliate institutions regarding resident status and then communicate pertinent information to the DIO.

**4.9.3.** Residents who are out of communication with MSM-GME and their programs should call or email the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for exchanging resident email information on WebAds.

**4.9.4.** In addition to the resources listed in this document, residents are directed to the Accreditation Council for Graduate Medical Education (ACGME) website ([www.acgme.org](http://www.acgme.org)) for important announcements and guidance.

**4.10. Communication with the ACGME**

**4.10.1.** When a Sponsoring Institution or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.

**4.10.2.** The MSM-DIO or named designee will be responsible for all communication between MSM and the ACGME during a disaster situation and subsequent recovery phase.

- 4.10.3.** Within ten (10) days after the declaration of a disaster, the DIO will contact the ACGME Institutional Review Committee to discuss particular concerns and possible leaves of absence or return-to-work dates to establish for all affected programs should there be a need for
- Program reconfigurations to the ACGME, or
  - Residency transfer decisions.
- 4.10.4.** The due dates for submission will be no later than 30 days post disaster, unless other due dates are approved by the ACGME. If within ten (10) days following a disaster the ACGME has not received communication from the DIO, the ACGME will initiate communication to determine the severity of the disaster, its impact on residency training, and plans for continuation of educational activities.
- 4.10.5.** The DIO, in conjunction with the Associate Dean for Clinical Affairs (or their designees) and program directors, will monitor:
- 4.10.5.1.** The progress of patient care activities returning to normal status, and
  - 4.10.5.2.** The functional status of all training programs to fulfill their educational mission during a disaster and its recovery phase.
- 4.10.6.** These individuals will work with the ACGME and the respective Residency Review Committee to determine if the impacted sponsoring institution and/or its programs:
- 4.10.6.1.** Are able to maintain functionality and integrity,
  - 4.10.6.2.** Require a temporary transfer of residents to alternate training sites until the home program is reinstated, and
  - 4.10.6.3.** Require a permanent transfer of residents.
- 4.10.7.** If more than one location is available for the temporary or permanent transfer of a particular physician, the preferences of the resident must be taken into consideration by the home sponsoring institution. Residency program directors must make the keep/transfer decision timely so that all affected residents maximize the likelihood of completing their training in a timely fashion.
- 4.11. Closures and Reductions (Disaster and non-disaster)**
- 4.11.1.** The GMEC has oversight of reductions in size or closure of the Sponsoring Institution and all residency and fellowship programs.
  - 4.11.2.** The Sponsoring Institution will inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close.
  - 4.11.3.** The Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education.

**4.12. Resident Transfer**

**4.12.1.** Institutions offering to accept temporary or permanent transfers from MSM residency programs affected by a disaster must complete the transfer form on the ACGME website.

**4.12.1.1.** Upon request, the ACGME will supply information from the form to affected residency programs and residents.

**4.12.1.2.** Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

**4.12.1.3.** The ACGME will expedite the processing of requests for increases in resident complement from non-disaster-affected programs to accommodate resident transfers from disaster-affected programs. The Residency Review Committee will review applications expeditiously and make and communicate decisions as quickly as possible.

**4.12.2.** The ACGME will establish a fast track process for reviewing (and approving or denying) submissions by programs related to program changes to address disaster effects, including, without limitation:

- Addition or deletion of a participating site,
- Change in the format of the educational program, and
- Change in the approved resident complement.

**4.12.3.** At the outset of a temporary resident transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his or her temporary transfer and continue to keep each resident informed of such durations. If and when a residency program decides that a temporary transfer will continue to or through the end of a training year, the residency program must so inform each such transferred resident.

[Return to Table of Contents](#)



**MOREHOUSE SCHOOL OF MEDICINE**  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES

POLICY NUMBER	CVD-05
EFFECTIVE DATE	06/01/2019
PAGE(S)	05
<b>SUBJECT</b> EDUCATIONAL PROGRAM REQUIREMENTS POLICY	SUPERSEDES

## **Educational Program Requirements Policy**

### **I. PURPOSE:**

In compliance with ACGME Common Program Requirements Section IV., accredited programs are expected to define their specific program aims to be consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

### **II. SCOPE:**

The curricula for all MSM GME programs must contain the following educational components:

- 2.1.** A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members.
- 2.2.** Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice  
These must be distributed and made available to residents/fellows and faculty members to review.
- 2.3.** Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision
- 2.4.** Educational components must include formal educational activities that promote patient safety-related goals, tools, and techniques.
- 2.5.** A broad range of structured didactic activities  
Residents and fellows must be provided with protected time in which to participate in core didactic activities.
- 2.6.** Advancement of residents' and fellows' knowledge of ethical principles foundational to medical professionalism
- 2.7.** Advancement in the residents' and fellows' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care

### **III. ACGME Competencies:**

- 3.1.** The term *resident* refers to both specialty residents and subspecialty fellows. After the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms *resident* and *fellow* will be used respectively.
- 3.2.** In compliance with ACGME Common Program Requirements IV.B., "The program(s) must integrate the following ACGME Competencies into the curriculum (Core):"
  - 3.2.1.** Professionalism (IV.B.1.a)



- 3.2.1.1.** Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.
- 3.2.1.2.** Residents must demonstrate competence in:
- Compassion, integrity, and respect for others;
  - Responsiveness to patient needs that supersedes self-interest;
  - Respect for patient privacy and autonomy;
  - Accountability to patients, society, and the profession;
  - Respect and responsiveness to diverse patient populations, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;
  - Cultural humility
  - Ability to:
    - Recognize and develop a plan for one's own personal and professional well-being; and
    - Appropriately disclose and address conflict or duality of interest.
- 3.2.2. Patient Care and Procedural Skills (IV.B.1.b)**
- 3.2.2.1.** Residents must be able to provide patient care that is patient and family centered, compassionate, appropriate, and effective for the equitable treatment of health problems and the promotion of health.
- 3.2.2.2.** Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- 3.2.3. Medical Knowledge (IV.B.1.c)**
- Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry.
- 3.2.4. Practice-based Learning and Improvement (IV.B.1.d)**
- 3.2.4.1.** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- 3.2.4.2.** Residents must demonstrate competence in:
- 3.2.4.2.1.** Identifying strengths, deficiencies, and limits in one's knowledge and expertise;
  - 3.2.4.2.2.** Setting learning and improvement goals;
  - 3.2.4.2.3.** Identifying and performing appropriate learning activities;
  - 3.2.4.2.4.** Systematically analyzing practice using quality improvement methods including activities at reducing health care disparities;
  - 3.2.4.2.5.** Incorporating feedback and formative evaluation feedback into daily practice;



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

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

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

**IV. Curriculum Organization and Resident Experiences:**

MSM GME programs must:

**4.1.** Ensure that the program curriculum is structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.

**4.2.** Provide instruction and experience in pain management, if applicable, for the specialty, including recognition of the signs of addiction.

**V. Scholarship:**

**5.1.** Program responsibilities include:

**5.1.1.** Demonstration of the evidence of scholarly activities consistent with its mission(s) and aims;

**5.1.2.** Allocation of adequate resources, in partnership with its Sponsoring Institution, to facilitate resident and faculty involvement in scholarly activities;

**5.1.3.** Advancement of residents' knowledge and practice of the scholarly approach to evidence-based patient care.

**5.2.** Programs must demonstrate faculty scholarly activity accomplishments, for both core and non-core faculty, in at least three (3) of the following domains:

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

**5.3.** All MSM GME programs must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

**5.3.1.** Faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;

**5.3.2.** Peer-reviewed publication.

**5.4.** Resident/Fellow Scholarly Activity—residents and fellows must participate in scholarship activity.

**5.5.** The GME DIO and GMEC will provide oversight of programs' compliance with required educational components during the annual institutional and program review process and procedures.


**VI. Documentation:**

All MSM GME residency and fellowship programs are required to:

**6.1.** Track and document scholarly activity data annually, for residents, fellows, and all core and non-core faculty involved in teaching, advising, and supervising as part of the Annual Program Evaluation (APE) process; and

**6.2.** Document and implement program-level scholarly requirements and guidelines that are distributed and reviewed with the residents, fellows, and faculty members on an annual basis.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-06
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	07
	<b>SUBJECT</b> EVALUATION OF RESIDENTS, FELLOWS, FACULTY, AND PROGRAMS POLICY	SUPERSEDES	06/01/2018 06/01/2014 04/01/2011

## Evaluation of Residents, Fellows, Faculty, and Programs Policy

### I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory under the heading, “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).
- 1.2. This policy also ensures that MSM GME residents, fellows, faculty, and training programs are evaluated as required in the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common, and Specialty/Subspecialty-Specific Program Requirements.

### II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, fellows, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. Each MSM residency and fellowship program must:
  - 2.2.1. Have a program-level evaluation policy and procedures for assessment and evaluation of residents, fellows, faculty, and the program that are compliant with ACGME Common and Specialty-Specific Requirements.
  - 2.2.2. Employ the New Innovations System for all required evaluation components.
- 2.3. The GME Office will monitor all evaluation components, set-up, and completion rates, and will provide programs with a minimum of quarterly delinquent and compliance reports.

### III. FACULTY EVALUATION AND FEEDBACK OF RESIDENTS AND FELLOWS:

- 3.1. Faculty members must directly observe, evaluate, and provide frequent feedback on resident/fellow performance during each rotation or similar educational assignment.
- 3.2. Evaluation must be documented at the completion of the assignment.
  - 3.2.1. For block rotations of more than three (3) months in duration, evaluation must be documented at least every three (3) months.
  - 3.2.2. Continuity clinic and other longitudinal experiences, in the context of other clinical responsibilities, must be evaluated at least every three (3) months and at the completion of the experience.

**3.3. Clinical Competency Committee (CCC)**

- 3.3.1.** A Clinical Competency Committee must be appointed by the program director.
- 3.3.2.** At a minimum, the Clinical Competency Committee must include three (3) members of the program faculty, at least one (1) of whom is a core faculty member.
- 3.3.3.** Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents and/or fellows.
- 3.3.4.** The Clinical Competency Committee must:
  - 3.3.4.1.** Review all resident/fellow evaluations at least semi-annually;
  - 3.3.4.2.** Determine each resident/fellow's progress on achievement of the specialty-specific Milestones; and
  - 3.3.4.3.** Meet prior to the resident/fellow's semi-annual evaluations and advise the program director regarding each resident/fellow's progress.

**IV. RESIDENT/FELLOW ASSESSMENT AND EVALUATION:**

- 4.1.** Evaluation concerning performance and progression in the residency/fellowship program shall be provided to the resident throughout the duration of the program. Assessments and evaluations will measure performance against curricular standards.
- 4.2.** A primary activity within a residency/fellowship program is to identify deficiencies in a resident/fellow's academic performance.
  - 4.2.1.** The purpose of this requirement is to provide the resident/fellow with notice of deficiencies and the opportunity to cure.
  - 4.2.2.** This requires ongoing monitoring for early detection, before serious problems arise.
- 4.3.** The resident will be provided with a variety of supervisors, including clinical supervisors, resident trainers, and faculty advisors, with whom to discuss professional and personal concerns.
- 4.4.** In addition to personal discussions, the resident/fellow will receive routine verbal feedback and periodic written evaluations on his or her performance and progress in the program. These measurements should highlight both positive performance and deficiencies.
- 4.5.** The resident/fellow must have the opportunity to review evaluations with supervisors and to attach a written response, preferably in the form of reflection and planning for improvement.
- 4.6.** At the end of each rotation, the resident will have an ACGME, competency-based, global assessment of performance for the period of assignment.
  - 4.6.1.** The faculty must evaluate resident/fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation within 14 days of completion of the rotation or assignment.

- 4.6.2.** Evaluations must be immediately available for review by the resident. Resident/fellow notification of completed evaluations should be set up in New Innovations by requiring that residents/fellows sign off electronically on the evaluation.
- 4.7.** In addition to the global assessment evaluation by faculty members, multisource methods and evaluators will be used to provide an overall assessment of the resident's competence and professionalism.
- 4.8.** The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones.
- 4.8.1.** This performance evaluation must use multiple methods and evaluators including:
- Narrative evaluations by faculty members and non-faculty evaluators
  - Evaluations from other professional staff members
  - Clinical competency examinations
  - In-service examinations
  - Oral examinations
  - Medical record reviews
  - Peer evaluations
  - Resident self-assessments
  - Patient satisfaction surveys
  - Direct observation evaluation
- 4.8.2.** This information must be provided to the CCC for its synthesis of progressive resident/fellow performance and improvement toward unsupervised practice data.
- 4.9.** Non-cognitive skills and behaviors are observed and measured as an integral part of the evaluation process. Professionalism must be demonstrated, including the incorporation of a positive attitude and behavior along with moral and ethical qualities that can be objectively measured in an academic/clinical environment.
- 4.10.** A resident/fellow will be assigned supervisory and teaching responsibilities for medical students and junior residents as they progress through the program.
- 4.11.** Residents/fellows will be evaluated on both clinical and didactic performance by faculty, other residents/fellows, and medical students.
- 4.12.** Semi-Annual Evaluation
- 4.12.1.** At least twice in each Post-Graduate Year, the residency/fellowship director, or their designee, with input from the Clinical Competency Committee, must:
- 4.12.1.1.** Meet with each resident and fellow to review his or her documented semi-annual evaluation of performance.
- 4.12.1.1.1.** This must include progress along the specialty-specific Milestones.
- 4.12.1.1.2.** The resident or fellow must be provided a copy of the evaluation.
- 4.12.1.2.** Assist residents/fellows in developing individualized learning plans to capitalize on their strengths and to identify areas for growth; and
- 4.12.1.3.** Develop plans for residents/fellows failing to progress, following institutional policies and procedures.

**4.13. Resident/Fellow Progression Evaluation**

**4.13.1.** At least annually, each resident/fellow must be given a summative evaluation that includes her or his readiness to progress to the next year of the program.

**4.13.2.** Documentation of these meetings, supervisory conferences, results of all resident/fellow evaluations, and examinations will remain in the resident/fellow's permanent educational file and be accessible for review by the resident/fellow.

**4.14. Final Evaluation**

**4.14.1.** At the end of a residency or fellowship, upon completion of the program, the program director must provide a final evaluation for each resident/fellow.

**4.14.2.** Specialty-specific Milestones, and, when applicable, the specialty-specific case logs, must be used as tools to ensure that residents and fellows are able to engage in autonomous practice upon completion of the program.

**4.14.3.** The final evaluation must:

**4.14.3.1.** Become part of the resident or fellow's permanent record maintained by the program with oversight of the Institution, and must be accessible for review by the resident or fellow in accordance with institutional policy;

**4.14.3.2.** Verify that the resident or fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;

**4.14.3.3.** Consider recommendations from the CCC; and

**4.14.3.4.** Be shared with the resident/fellow upon completion of the program.

**V. FACULTY EVALUATION:**

**5.1.** Faculty evaluations are performed annually by department chairs, in accordance with the faculty bylaws.

**5.2.** The program director must establish and use a process to evaluate each faculty member's performance as it relates to the educational program.

**5.2.1.** This evaluation must occur at least annually.

**5.2.2.** The evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.

**5.2.3.** This evaluation must include written, anonymous, and confidential evaluations by the residents and fellows.

**5.3.** These faculty evaluations must be aggregated, made anonymous, and provided to faculty members annually in a summary report.

**5.3.1.** This summary may be released as necessary, with program director review and approval, in instances where evaluations are required for faculty promotions.

**5.3.2.** Programs must not allow faculty members to view individual evaluations by residents or fellows.



- 5.4. In order to maintain confidentiality of faculty performance evaluations, small programs with four (4) or fewer residents/fellows may use the following modification of evaluation submissions:
  - Generalized and grouped residents' comments to avoid identifying specific resident feedback and
  - Aggregate faculty performance evaluations across multiple academic years,
- 5.5. Program directors must maintain continuous and ongoing monitoring of faculty performance. This may include:
  - Automated alerts regarding low evaluation scores on end-of-rotation evaluations by residents,
  - Regular surveillance of end-of-rotation evaluations, and
  - Regular verbal communication with residents regarding their experiences.
- 5.6. The program director should notify the appropriate department chair(s) when a faculty member receives unsatisfactory evaluation scores.
- 5.7. Faculty performance must be reviewed and discussed during the annual faculty evaluation review process conducted by the chair or division.
- 5.8. Faculty members must receive feedback on their evaluations at least annually.
- 5.9. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

**VI. PROGRAM EVALUATION AND IMPROVEMENT:**

- 6.1. Program directors must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
- 6.2. The PEC must be composed of at least two (2) faculty members, at least one (1) of whom is a core faculty member, and should include at least one (1) resident/fellow.
- 6.3. PEC responsibilities must include:
  - 6.3.1. Advising the program director, through program oversight;
  - 6.3.2. Reviewing the program's self-determined goals and its progress toward meeting them;
  - 6.3.3. Guiding ongoing program improvement, including development of new goals, based on outcomes; and
  - 6.3.4. Reviewing the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

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

- Curriculum
- Outcomes from prior APEs
- ACGME LONs including citations, areas for improvement, and comments
- Quality and safety of patient care
- Aggregate resident and faculty:
  - Well-being
  - Recruitment and retention
  - Workforce diversity
  - Engagement in PSQI
  - Scholarly activity
  - ACGME Resident and Faculty Surveys
  - Written evaluations of the program (annual GME survey)
- Aggregate resident:
  - Achievement of the Milestones
  - In-training examinations
  - Board pass and certification rates
  - Graduate performance
- Aggregate faculty:
  - Evaluation
  - Professional development

**6.5.** The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must:

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

**6.5.2.** Be submitted to the DIO.

**6.6.** The program must complete a self-study prior to its 10-year accreditation site visit, a summary of which must be submitted to the DIO.

**VII. ACGME BOARD PASS RATE REQUIREMENTS:**

**7.1.** These requirements fulfill compliance with Section V.C.3.a-f. of the common program requirements.


**7.2.** The program director will encourage all eligible program graduates to take the certifying examination offered by the applicable member board of the American Board of Medical Specialties (ABMS) or the certifying board of the American Osteopathic Association (AOA).

**7.3.** Specialties pass rates

**7.3.1.** For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three (3) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

**7.3.2.** For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six (6) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

- 7.3.3.** For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three (3) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.
- 7.3.4.** For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six (6) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.
- 7.3.5.** For each of the exams referenced above, any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty.
- 7.4.** Programs must report board certification status in ADS annually for the cohort of board-eligible residents that graduated seven (7) years earlier.

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

## Graduate Medical Education Committee Purpose and Structure Policy

### I. PURPOSE:

The purpose of this policy is to establish the purpose and structure of the Morehouse School of Medicine (MSM) Graduate Medical Education Committee (GMEC) to comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, effective July 1, 2018.

### II. GMEC MEMBERSHIP:

2.1. The GMEC is comprised of members representing all key areas of the institution:

- Associate Dean and Designated Institutional Official (DIO) who is the chair of the GMEC;
- Program directors and program managers representing each residency and fellowship program;
- Three (3) resident representatives of the Resident Association (RA);
- A Grady/MSM Patient Safety/Quality Improvement Officer;
- GME director and office staff; and
- Representatives from the MSM Office of the President, Office of Medical Education, Office of Student Affairs, the Human Resources Department, Compliance, the library, Finance, Marketing and Communications, and Information Services and Technology.

2.2. Representatives from major affiliates (Grady, VAMC and CHOA) are invited to attend at least one (1) GMEC meeting and the annual GMEC Retreat to share institutional/hospital information and updates.

2.3. The following voting members of the GMEC are designated one (1) vote for a total of 15 voting members:

- DIO/chair
- All ten (10) program directors
- One (1) representative from the Resident Association
- One (1) PSQI officer
- One (1) representative from Human Resources
- One (1) representative from the Office of the President
- One (1) representative from Student Affairs
- One (1) program manager chair

- 2.4. MSM GMEC adheres to the ACGME institutional requirements for GMEC subcommittees (SC):
  - 2.4.1. Each sub-committee that addresses required GMEC responsibilities must include a peer-selected resident/fellow.
  - 2.4.2. The Resident Association fulfills this requirement for subcommittees with either RA leadership serving on subcommittees and/or resident leadership selecting other residents.
  - 2.4.3. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.
  - 2.4.4. All GMEC members are required to participate on at least one (1) subcommittee as needed.
  - 2.4.5. Each subcommittee has a chair who provides verbal and/or written information to the GMEC on behalf of the subcommittee.
- 2.5. The GMEC Subcommittee includes members from the following areas:
  - Patient Safety/Quality Improvement
  - Faculty Development
  - Resident Wellness
  - GME Office/GMEC Event and Activities
    - Chief Resident Leadership Academy
    - Graduation
    - Compact
    - Orientation
    - Research Day
    - Other

### **III. GMEC Meetings and Attendance:**


- 3.1. The GMEC meets eleven months of each year.
  - 3.1.1. No meeting is convened during the month of July.
  - 3.1.2. GMEC meetings occur on the first Tuesday of the month from August through June, from 3:30 pm to 5:00 pm.
  - 3.1.3. Attendees at each meeting of the GMEC include at least one (1) resident/fellow member from the MSM Resident Association.
- 3.2. These meetings are designed to allow for the exchange of ideas, problem-solving, engagement among members, and updates on future planning initiatives. They are vital, and the expectation is that all members will be in attendance unless an emergency demands otherwise.
- 3.3. On behalf of the GMEC, the GME Office maintains meeting agendas and minutes that document execution of all required GMEC functions and responsibilities.
- 3.4. The GME Office is also responsible for planning and hosting the annual GMEC retreat.

**IV. GMEC Responsibilities and Oversight:**

- 4.1.** The GMEC is charged with the following responsibilities and oversight:
- 4.1.1.** ACGME accreditation status of the sponsoring institution and each of its ACGME-accredited programs;
  - 4.1.2.** The quality of the GME learning and working environment within the sponsoring institution, each of its ACGME accredited programs, and its participating sites;
  - 4.1.3.** The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements and Common and Specialty /Subspecialty-specific Program Requirements;
  - 4.1.4.** The annual program evaluation and self-study of each ACGME-accredited program; and
  - 4.1.5.** All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the sponsoring institution.
  - 4.1.6.** The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
- 4.2.** GMEC must review and approve the following items:
- Institutional GME policies and procedures
  - Annual recommendations to the sponsoring institution's administration regarding resident/fellow stipends and benefits
  - Applications for ACGME accreditation of new programs
  - Requests for permanent changes in the resident/fellow complement
  - Major changes in the structure or duration of education for each of its ACGME-accredited programs
  - Additions and deletions of participating sites for each of its ACGME-accredited programs
  - Appointment of new program directors
  - Progress reports requested by a review committee
  - Responses to Clinical Learning Environment Review (CLER) reports
  - Requests for exceptions to clinical and educational work hour requirements
  - Voluntary withdrawal of ACGME program accreditation
  - Requests for appeal of an adverse action by a review committee
  - Appeal presentations to an ACGME appeals panel
- 4.3.** The GMEC must demonstrate effective oversight of the sponsoring institution's accreditation through an Annual Institutional Review (AIR). See the GME/GMEC Annual Institution and Program Review Policy.
- 4.4.** The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
- The most recent ACGME institutional letter of notification;
  - Results of ACGME surveys of residents/fellows and core faculty members; and
  - ACGME accreditation information for each of its ACGME-accredited programs, including accreditation statuses and citations.

- 4.5.** The DIO must submit an annual written executive summary of the AIR to the sponsoring institution's governing body. The written executive summary must include:
- Summary of institutional performance on indicators for the AIR and
  - Action plans and performance monitoring procedures resulting from the AIR.
- 4.6.** The GMEC must demonstrate effective oversight of underperforming program(s) through a special review process.
- 4.6.1.** The special review process must include a protocol that:
- Establishes criteria for identifying underperformance and
  - Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-08
		EFFECTIVE DATE	07/01/2020
		PAGE(S)	10
	<b><u>SUBJECT</u></b> INTERNATIONAL ELECTIVE ROTATIONS POLICY AND APPLICATION	SUPERSEDES	N/A

## International Elective Rotations Policy and Application

### I. PURPOSE:

- 1.1. The purpose of this policy is to provide guidelines and requirements for residents and fellows interested in international health rotations.
- 1.2. International elective rotations are defined as educational health experiences that occur outside the United States and which are not required by the Accreditation Council for Graduate Medical Education (ACGME) program requirements.
  - 1.2.1. Residents/fellows are employees of Morehouse School of School of Medicine (MSM), and are governed by MSM policies, procedures, and regulations.
  - 1.2.2. Educational rationale must be clearly demonstrable (goals and objectives, competencies, mentorship/preceptorship, outcome evaluation) and consistent with Residency Review Committee program requirements.
  - 1.2.3. There must be a reasonable expectation of safety.
  - 1.2.4. The Institution and its GMEC support trainees interested in international health experiences.
  - 1.2.5. An international rotation will be counted as an elective rotation according to ACGME Residency Review Committee guidelines for elective experiences.
  - 1.2.6. International tracks and rotations will not interfere with ACGME requirements for categorical or combined residency training programs.

### II. SCOPE:

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

### III. POLICY:

- 3.1. International elective rotations must align with and support the vision and mission of Morehouse School of Medicine.
- 3.2. International elective rotations must be approved by the program director (PD) and designated institutional official (DIO). MSM residency and fellowship program directors must notify the GME Office of residents and fellows requesting an international educational experience using the GME International Elective Rotations Request Form and application.
- 3.3. International educational experiences shall not interfere with the resident/fellow's ability to meet the ACGME Specialty-specific or applicable Board Certification eligibility requirements.



- 3.4. The international elective rotation must be in compliance with all ACGME Common Program and Specialty-Specific Requirements.
- 3.5. A resident/fellow completing an international rotation may not adversely affect the education of another MSM resident/fellow.

**IV. PROCEDURES AND ELIGIBILITY REQUIREMENTS:**

- 4.1. There must be a fully executed Program Letter of Agreement with rotation-specific, competency-based goals and objectives in place at least six (6) months prior to the start date of the international rotation.
- 4.2. Written contact information for the international rotation site director and/or supervising physician must be provided with a signed attestation that:
  - 4.2.1. The resident will be supervised according to ACGME requirements.
  - 4.2.2. The supervisor has appropriate academic credentials or their equivalent as determined by the PD and DIO.
  - 4.2.3. The resident will have reliable means of contact/communication.
- 4.3. The program must provide proof of funding for the resident/fellow's stipend and benefits for the international rotation.
  - 4.3.1. Morehouse School of Medicine does not provide medical professional liability coverage outside of the United States.
  - 4.3.2. The resident/fellow must provide proof of malpractice coverage for international work for the duration of the international elective rotation.
- 4.4. The resident/fellow's schedule must be approved by the program director and/or chief resident.
- 4.5. The resident/fellow may purchase supplemental medical travel and medical evacuation insurance additional to that provided by MSM.
- 4.6. Morehouse School of Medicine is not responsible for travel, living, and extra insurance expenses during the resident/fellow's international elective rotation.
- 4.7. A resident/fellow on a J-1 Visa must receive clearance from the training program liaison in Human Resources prior to starting the application process for an international elective rotation.
- 4.8. The resident/fellow must meet the following international elective rotation requirement. The resident/fellow must:
  - 4.8.1. Be in good standing with the program (no remediation or borderline performance, no outstanding medical records, etc.).
  - 4.8.2. Be in training beyond the first year or before the last month of training.
  - 4.8.3. Make all necessary travel arrangements and provide the final itinerary to the program and the GME office.
  - 4.8.4. Obtain medical clearance and the appropriate immunization and/or prophylaxis as recommended by the CDC.
  - 4.8.5. Sign the waiver holding MSM harmless for travel-related injury or harm.

**4.8.6.** Remain under the direct or indirect supervision of the site director and/or supervising Attending at all times.

**4.8.7.** Address medical liability adequately and obtain approvals from the Office of General Counsel.

**V. APPROVAL PROCESS:**

**5.1.** The resident/fellow must discuss the rotation with and obtain approval from the program director.

**5.2.** After obtaining approval from the program director, the resident/fellow and program director must complete the GME International Elective Rotations Request Form and application and submit to the GME Office no later than six (6) months prior to the start of the rotation.

**5.3.** The GME Office will review the submission and the DIO will determine if the rotation is granted final approval.

**VI. INTERNATIONAL ELECTIVE ROTATION CHECKLIST**

- Completed and signed application
- Submitted copy of Malpractice Insurance Policy
- Obtained approval from the Office of General Counsel
- Obtained approval from the Human Resources Office
- Submitted the completed and signed *Morehouse School of Medicine International Rotation Release*
- Submitted the signed program letter of agreement

For questions regarding international resident/fellow rotations, contact Tammy Samuels, Assistant Dean and Director at (404) 752-1011 or [tsamuels@msm.edu](mailto:tsamuels@msm.edu).

[Return to Table of Contents](#)



## **International Elective Rotations Release, Covenant Not to Sue and Waiver**

Morehouse School of Medicine, a private, non-profit, educational organization, which operates a medical school located at 720 Westview Dr SW, Atlanta, GA 30310 (hereinafter referred to as "MSM"), has been advised that you have volunteered to further your medical training and experience by traveling to and spending time in a foreign country, specifically at

\_\_\_\_\_, a medical school located at \_\_\_\_\_ (hereinafter the "Foreign Training Program") beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Read the following Release, Covenant Not to Sue and Waiver ("Release") carefully, and when you have thoroughly read and agreed to its contents, sign where indicated below.

I understand and acknowledge that, while I have chosen to gain exposure to medicine in an international setting, an international training experience is not a requirement in my MSM residency program, nor does my MSM residency program require me to travel to

\_\_\_\_\_, nor does it require me to obtain experience in \_\_\_\_\_. I understand that I would be able to fulfill my residency requirements successfully and completely without participating in the Foreign Training Program. I acknowledge that my participation in the Foreign Training Program is elected solely by me.

I further understand that there are significant inherent risks involved with study, research, work, training, and living abroad, and I acknowledge and voluntarily accept all of these risks. These risks include, but are not limited to actual travel to and within, and returning from, one or more foreign countries, foreign political, legal, social, and economic conditions; foreign medical conditions; and foreign weather conditions. These risks also include the risk of criminal activity, violence, sexual battery, and terrorist activity.

I specifically acknowledge and I will abide by any warnings, travel alerts, and orders to evacuate that the United States Department of State has issued or may in the future issue to U.S. citizens traveling to the foreign location(s) where I have chosen to travel. I further agree to obtain medical advice about and receive current immunizations that are recommended by the U.S. Department of State and the Centers for Disease Control and Prevention for U.S. citizens traveling to the foreign location(s) where I have chosen to travel.

I understand that the MSM does NOT provide professional liability insurance coverage while I participate in the Foreign Training Program. I agree to notify the Program of this fact and understand that it is my responsibility to obtain such coverage if it is required.

I agree to indemnify and hold harmless Morehouse School of Medicine and its respective Trustees, medical staff, officers, employees, agents, and instrumentalities (the "Indemnified Parties") from any and all liability, losses, or damages, including attorneys' fees and costs of defense, which the Indemnified Parties may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to, or resulting from my participation in the Foreign Training Program.

It shall be my obligation to obtain additional health insurance coverage during the term of my international residency. This insurance will be for the purpose of securing health care services in the international location of the international residency rotation. I understand that the current MSM health insurance provider does not provide regular insurance coverage outside the territorial United States. I further understand that if I currently have MSM family coverage, I will be responsible for all requisite payments to maintain the dependent coverage. Additionally, I agree to purchase and provide proof of Medical Repatriation insurance coverage which includes provisions for emergency medical evacuation to the United States. Proof of coverage will be submitted to the Program Director.

I understand that any and all travel expenses, fees, and costs shall be my financial responsibility, even if my rotation at the Foreign Training Program is cancelled or terminated for any reason.

I understand that either the MSM or the Foreign Training Program may unilaterally terminate my participation in the Foreign Training Program if it is determined that I have failed to abide by the terms of this Release, applicable policies, procedures, rules, regulations, or the instructions of any supervising clinician or I have, in any manner whatsoever, compromised patient care or endangered the safety of a patient. In the event of such termination, I may be required to immediately return to the MSM, and any costs for travel and any other costs associated with the termination will be my financial responsibility.

It shall be my responsibility to take into account travel time to and from the location of the Foreign Training Program and to make sure that it does not affect my clinical or other responsibilities at the MSM.

As part of the consideration for the MSM allowing me to participate in the Foreign Training Program, I hereby release, covenant not to sue, and forever discharge the MSM, Fulton County, a political subdivision of the State of Georgia, their past, present, or future commissioners, trustees, employees, agents, officers, servants, successors, heirs, executors, administrators, and all other persons, firms, corporations, associations, or partnerships of and from any and all claims, actions, causes or action, demands, rights, damages, costs, attorneys' fees, loss of service, expenses and compensation whatsoever, which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen events or circumstances during the course of my participation in the Foreign Training Program and/or any travel incident thereto.

I further expressly agree that the terms of this Release shall be legally binding upon me, my heirs, executors and assigns, and all members of my family.

I expressly agree that this release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to its conflict of laws principles. I further consent, stipulate, and agree that the exclusive venue of any lawsuit and any other legal proceeding arising from or relating to this Release or my participation in or travel to the Foreign Training Program shall be in a state or federal court located in Fulton County, Georgia, United States.

International Elective Rotations Policy and Application

In the event that any clause or provision of this Release is held to be invalid by any court, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I further declare and represent that no promise, inducement, or agreement not herein expressed has been made to me, and that this Release contains the entire agreement between the MSM and me regarding my participation in the Foreign Training Program and/or any travel incident thereto, and that the terms of this Release are contractual and not a mere recital.

In signing this Release, I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Seal



### Application for International Elective Rotations

The completed application and all required documentation must be completed and submitted no later than six (6) months prior to the start of the rotation. Submit via Postal Service mail to Tammy Samuels, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310 or via email to [tsamuels@msm.edu](mailto:tsamuels@msm.edu).

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

### **REQUIRED SUPPORTING DOCUMENTATION/ATTACHMENTS**

The following items are required to complete your application for an international elective rotation at Morehouse School of Medicine.

- Completed and signed application
- Program Letter of Agreement (PLA) with Rotation Competency-based Goals and Objectives
- Curriculum Vitae
- Copy of Malpractice Insurance Policy
- Completed and signed *Morehouse School of Medicine International Rotations Release*
- Signed medical clearance

The resident/fellow applying for an international elective rotation must meet the following international elective rotation requirements:

- Be in good standing with the program (no remediation or borderline performance, no outstanding medical records, etc.).
- Be in training beyond the first year and prior to the last month of training.
- Make all necessary travel arrangements and provide the final itinerary to the program and the GME office.
- Obtain medical clearance and the appropriate immunization and/or prophylaxis as recommended by the CDC.
- Sign the waiver holding MSM harmless for travel-related injury or harm.
- Remain under the direct or indirect supervision of the site director and/or supervising Attending at all times.
- Address medical liability adequately and obtain approvals from the Office of General Counsel.

Application for International Elective Rotations

The completed Application for International Elective Rotations must be submitted with all required documentation at least six (6) months in advance of the anticipated rotation start date for processing.

**RESIDENT/FELLOW INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_ PGY Level: \_\_\_\_\_  
Passport # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency, I authorize Morehouse School of Medicine to contact the following person (list at least one family member who is reachable during the time you are traveling.).

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Resident/Fellow: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Resident/Fellow: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ROTATION INFORMATION**

Rotation Dates: \_\_\_\_\_  
Name of Rotation: \_\_\_\_\_  
Country of Rotation: \_\_\_\_\_  
Training Site Name: \_\_\_\_\_  
Supervising Faculty Name: \_\_\_\_\_

Is this elective rotation available at Morehouse School of Medicine or its affiliated institutions? Yes \_\_\_\_\_ No \_\_\_\_\_

**SITE DESCRIPTION**

Type of Center (Governmental, non-governmental, private)

---

Demonstration of the requirement that the center has an established ongoing relationship with the program. Does the site have residents rotating from other United States institutions? If yes, list examples.

---

---

---

Describe the general patient population.

---

---

Describe the burden of disease.

---

---

---

Describe the anticipated Duty hours.

---

---

List educational resources available, including reliable access to web-based educational materials.

---

---

---

Identify reliable forms of communication (phone, email, fax, internet) between the rotation site and the training program.

---

---

---

**ROTATION DESCRIPTION**

Explain how the proposed rotation will provide experience not available at Morehouse School of Medicine or its current affiliate sites.

---

---

---

Provide verification that the rotation is an elective as described in the Residency Review Committee program requirements.

---

---

---



*International Elective Rotations Policy and Application*

---

Describe the physical environment for the rotation including housing, transportation, communication, safety, and language.

---

---

---

**APPLICANT ATTESTATION**

By applying for an international elective rotation, I acknowledge that I am responsible to:

- Make all travel arrangements and provide the program and the GME Office a copy of the final itinerary.
- Obtain medical clearance and appropriate immunization and/or prophylaxis as recommended by the CDC.
- Sign a waiver holding MSM harmless for travel related injury or harm.
- Obtain professional medical liability insurance adequate for and approved by Morehouse School of Medicine's Office of General Counsel.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL**

I confirm that the resident/fellow applicant is in good standing and I am aware of the request to be away from residency/fellowship duties for the dates stated. I approve the rotation of the above-named resident as specified. I confirm that the resident/fellow's completion of this international elective rotation will not adversely affect the educational experience of any Morehouse School of Medicine resident and/or fellow.

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MOREHOUSE SCHOOL OF MEDICINE HUMAN RESOURCES APPROVAL**

Human Resources Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MOREHOUSE SCHOOL OF MEDICINE GENERAL COUNSEL APPROVAL**

General Counsel Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_


Printed Name: \_\_\_\_\_

**MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL**

Application Received: \_\_\_\_\_

DIO Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-09
		EFFECTIVE DATE	07/01/2019
		PAGE(S)	05
	<b>SUBJECT</b> MOONLIGHTING POLICY	SUPERSEDES	NA

## **Moonlighting Policy**

### **I. PURPOSE:**

The purpose of this moonlighting policy is to ensure that MSM GME programs comply with ACGME requirements.

### **II. ACGME DEFINITIONS:**

- 2.1. Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.
- 2.2. External moonlighting: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and at any of its related participating sites.
- 2.3. Internal moonlighting: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

### **III. POLICY:**

Moonlighting at MSM must be in accordance with the following guidelines:

- 3.1. PGY-1 residents are not permitted to moonlight.
- 3.2. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident/fellow's fitness for work nor compromise patient safety.
- 3.3. Moonlighting must be approved in writing by the program director and designated institutional official (DIO).
- 3.4. Time spent by residents/fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly hour limit.
- 3.5. Each resident/fellow requesting entry into such activities shall have a State of Georgia physician's license.
- 3.6. Residents/fellows must complete the Moonlighting Request Form and sign the Professional Liability Coverage statement available from the GME office. Examples of these follow this policy.
- 3.7. Professional liability coverage provided by MSM does not cover any clinical activities not assigned to the resident/fellow by the residency/fellowship program.

- 3.8. Moonlighting activities shall not be credited as being part of the program structure or curriculum.
- 3.9. MSM shall not be responsible for these extracurricular activities. The resident/fellow must secure liability coverage for these outside activities from the respective institutions or through his or her own resources.

**IV. MOONLIGHTING CRITERIA:**

- 4.1. Resident must be a PGY-2 or higher; PGY-1 residents may not moonlight.
- 4.2. J1-Visa sponsored residents may not moonlight.
- 4.3. A full Georgia Physician's license is required to moonlight.
- 4.4. The resident/fellow must have a *good standing* status in the program.
- 4.5. The resident/fellow must log all internal and external moonlighting hours which count toward the ACGME duty hours.
- 4.6. Moonlighting must occur within the state of Georgia.

**Moonlighting Request Form**

**To be completed by the Resident/Fellow:**

Program Name: Academic Year:  
Resident/Fellow Name: PGY Level:  
Georgia Medical License #: Expiration Date:  
Name of Malpractice Carrier: Malpractice policy #:  
Name of Moonlighting Site/Organization:  
Address: City: Zip Code:  
Moonlighting Supervisor Name: Phone number:  
Date Moonlighting Starts: Date Moonlighting Ends:  
Moonlighting Activities:  
  
Maximum hours per week: Number of weeks:

Check One:

\_\_\_\_\_ External moonlighting: Voluntary, compensated, medically-related work performed **outside** the site of your training and any of its related participating sites.  
\_\_\_\_\_ Internal moonlighting: Voluntary, compensated, medically-related work performed **within** the site of your training or at any of its related participating sites.

**Resident/Fellow Acknowledgement of Moonlighting Policy and Procedures**

I \_\_\_\_\_ attest that I meet and will comply with the moonlighting criteria. I understand that moonlighting activities are not credited toward my current training program requirements. I understand that I cannot moonlight during regular program work hours. I agree to submit another moonlighting approval form if there are any changes in location, activity, hours, supervisor, etc.

I understand that violation of the GME moonlighting policy is a breach of the Resident/Fellow Appointment Agreement and may lead to corrective action. I attest that the moonlighting activity is outside of the course and scope of my approved training program.

I understand that Morehouse School of Medicine assumes no responsibility for my actions as relate to this activity. I will also inform the organization that is employing me and will make no representation which might lead that organization or its patients to believe otherwise. While employed in this activity, I will not use or wear any items which identify me as affiliated with Morehouse School of Medicine, nor will I permit the moonlighting organization to represent me as such.

I give my program director permission to contact this moonlighting employer to obtain moonlighting hours for auditing purposes.

I am not paid by the military or on a J-1 Visa.

By signing below, I attest and agree to all the above statements:

Resident/Fellow Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Program Director:**

I attest that the resident is in good standing and meets all the moonlighting criteria. Moonlighting time does not conflict with the training program schedule. Moonlighting duties/procedures are outside the course and scope of the training program. I agree to monitor this resident for work hour compliance and the effect of this moonlighting activity on overall performance. My approval will be withdrawn if adverse effects are noted.

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Program Director Signature Date

---

**Associate Dean and Designated Institutional Official (DIO) or Designee:**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Yolanda Wimberly, MD Date

Professional Liability Coverage – Moonlighting Request

This letter shall be completed upon appointment to an MSM Residency program and at the time a resident enters into moonlighting activities.

This is to certify that I, \_\_\_\_\_, am a resident physician at Morehouse School of Medicine. As a resident in training, I understand that all professional activities that are sanctioned by Morehouse School of Medicine and related to, or are a part of, the Residency Education Program are covered by the following professional liability coverage:

- \$1 million per/occurrence and; \$3 million annual aggregate; and
- Tail coverage for all incidents that occur during my tenure as a resident in accordance with the above.

In addition, I understand that the above professional liability insurance coverage does not apply to professional activities in which I become involved outside of the residency program, and that upon written approval by the residency program director to moonlight, I am personally responsible for securing adequate coverage for these outside activities from the respective institutions or through my own resources.

Check appropriate box:      Resident Agreement       Moonlighting Request

Signed: \_\_\_\_\_      Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_


Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Return Signed Original to Office of Graduate Medical Education

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-10
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	05
	<b>SUBJECT</b> NIGHT FLOAT POLICY	SUPERSEDES	04/01/2011

## Night Float Policy

### I. PURPOSE:

Management of hospitalized patients remains essential for the practice of medicine. The night float allows residents to refine history and physical examination skills, develop experience in the selection of diagnostic tests, and learn the management of a wide variety of diseases.

### II. BACKGROUND:

- 2.1. Night float provides residents exposure to common medical problems of hospitalized patients and allows residents to develop discharge care plans. Additionally, residents encounter uncommon medical conditions and have the opportunity to interact with subspecialists while managing patients with complex conditions.
- 2.2. Night float is designed to give PGY-1 residents more experience in initial evaluation and management of patients as well as experience in managing patients overnight in the hospital. There is a strong focus on effective hand-offs, teamwork, and shared responsibility for patient care.
- 2.3. In addition, there is increased autonomy for PGY-2 and PGY-3 learners, and therefore a need for the refinement of skills in practice-based learning and improvement.

### III. SCOPE:

This policy applies to all MSM physicians who are teachers or learners in a clinical environment and who have responsibility for patient care in that environment.

### IV. POLICY:

- 4.1. Night float must occur within the context of the 80-hour and 1-day-off-in-7 requirements. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the Specialty Review Committee.
- 4.2. Night float must be an educational experience for all residents. It must have its own competency-based curriculum and evaluation system.
- 4.3. A sample night float curriculum is included at the end of this policy.

**V. HOW LEARNING OBJECTIVES ARE MET:**

Learning objectives are met by including the following elements:

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

**VI. REQUIRED READING/RESOURCES:**

- 6.1. Specific readings will be assigned by supervising clinical faculty members and fellows.
- 6.2. In addition, it is expected that residents read articles that are relevant to the patients they see, including articles generated through literature searches and distributed at morning report or at rounds.
- 6.3. Residents should become familiar with national and hospital guidelines for care of common medical disease states.

**VII. EVALUATION:**

- 7.1. Supervising Attendings will evaluate residents.
  - 7.1.1. These evaluations must be discussed in person with the residents.
  - 7.1.2. There should be regular informative feedback from supervising Attendings regarding performance.
- 7.2. Residents will log their performed procedures. The Attendings or other supervising physicians shall document satisfactory performance through the electronic procedure logger.
- 7.3. Resident peers (interns and residents) shall evaluate each other using the resident peer evaluation.



## SAMPLE NIGHT FLOAT CURRICULUM

Learning Objectives:

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

### 1. **Patient Care:**

- **History taking:** Residents at all levels of training will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion.
  - History taking will be hypothesis-driven.
  - Interviewing will adapt to the time available, use appropriate nonverbal techniques, and demonstrate consideration for the patient.
  - The resident will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
- **Physical Examination:** Residents at all levels of training will perform a comprehensive physical exam, describing the physiological and anatomical basis for normal and abnormal findings.
- **Charting:** Residents at all levels of training will record data in a legible, thorough, systematic manner. Upper level residents will communicate clinical information in succinct resident admit notes, focusing on the communication of assessment and plan, and the thought process behind both.

### 2. **Procedures:**

- PGY-1 residents will demonstrate knowledge of:
  - Procedural indications
  - Contraindications
  - Necessary equipment
  - Specimen handling
  - Patient after-care
  - Risk and discomfort minimization
- PGY-1 residents will participate in informed consent and assist patients with decision making. They will correctly identify the meaning of test results.
- PGY-2 and PGY-3 residents will demonstrate extensive knowledge and facility in the performance of procedures while minimizing risk and discomfort to patients. They will assist their junior peers in skill acquisition.

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

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

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

**4. Medical Knowledge:**

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

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

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

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

**6. Interpersonal and Communication Skills:**

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


**7. Professionalism:**

All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. Residents will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care, confidentiality of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender, and disabilities. Residents will be punctual and prepared for teaching sessions.

**8. Systems-Based Practice:**

- PGY-2 residents will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators, and social workers to coordinate and improve patient care and outcomes.
- PGY-3 residents, in addition, will enlist social and other out-of-hospital resources to assist patients with therapeutic plans and know how these activities can affect the hospital system performance. PGY-3 residents are expected to model cost-effective therapy.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-11
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	<b>SUBJECT</b> PATIENT HAND-OFF POLICY—TRANSITIONS OF CARE POLICY	SUPERSEDES	04/01/2011

## **Patient Hand-Off—Transitions of Care Policy**

### **I. PURPOSE:**

The purpose of this policy is to define a safe process to convey important information about a patient's care when transferring care responsibility from one physician to another.

### **II. BACKGROUND:**

- 2.1. In the course of patient care, it is often necessary to transfer responsibility for a patient's care from one physician to another. Hand-off refers to the orderly transmittal of information, face-to-face, that occurs when transitions in the care of the patient are occurring.
- 2.2. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift.
- 2.3. In summary, the primary objective of a hand-off is to provide complete and accurate information about a patient's clinical status, including current condition and recent and anticipated treatment. The information communicated during a hand-off must be complete and accurate to ensure safe and effective continuity of care.

### **III. SCOPE:**

These procedures apply to all MSM physicians who are teachers/supervisors or learners in a clinical environment and have responsibility for patient care in that environment.

### **IV. POLICY:**

- 4.1. **Transitions of Care**—The sponsoring institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care and in partnership with its ACGME-accredited program(s), and ensure and monitor effective structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.
- 4.2. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
- 4.3. Programs and clinical sites must maintain and communicate schedules of Attending physicians and residents currently responsible for care.
- 4.4. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in ACGME Common Program Requirement VI.C.2 (Resident Well-Being), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

- 4.5. Programs must ensure that residents are competent in communicating with team members in the hand-off process.
- 4.6. Programs in partnership with their sponsoring institutions must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.
  - 4.6.1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.
  - 4.6.2. A hand-off is a verbal and/or written communication which provides information to facilitate continuity of care. A hand-off or “report” occurs each time any of the following situations exists for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:
    - Move to a new unit
    - Transport to or from a different area of the hospital for care. e.g., diagnostic/treatment area
    - Assignment to a different physician temporarily, e.g., overnight/ weekend coverage or longer (e.g., rotation change)
    - Discharge to another institution or facility
  - 4.6.3. Each of the situations above requires a structured hand-off with appropriate communication.

**V. CHARACTERISTICS OF A HIGH-QUALITY HAND-OFF:**

- 5.1. Hand-offs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
- 5.2. Hand-offs include up-to-date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes.
- 5.3. Interruptions during hand-offs should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
- 5.4. Hand-offs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

**VI. HAND-OFF PROCEDURES:**

- 6.1. Hand-off procedures will be conducted in conjunction with (not be limited to) the following physician events:
  - Shift changes
  - Meal breaks
  - Rest breaks
  - Changes in on-call status
  - Contacting another physician when there is a change in the patient's condition
  - Transfer of patient from one care setting to another
- 6.2. Hand-off procedures and information transfer forms and guidelines for physicians are developed and implemented by each service according to the needs of that service. The hand-off forms or guidelines may be in either paper or electronic format and must include clinical information agreed upon by physicians on that service, as being integral to the provision of safe and effective patient care for that patient population.

- 6.3. Each service will develop and implement a hand-off process that is in keeping with the shift or rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
- 6.4. Each service hand-off process must include an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.
- 6.5. Each hand-off process must be conducted discreetly and free of interruptions to ensure a proper transfer.
- 6.6. Each hand-off process must include at minimum a senior resident or Attending physician.
- 6.7. A resident physician must not leave the hospital until a face-to-face hand-off has occurred with the Attending physician or senior resident coming onto the service. Telephonic hand-off is not acceptable.

**VII. STRUCTURED HAND-OFF:**

- 7.1. Within each service, hand-offs will be conducted in a consistent manner, using a standardized hand-off form or structured guideline.
- 7.2. Hand-offs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):
  - Patient name, location, age/date of birth
  - Patient diagnosis/problems, impression
  - Important prior medical history
  - DNR status and advance directives
  - Identified allergies
  - Medications, fluids, diet
  - Important current labs, vitals, cultures
  - Past and planned significant procedures
  - Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
  - Plan for the next 24+ hours
  - Pending tests and studies which require follow up
  - Important items planned between now and discharge

**VIII. FORMATTED PROCEDURE:**

- 8.1. A receiving physician shall:
  - 8.1.1. Thoroughly review a written hand-off form or receive a verbal hand-off and take notes.
  - 8.1.2. Resolve any unclear issues with the transferring physician prior to acceptance of a patient.

- 8.2. In addition, the SBAR can be used to deliver or receive the information:
- **Situation:** What is the problem?
  - **Background:** Pertinent information to problem at hand
  - **Assessment:** Clinical staff's assessment
  - **Recommendation:** What do you want done and/or think needs to be done?
- 8.3. The following document is a suggested format for programs to document information with a sign-out process.

**A SAMPLE FORMAT**

**Shift Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Shift Time (24 hour):** \_\_\_\_\_

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

1. Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.
2. Up-to-date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes was communicated.
3. A process for verification of the received information, including repeat-back or read-back, as appropriate, was used.
4. An opportunity was given for the receiver of the hand-off information to review relevant patient historical information, which may include previous care, and/or treatment and services.
5. Interruptions during hand-offs were limited in order to minimize the possibility that information would fail to be conveyed, not be heard, or forgotten.


\_\_\_\_\_  
Receiving Resident's Name and Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Departing Resident's Name and Signature

\_\_\_\_\_  
Date/Time

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-12
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	06
	<b>SUBJECT</b> PROFESSIONALISM POLICY	SUPERSEDES	N/A

## Professionalism Policy

(Resident Code of Conduct, Dress Code, and Social Media Guidelines)

### I. PURPOSE:

- 1.1. Residents are responsible for fulfilling all obligations that the GME Office, hospitals, and residency programs deem necessary for them to begin and continue duties as a resident, including but not limited to:
  - 1.1.1. Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training and badging procedures (all of which may be prior to appointment start date)
  - 1.1.2. Completing required GME, hospital, and program administrative functions in a timely fashion and before deadlines such as medical records, mandatory on-line training modules, and surveys or other communications
- 1.2. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.
- 1.3. All GME program directors and faculty are responsible for educating, monitoring, and providing exemplary examples of professionalism to residents.
- 1.4. Refer to the GME [PROCEDURE](#): regarding confidential professionalism reporting systems and resources.

### II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. Each program must have a program-level professionalism policy which describes how the program provides professionalism education to residents. The program director will ensure that all program policies relating to professionalism are distributed to residents and faculty. A copy of the program policy on professionalism must be included in the official program manual and provided to each resident upon matriculation into the program.

### III. POLICY:

- 3.1. **Professionalism**—Residents and faculty members must demonstrate an understanding of their personal role in the:
  - 3.1.1. Provision of patient- and family-centered care
  - 3.1.2. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events



**3.1.3.** Assurance of their fitness for work, including:

- 3.1.3.1.** Management of their time before, during, and after clinical assignments; and
- 3.1.3.2.** Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team

**3.1.4.** Commitment to lifelong learning

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

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

**3.2. Professionalism—Code of Conduct**

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

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

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

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

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

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

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

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

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

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

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

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

- 3.2.7.3.** Take time to ensure patient and family understanding and informed consent of medical decisions and progress.
- 3.2.8.** Respect the sanctity of the healing relationship.
  - 3.2.8.1.** Exhibit compassion, integrity, and respect for others.
  - 3.2.8.2.** Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.
  - 3.2.8.3.** Respond promptly to phone messages, pages, email, and other correspondence.
  - 3.2.8.4.** Provide reliable coverage through colleagues when not available.
  - 3.2.8.5.** Maintain and promote physician/patient boundaries.
- 3.2.9.** Respect individual patient concerns and perceptions.
  - 3.2.9.1.** Comply with accepted standards of dress as defined by each hospital.
  - 3.2.9.2.** Arrive promptly for patient appointments.
  - 3.2.9.3.** Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- 3.2.10.** Respect the systems in place to improve quality and safety of patient care.
  - 3.2.10.1.** Complete all mandated on-line tutorials and public health measures (e.g., TB skin testing) within designated timeframe.
  - 3.2.10.2.** Report all adverse events within a timely fashion.
  - 3.2.10.3.** Improve systems and quality of care through critical self-examination of care patterns.
- 3.2.11.** A professional consistently demonstrates respect for peers and co-workers.
  - 3.2.11.1.** Demonstrate respect for colleagues by maintaining effective communication.
  - 3.2.11.2.** Inform primary care providers of patient's admission, the hospital content, and discharge plans.
  - 3.2.11.3.** Provide consulting physicians all data needed to provide a consultation.
  - 3.2.11.4.** Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.
  - 3.2.11.5.** Inform all members of the care team, including non-physician professionals, of patient plans and progress.
  - 3.2.11.6.** Provide continued verbal and written communication to referring physicians.
  - 3.2.11.7.** Understand a referring physician's needs and concerns about his or her patients.

**3.2.11.8.** Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.

**3.2.11.9.** Acknowledge, promote, and maintain the dignity and respect of all healthcare providers.

**3.2.12.** Respect for diversity of opinion, gender, and ethnicity in the workplace.

**3.2.12.1.** Maintain a work environment that is free of harassment of any sort.

**3.2.12.2.** Incorporate the opinions of all health professionals involved in the care of a patient.

**3.2.12.3.** Encourage team-based care.

**3.2.12.4.** In addition, professionals are held accountable to specialty-specific board and/or society codes of medical professionalism.

### **3.3. Professionalism—Dress Code**

Residents must adhere to the following dress code elements to reflect a professional appearance in the clinical work environment; residents are also held accountable to relevant individual hospital/site and MSM institution policies.

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

**3.3.2. White Coats:** A long white coat that specifies the physician's name and department should be worn.

#### **3.3.3. Personal Hygiene:**

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

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

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

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

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

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

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

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

**3.3.8. Clothing:** Must reflect a professional image: dress-type pants and collared shirts; skirt and dress length must be appropriate; clothing should cover back, shoulders, and midriff; modest neckline (no cleavage).

**3.3.9. Scrubs:** Residents may wear scrubs in any clinical situation where appropriate.

When not in a work area, a white coat should be worn over scrubs.

### **3.4. Professionalism: Social Media Guidelines**


- 3.4.1.** Because social media blurs the line between personal voice and institutional voice, these guidelines were created to clarify how best to protect personal and professional reputations when participating.
- 3.4.2.** In both professional and institutional roles, employees need to adopt a common sense approach and follow the same behavioral standards as they would in real life, and are responsible for anything they post to social media sites either professionally or personally.
- 3.4.3.** For these purposes, “social media” includes but is not limited to social networking sites, collaborative projects such as wikis, blogs, and microblogs, content communities, and virtual communities.
- 3.4.4.** Best practices for all social media sites, including personal sites follow:
  - 3.4.4.1. Think before posting**—There is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your department/unit, and on the institution.

Search engine databases store posts years after they were published, so posts could be found even if they were deleted; and comments may be forwarded or copied.
  - 3.4.4.2. Be accurate**—Verify your information for accuracy, spelling, and grammatical errors before posting. If an error or omission ends up being posted, post a correction as quickly as possible.
  - 3.4.4.3. Be respectful**—The goal of social media is to engage your audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way that will not alienate, harm, or provoke.
  - 3.4.4.4. Remember your audience**—Though you may have a target audience, be aware that anything posted on your social media account is also available to the public at large, including prospective students, current students, staff, faculty, and peers.
  - 3.4.4.5. Be a valuable member**—Contribute valuable insights in your posts and comments. Self-promoting behavior is viewed negatively and can lead to you being banned from a website or group you are trying to participate in.
  - 3.4.4.6. Ensure your accounts’ security**—A compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were from you. If you administer the social media account for a hospital, school, college, department, or unit, be sure to use a different password than for your personal accounts. Follow best practices in selecting and protecting your university account passwords.

**3.4.5.** Guidelines for all social media sites, including personal sites

- 3.4.5.1. Protect confidential and proprietary information**—Do not post confidential information about MSM, students, faculty, staff, patients, or alumni; nor should you post information that is proprietary to an entity other than yourself.
- 3.4.5.2.** Employees must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA. Failure to do so comes at the risk of disciplinary action and/or termination.
- 3.4.5.3. Respect copyright and fair use**—When posting, be aware of the copyright and intellectual property rights of others and of the university. Refer to MSM system policies on copyright and intellectual property for more information/guidance.
- 3.4.5.4. Do not imply MSM endorsement**—The logo, word mark, iconography, or other imagery shall not be used on personal social media channels. Similarly, the MSM name shall not be used to promote a product, cause, or political party/candidate.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-13
		EFFECTIVE DATE	04/01/20
		PAGE(S)	02
	<b>SUBJECT</b> PROGRAM CLOSURE POLICY	SUPERSEDES	N/A

## Program Closure Policy

### I. PURPOSE:

- 1.1. The purpose of the Program Closure Policy is to establish an institutional policy regarding closure and/or reduction of residency or fellowship programs, and the closure of the institution.
- 1.2. The Accreditation Council for Graduate Medical Education (ACGME) requires that Morehouse School of Medicine, as the Sponsoring Institution of record, have a written policy that addresses a reduction in size or closure of a residency/fellowship program and the closure of the Institution.
- 1.3. Morehouse School of Medicine recognizes the need and benefit of graduate medical education and is committed to providing programs in graduate medical education and to ensuring that those programs meet or exceed the institutional and program requirements established by the Accrediting Council for Graduate Medical Education.
- 1.4. It is the goal of Morehouse School of Medicine to avoid the reduction in the size of or the closure of ACGME accredited programs. However, in the event a closure and/or reduction in a residency or fellowship program must occur, Morehouse School of Medicine ensures the timely and proper notification of any circumstances that adversely affect a resident's education and training.
- 1.5. This policy ensures appropriate institutional oversight as required by the ACGME Institutional Requirements.


### II. SCOPE:

- 2.1. This policy applies to all ACGME-accredited residencies and fellowship programs at Morehouse School of Medicine.
- 2.2. GMEC is the acronym for MSM's Graduate Medical Education Committee

### III. POLICY:

- 3.1. The senior leadership of the Sponsoring Institution, in conjunction with the program director, Designated Institutional Official (DIO), and Graduate Medical Education Committee (GMEC) will make appropriate efforts to avoid the closure of ACGME-accredited programs.
- 3.2. The Sponsoring Institution must inform the ACGME, GMEC, the DIO, and the affected residents within five (5) business days following a decision to reduce the size of or to close one or more programs, or when the Sponsoring Institution itself intends to close.
- 3.3. In the event a decision is made that a training program must decrease in size, the following protocol will be in force:
  - 3.3.1. The program director, DIO, and GMEC will inform the residents within five (5) business days of the decision.

- 3.3.2.** The program director, DIO, and GMEC will be responsible for monitoring the complement reduction process.
- 3.3.3.** Plans to reduce the complement of residents in the program will be made, where reasonable, by first reducing the number of positions available to incoming residents.
- 3.3.4.** If the reduction needs to include residents currently in the training program, the program director and DIO will assist affected residents in enrolling in an ACGME-accredited program.
- 3.4.** In the event a decision is made that a training program must close, the following protocol will be in force:
  - 3.4.1.** The program director, DIO, and GMEC will inform the residents within five (5) business days of the decision.
  - 3.4.2.** The program director, DIO, and GMEC will be responsible for monitoring the closure process.
  - 3.4.3.** MSM as the Sponsoring Institution will preferentially structure a closure, when reasonable, that allows enrolled residents to complete the program.
  - 3.4.4.** In the event a program must be closed before one (1) or more residents are able to complete their training, the program director and DIO will work closely with the resident(s) to assist them in enrolling in an ACGME-accredited program(s) in which they can continue their education.
- 3.5.** The same process will be followed if ACGME withdraws accreditation status from a program, reduces the number of resident/fellow positions in any program, or withdraws accreditation status from the institution.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-14
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	12
	<b>SUBJECT</b> RESIDENT AND FELLOW ELIGIBILITY, SELECTION, AND APPOINTMENT POLICY	SUPERSEDES	05/01/2015 06/01/2014 04/02/2013 03/01/2011 10/01/1992

## Resident and Fellow Eligibility, Selection, and Appointment Policy

### I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) comply with the Accreditation Council for Graduate Medical Education (ACGME) requirements and meet standards outlined in the Graduate Medical Education Directory under the heading, “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).
- 1.2. The processes for the selection of residents and fellows at MSM shall adhere to ACGME requirements, the standards outlined in the “Essentials of Accredited Residencies in Graduate Medical Education” and in this policy.

### II. SCOPE:

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

### III. POLICY:

- 3.1. This policy is bound by the parameters of residency and fellowship education and complies with MSM Human Resources policies.
- 3.2. Applicants to Morehouse School of Medicine (MSM) residency and fellowship programs must be academically qualified to enter into a program.
- 3.3. The institution shall participate in the National Resident Matching Program (NRMP).
  - 3.3.1. All MSM Post-Graduate Year One (PGY-1) resident positions shall be made available for application by all students graduating from United States and Canadian accredited medical schools as determined by the NRMP.
  - 3.3.2. Other applicants eligible to enter the “match,” including International Medical School Graduates (IMGs), may also apply.
- 3.4. MSM residency and fellowship programs will select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they have applied.
- 3.5. Aptitude, academic credentials, the ability to communicate effectively, personal characteristics such as motivation and integrity, and the ability to function within parameters expected of a practitioner in the specialty shall be considered in the selection process.



**3.6.** Programs must include the following GME Programs' Technical Standards and Essential Functions for Appointment and Promotion information:

**3.6.1.** Introduction

**3.6.1.1.** Medicine is an intellectually, physically, and psychologically demanding profession. All phases of medical education require knowledge, attitudes, skills and behaviors necessary for the practice of medicine and throughout a professional career.

**3.6.1.2.** Those abilities that residents/fellows must possess to practice safely are reflected in the technical standards that follow. These technical standards/essential functions are to be understood as requirements for training in all Morehouse School of Medicine residencies and are not to be construed as competencies for practice in any given specialty.

**3.6.1.3.** Individual programs may require more stringent standards or more extensive abilities as appropriate to the requirements for training in that specialty.

**3.6.1.4.** Residents and fellows in Graduate Medical Education programs must be able to meet these minimum standards with or without reasonable accommodation.

**3.6.2.** Standards—Observation

**3.6.2.1.** Observation requires the functional use of vision, hearing, and somatic sensations. Residents/fellows must be able to observe demonstrations and participate in procedures as required.

**3.6.2.2.** Residents/fellows must be able to observe a patient accurately and completely, at a distance as well as closely.

**3.6.2.3.** Residents/fellows must be able to obtain a medical history directly from a patient, while observing the patient's medical condition.

**3.6.3.** Standards—Communication

**3.6.3.1.** Communication includes speech, language, reading, writing, and computer literacy.

**3.6.3.2.** Residents/fellows must be able to communicate effectively and sensitively in oral and written form with patients to elicit information as well as perceive non-verbal communications.

**3.6.4.** Standards—Motor

**3.6.4.1.** Residents/fellows must possess sufficient motor function to elicit information from the patient examination by palpation, auscultation, tapping, and other diagnostic maneuvers.

**3.6.4.2.** Residents/fellows must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients.

**3.6.5.** Standards—Intellectual: Conceptual, Integrative, and Quantitative Abilities

**3.6.5.1.** Residents/fellows must be able to measure, calculate, reason, analyze, integrate, and synthesize technically detailed and complex information in a timely fashion to effectively solve problems and make decisions which are critical skills demanded of physicians.

**3.6.5.2.** In addition, residents/fellows must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures.

**3.6.6. Standards—Behavioral and Social Attributes**

**3.6.6.1.** Residents/fellows must possess the psychological ability required for the full utilization of their intellectual abilities for:

**3.6.6.1.1.** The exercise of good judgment;

**3.6.6.1.2.** The prompt completion of all responsibilities inherent to diagnosis and care of patients; and

**3.6.6.1.3.** The development of mature, sensitive, and effective relationships with patients, colleagues, and other healthcare providers.

**3.6.6.2.** Residents/fellows must be able to tolerate physically and mentally taxing workloads and be able to function effectively under stress.

**3.6.6.3.** Residents/fellows must be able to adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients.

**3.6.6.4.** Residents/fellows must be able to work effectively and collaboratively as team members.

**3.6.6.5.** Residents/fellows must demonstrate ethical behavior consistent with professional values and standards, as a component of their education and training.

**3.6.7. Standards—Reasonable Accommodation**

**3.6.7.1.** A reasonable accommodation is designed to assist an employee in the performance of the essential functions of his or her job and an applicant in fulfilling MSM's application requirements.

**3.6.7.2.** MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.

**3.6.7.3.** Accommodations are made on a case-by-case basis.

**3.6.7.4.** MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation. Complete information is found on the MSM Human Resources Office of Disability Services web page at <https://www.msm.edu/Administration/HumanResources/disabilityservices/index.php>.

**3.6.7.5.** In most cases, it is the responsibility of the employee or applicant to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. See the full MSM Accommodation of Disabilities Policy for information on how to request a reasonable accommodation.

**Note:** The MSM enrollment of non-eligible residents may be cause for withdrawal of residency program accreditation.

**IV. Title IX Compliance:**

- 4.1. The residency education environment shall be free of undue harassment, confrontation, and coercion because of one's gender, cultural and religious beliefs, other individual traits, and status or standing.
- 4.2. Therefore, in compliance with the Title IX of the Education Amendments of 1972, Morehouse School of Medicine (MSM) does not discriminate on the basis of sex in its education programs and activities and is required under Title IX and the implementing regulations not to discriminate in such a manner. Prohibited sex discrimination covers sexual misconduct including, but not limited to, sexual harassment and sexual violence, and extends to employment in and admission to such programs and activities.
- 4.3. It is the policy of MSM that discrimination against any person or group of persons on the basis of race, color, national origin, religion, gender, sexual orientation, marital status, ancestry, genetic information, age, disability, veteran or military status, or any other legally protected characteristic is specifically prohibited. This is in compliance with federal law, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (and ADAAA amendments).
- 4.4. MSM prohibits retaliation against members of the MSM community who raise concerns about or report incidents of discrimination based on legally protected characteristics.
- 4.5. Marla Thompson, Title IX Coordinator, has been designated to handle inquiries about and reports made under MSM's Sex/Gender Nondiscrimination and Sexual Harassment policy.

Contact information:

[mthompson@msm.edu](mailto:mthompson@msm.edu)

(404) 752-1871

Fax (404) 752-1639

Morehouse School of Medicine  
720 Westview Drive, SW Harris Building,  
Atlanta, GA 30310

Contact the MSM Human Resources Office for the current policy.

**V. RESIDENT AND FELLOW ELIGIBILITY CRITERIA:**

- 5.1. Sponsoring institutions are required to have written policies and procedures for resident/fellow recruitment and must monitor each of its ACGME accredited programs for compliance.
- 5.2. The following information is extracted from the Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirements, Section IV.A. Institutional GME Policies and Procedures—Resident/Fellow Recruitment, and the ACGME Common Program Requirements—Resident/Fellow Appointments/Eligibility/Transfers—Section III.A-C.
- 5.3. Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:
  - 5.3.1. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or

- 5.3.2.** Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA).
- 5.3.3.** Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
  - 5.3.3.1.** Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment;
  - 5.3.3.2.** Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty or subspecialty program; or
  - 5.3.3.3.** Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- 5.4.** An applicant invited to interview for a resident or fellow position must be informed in writing or by electronic means of the most current terms, conditions, and benefits of appointment to the ACGME-accredited program. Information must include:
  - Financial support
  - Vacations
  - Parental, sick, and other leaves of absence
  - Professional liability, hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents
- 5.5.** Each resident or fellow in MSM programs must be a United States citizen, a lawful permanent resident, a refugee, an asylee, or must possess the appropriate documentation to allow the resident to legally train at Morehouse School of Medicine.
- 5.6.** All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in:
  - ACGME-accredited residency programs;
  - AOA-approved residency programs;
  - Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada; or
  - Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.
- 5.7.** Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

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

**VI. FELLOW APPOINTMENTS ELIGIBILITY CRITERIA:**

- 6.1. Each ACGME Review Committee will choose one of the following (review the program requirements for the specialty-specific eligibility criteria):
  - 6.1.1. Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in:
    - An ACGME-accredited residency program;
    - An AOA-approved residency program;
    - A program with ACGME International (ACGME-I) Advanced Specialty Accreditation;
    - A Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.

Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.
  - 6.1.2. Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited or an AOA-approved residency program.
- 6.2. Upon matriculation, fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program.
- 6.3. For fellow eligibility exceptions granted by ACGME specialty review committees, see subspecialty-specific requirements.

**VII. GMEC AND ACGME PROGRAM POSITIONS AND APPOINTMENT APPROVAL:**

- 7.1. Program directors must not appoint more residents or fellows than approved by the ACGME Review Committee.
- 7.2. Available MSM resident positions are dependent on the following criteria:
  - The current number of residency program positions authorized by the Accreditation Council for Graduate Medical Education (ACGME)
  - The space available in the Post-Graduate Year
  - Funding and faculty resources available to support the education of residents/fellows according to the educational requirements of the specialty program

- 7.3. All complement increases must be approved by the GMEC and the ACGME Review Committee.
- 7.4. Any program requests for an official adjustment to the program's authorized resident complement shall be evaluated and approved by the GMEC through the Designated Institutional Official (DIO) prior to submission to the ACGME Review Committee.

**VIII. RESIDENT/FELLOW TRANSFERS:**

- 8.1. Upon matriculation, the program must obtain verification of previous educational experiences and a summative competency-based performance evaluation, signed by the previous program director prior to acceptance of the transferring resident/fellow, and the candidate's Milestones evaluations.
- 8.2. Residents are considered transfer residents under several conditions including moving from one program to another within the same or different sponsoring institution and when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs directly out of medical school).
- 8.3. Before accepting a transfer resident, the program director of the receiving program must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director.
- 8.4. The term *transfer resident* and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.
  - 8.4.1. MSM residency programs, however, shall identify all residents who would begin the residency program and would have to continue beyond the initial residency period.
  - 8.4.2. The initial residency period is the length of time required to complete a general residency program (e.g., Internal Medicine: 3 years; Psychiatry: 4 years).

**IX. ADDITIONAL ELIGIBILITY REQUIREMENTS:**

For any applicant to be eligible for appointment to an MSM residency/fellowship program, the following requirements must be met in addition to the eligibility criteria stated above.

- 9.1. All MSM residency and fellowship programs shall participate in the National Resident Matching Program (NRMP) for PGY-1 level resident and fellowship positions.
  - 9.1.1. All parties participating in the match shall contractually be subject to the rules of the NRMP.
  - 9.1.2. This includes MSM, its residency/fellowship programs, and applicants.
  - 9.1.3. Match violations will not be tolerated.
- 9.2. All applicants to MSM residency and fellowship programs must apply through the Electronic Residency Application Service (ERAS).
  - 9.2.1. This service shall be used to screen required information on all applicants.
  - 9.2.2. All applicants shall request that three (3) letters of professional and/or academic reference, current within the last 18 months, be sent to the residency program administration via ERAS.
- 9.3. Programs may establish additional selection criteria (e.g., determine specific minimum scores for the USMLE). Specific criteria must be published for applicants to review as part of the required program-level policy on eligibility and selection.

- 9.4.** Residency program directors and their residency committees shall establish program standards and criteria to review MSM residency program applications in order to ensure equal access to the program. Eligible resident/fellow applicants shall be selected and appointed only according to ACGME, NRMP, and MSM's requirements and policies.
- 9.5.** Applicants from United States- or Canadian-accredited medical schools shall request that an original copy of a letter of recommendation or verification from the dean of the medical school be sent to the program administration via ERAS.
- 9.6.** Selectees from a United States LCME- or AOA-accredited medical school shall provide proof of graduation or pending *on-time* graduation. They shall request that official transcripts, diplomas, or *on-time* letters be sent to the program via ERAS.
- 9.7.** Selectees must provide official proof of passing both USMLE Step 1 and USMLE Step 2 (CK and CS) before they are eligible to begin their appointment in MSM residency programs.
- 9.8.** The State of Georgia and MSM consider any time spent in a residency program as time that must be declared by the applicant when applying for a Temporary Resident Postgraduate Training Permit.
  - 9.8.1.** This time is applicable whether the applicant completed the period of residency or not.
  - 9.8.2.** A letter of explanation/verification is required of the applicant and the past residency program director.
- 9.9.** Applicants who have not graduated from a United States- or Canadian-accredited medical school shall request certification of completion (by seal) by an official of the medical school. If the medical school is not in the United States, such official letters shall be in English and/or have a certified or notarized English translation of the content.
- 9.10.** A current (stamped indefinite) certificate from the Educational Commission on Foreign Medical School Graduates (ECFMG) must also be submitted with ERAS documents.
  - 9.10.1.** Initial ECFMG Certificates should not be pending when applicants are reporting to a residency program.
  - 9.10.2.** Failure to obtain an ECFMG Certificate by the start date of the resident appointment will void both NRMP and MSM resident/fellow agreements.
- 9.11.** Program directors must ensure that IMG/FMG candidates are eligible for J-1 Visa sponsorship before ranking these candidates in NRMP.
- 9.12.** All selectees shall complete an MSM Non-Faculty Employment Application. The Human Resources Department is available for assistance.
- 9.13.** Upon selection, all academic and employment documents referenced within this section and other documents requested by the residency program must be presented to the program administrator in their original form.
  - 9.13.1.** As a part of credentials authentication, documents shall be screened for authenticity and must be void of alterations.
  - 9.13.2.** Program administrators shall screen for signatures, seals, notarization, and other official stamps as being original.

- 9.14. An applicant invited to interview for a resident or fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include:
- Financial support
  - Vacations
  - Parental, sick, and other leaves of absence
  - Professional liability, hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents
- 9.15. Personal interviews of applicants shall be conducted by at least two (2) faculty members assigned to the program.
- 9.15.1. These interviews should be documented for the residency program files and be retained for the period determined by MSM management policies.
- 9.15.2. These interviews also become a permanent part of a selected applicant's file.
- 9.16. If telephone interviews are performed, the same standards and documentation criteria must be used to record the interview.
- 9.17. In MSM programs, the applicant's credentials and the faculty interview summary are formally presented to the Residency Program Advisory Committee (RAC) or equivalent.
- 9.18. A faculty consensus is formed on the selections for entry into the NRMP Rank Order Listing or for departmental selection for those positions not placed in the match (i.e., PGY-2).
- 9.19. Final disposition for applicant selection and ranking is done by the residency program director and/or department chairperson.

**X. NON-IMMIGRANT APPLICANTS TO RESIDENCY PROGRAMS:**

- 10.1. MSM supports the AAMC recommendation that the J-1 Visa is the more appropriate visa for non-immigrant International Medical School Graduates (IMGs) seeking resident positions in MSM-sponsored programs (Reference: AAMC Legislative and Regulatory Update, October 15, 1993).
- 10.2. All IMGs shall provide a current (stamped indefinite) certificate of proof of meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements for clinical proficiency.
- 10.3. The Exchange Visitor Program is administered by the United States Department of State.
- 10.3.1. The ECFMG is the sponsoring institution for alien physicians in GME programs under the Exchange Visitor Program.
- 10.3.2. Applicants may be considered for selection by the residency/fellowship program based on their academic qualifications and eligibility for sponsorship by the ECFMG.
- 10.3.3. The MSM Human Resource (HR) and GME offices are the school liaisons for processing applications for ECFMG sponsorship of non-immigrants for J-1 Visa status.
- 10.4. Applicants seeking residency positions that have other non-immigrant status such as Transitional Employment Authorization Documents, Asylum status, etc., may need to seek legal counsel to effect entry into a residency program. This review will be coordinated through the MSM HR and GME offices along with the MSM-International Programs Office for final determination.



**10.5.** The following visa categories are for international-born or -educated physicians applying to United States Graduate Medical Education programs:

**10.5.1.** Consular processing of physician visas

- 10.5.1.1.** United States embassies/consulates require face-to-face interviews for all initial visa stamps and in some instances for the renewal of the same visa stamp.
- 10.5.1.2.** It can take several months for a person to receive an appointment at the embassy/consulate to apply for the visa stamp.
- 10.5.1.3.** Embassy/consulate security checks take about one (1) month.
- 10.5.1.4.** If an applicant is selected for a security check in Washington, DC, then the process could take up to five (5) months.
- 10.5.1.5.** After this process is started, no one can interfere.

**10.5.2.** The J-1 Exchange Visitor Visa

- 10.5.2.1.** Sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), this is the most common type of visa category used by institutions offering graduate medical education training (residency or fellowships) to international medical graduates (IMGs).
- 10.5.2.2.** IMGs who seek to obtain this type of visa must first apply to the ECFMG for certification.
- 10.5.2.3.** ECFMG offers the USMLE exams and is the sponsoring organization providing assurance to residency programs that the candidates meet defined qualifications equivalent of a United States medical degree. See [www.ecfm.org](http://www.ecfm.org).
- 10.5.2.4.** IMGs applying to residency programs requiring the J-1 Visa must contact the specific residency program and the Office of Graduate Medical Education where they have been accepted in a program in order to coordinate the J-1 Visa sponsorship with the ECFMG. ECFMG will issue the visa document (DS-2019) after the institution submits the individual's application to ECFMG.
- 10.5.2.5.** An ECFMG Certificate is not required if the physician is a graduate of a Canadian or United States medical school. Canadian medical school graduates must have passed the equivalent Canadian medical licensing exam.
- 10.5.2.6.** An ECFMG Certificate is not required for physicians who are graduates of LCME-accredited schools in Puerto Rico.
- 10.5.2.7.** A visa is required if the physician is not a United States citizen or permanent resident of the United States.

**10.6.** Summary of J-1 Visa for IMGs

- 10.6.1.** SEVIS fee must be paid by the accepted applicant prior to the United States embassy interview in the applicant's home country.
- 10.6.2.** The applicant is responsible for the annual application process and the corresponding fee.
- 10.6.3.** J-2 dependents must enter with their own DS-2019.
- 10.6.4.** The visa provides possible tax advantages (for a limited period of time).
- 10.6.5.** The visa is recognized and accepted by most institutions for IMG residency training.


- 10.6.6. The applicant's spouse may seek work permission while in the United States. The spouse must process USCIS Form I-765 after entry into the United States.
- 10.6.7. The applicant must receive J-1 Visa status while in his or her home country; it is strongly recommended that status change does not occur in the United States.
- 10.6.8. The visa has a mandatory two-year foreign residency requirement (Section 212[e]) for all IMGs attending graduate medical education programs in the United States at the completion of training.
- 10.6.9. Obtaining a waiver of the foreign residency requirement is both troublesome and costly.
- 10.6.10. The visa may be extended only for Board Certification; during this time, the J-1 visitor cannot work.
- 10.6.11. The DS-2019 (J-1 application) is renewed yearly with a seven- (7) year limit or length of residency program, whichever comes first.
- 10.6.12. The J-1 Exchange Visitor may enter the United States 30 days prior to the start of the J-1 Visa and cannot be paid prior to the start date. The J-1 visitor must NOT enter the United States 30 days AFTER the start date listed on form DS-2019.
- 10.6.13. After the J-1 period ends, the exchange visitor has 30 days to exit the United States and cannot work during this grace period.
- 10.6.14. Moonlighting is not permitted under this visa status.
- 10.6.15. It is very difficult to process J-1 Visa applications to non-accredited residency/fellowship programs. The ECFMG uses the ACGME's Green Book for reference of accredited programs and their program duration.
- 10.6.16. The J-2 Visa status is acceptable for Graduate Medical Education training at Morehouse School of Medicine (MSM) but can create problems since the J-2 depends on the J-1 Visa primary holder. The J-2 must have a valid EAD card and must also maintain the EAD card.

## **XI. RESIDENT APPOINTMENTS:**

- 11.1. Prior to appointment to the program, applicants must be provided with information that describes the program's current accreditation status, aims, educational objectives, and structure.
- 11.2. Morehouse School of Medicine resident appointments shall be for a maximum of 12 months from July to June, year to year.
  - 11.2.1. At MSM, a resident appointment is defined as a non-faculty position granted to an individual based on his or her academic credentials and the meeting of other eligibility criteria as stated in MSM and residency program policies and standards.
  - 11.2.2. This position is also considered that of a *physician in training*.
- 11.3. Resident appointments are managed by the Graduate Medical Education Office on behalf of the Senior Vice President for Academic Affairs and are processed by the Human Resources Department (HRD).
- 11.4. Residents may enter the residency program at other times during a given Post-Graduate Year (PGY) but must complete all requirements according to the structure of the program.
  - 11.4.1. This usually means completing the PGY-1 year from the date the resident started.

- 11.4.2.** There are no provisions for shared or part-time positions in MSM residency programs.
- 11.5.** A selected applicant must be formally offered a position in the residency program. A written agreement shall be entered into between the applicant and Morehouse School of Medicine (MSM).
  - 11.5.1.** This agreement signed by the residency program director and department chairperson shall constitute a recommendation to the dean for an academic non-faculty appointment.
  - 11.5.2.** Approval of the selection shall be by the Director of Graduate Medical Education as the dean's designated approval authority.
- 11.6.** Residents shall not perform any clinical duties until they:
  - 11.6.1.** Are processed through the MSM Human Resources Department and officially become a part of the MSM personnel system; and
  - 11.6.2.** Have obtained a Georgia Temporary Resident Postgraduate Training Permit or possess a permanent physician's license.
- 11.7.** References to support this policy, including the Resident Appointment Agreement, are available in the GME Office and website at <https://www.msm.edu/Education/GME/index.php>.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-15
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	<b><u>SUBJECT</u></b> RESIDENT AND FELLOW IMPAIRMENT POLICY	SUPERSEDES	04/02/2013

## Resident and Fellow Impairment Policy

### I. PURPOSE:

- 1.1. Morehouse School of Medicine (MSM) understands that an impaired resident can impact patient care. Residents encounter many stressors that are personal or from their clinical/educational environment, which may cause mental and physical impairments or require intervention from substance abuse to reverse issues and illnesses.
- 1.2. To that end, our primary goals are to:
  - 1.2.1. Provide guidance in this policy to prevent or minimize the occurrence of impairment by a resident;
  - 1.2.2. Ensure that the environment is safe for patients, employees, faculty, and residents of MSM; and
  - 1.2.3. Compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

### II. SCOPE:

All MSM faculty, residents, and administrators at participating affiliates shall understand and comply with this and all other policies and procedures that govern both Graduate Medical Education (GME) programs and resident appointments at MSM.

### III. DEFINITIONS:

- 3.1. **Impaired Physician:** The American Medical Association (AMA) defines the impaired physician as one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or use of drugs including alcohol. This definition includes the impairment of a physician due to a mentally or emotionally disabling state.
  - 3.1.1. An impaired resident physician is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety.
  - 3.1.2. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:
    - Observed negative changes in performance of assigned duties
    - Frequent or unexplained absences and/or tardiness from school responsibilities
    - Frequent or unexplained illnesses or accidents both on and off duty
    - Decreased quality of care or unexplained lack of progression during the training year

- Significant inability to contend with routine difficulties and take action to overcome them
- Unusual or inappropriate behavior
- Violations of law, including citations for driving while impaired
- Other psychiatric disturbances or medical illness

**3.2. Fatigue Management:** Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety, and enactment of a solution to mitigate the fatigue.

**3.3. Fitness for Duty:** Mentally and physically able to effectively perform required duties and promote patient safety.

**3.4. Under the Influence:** The condition wherein any of the body's sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. "Under the influence" also means any detectable presence of alcohol or drugs within the body.

#### **IV. POLICY:**

**4.1.** It is the policy of MSM to assist an impaired resident physician (as defined above), while maintaining a balance between individual rights and the school's duty to safeguard the public health and effectively discharge its mission.

**4.1.1.** MSM and its residency programs must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

**4.1.2.** MSM is committed to providing continuing education and professional assistance to resident physicians when they experience personal stressors that inhibit their progression in a residency program. The residency program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

**4.1.3.** Evaluation and due process will be afforded each affected resident according to MSM's GME Adverse Academic Decisions and Due Process Policy and MSM Human Resources employment policies.

#### **V. CONTINUING EDUCATION:**

**5.1.** MSM's GME conducts an annual policy briefing on the Resident Learning and Work Environment at Incoming and Returning Resident Orientation. This institutional training module is also reinforced annually by the specialty residency program.

**5.2.** Discussion and training include the following topics:

- Management of the resident's time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Review of the process each MSM residency program must have in place to ensure continuity of patient care in the event that a resident may be unable to perform his or her patient care duties;
- Education of all program faculty members and residents to recognize the signs of fatigue and sleep deprivation; and
- Education of all faculty members and residents in alertness management and fatigue mitigation processes.

- 5.3. MSM's GME Department provides an annual workshop on Sleep Deprivation and Fatigue during Incoming and Returning Resident Orientation. Training in this area is reinforced by each residency program annually according to its curriculum design.
- 5.4. MSM's GME Department provides an annual Drug Awareness and Drug Free Environment workshop for resident physicians at Incoming and Returning Resident Orientations. This workshop includes discussion of impairment due to substance abuse.

**VI. IDENTIFICATION AND REPORTING:**

At MSM, changes in ordinary behavior and erratic actions by a resident physician may indicate that he or she is not fit for duty. This may be cause for concern by the resident, by colleagues, supervisors, and administrators. In addition, there can be concern for the safety of patients.

- 6.1. The patient safety concern should be brought to the supervisor's attention immediately.
- 6.2. If a problem is identified, the residency director should be notified for administrative action. According to MSM's Resident Affiliation Agreements, a resident can be immediately removed from duty at the discretion of the supervisor or administrator at a clinical affiliate.
- 6.3. Resident impairment that is associated with the commission of a crime is immediately referred to the Department of Human Resources and General Counsel for disposition.

**VII. COUNSELING:**

All recommendations for the resident to seek counseling must be with the resident's well-being in mind but must be initiated with the provider or agency by the resident.

- 7.1. Residents must not be unduly influenced or coerced to seek treatment or other counseling services.
- 7.2. When residents have severe personal difficulty or exhibit unprofessional behavior that may be caused by a mental or physical impairment, they should immediately be referred to MSM's Office of Disability Services.
  - 7.2.1. Some of the problems causing impairment can include sleep deprivation and fatigue, emotional and behavioral problems, substance and drug abuse (including alcohol abuse), marital conflicts, interpersonal discord, family problems, legal problems, and financial problems.
  - 7.2.2. Short term counseling is available from MSM Counseling Services (404) 752-1789.
- 7.3. MSM has an Employee Assistance Program (EAP), CARE 24, available for residents as a self-referral or for family assistance.
  - 7.3.1. Residents are briefed on these programs by Human Resources during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.
  - 7.3.2. More information regarding these programs is available in the Human Resources Department at (404) 752-1600 or directly at (888) 887-4114.
  - 7.3.3. Resident educational programs for impaired physicians are offered on a case-by-case basis.

- 7.4. A written determination must be made by the provider of care to the resident that a resident is fit to return to duty. This recommendation for a return to duty must be presented to the Office of Disability Services. Any restrictions or accommodations in conjunction with the return to duty must be identified and approved by the Office of Disability Services prior to the resident's return.
- 7.5. Complete information is found on the MSM Human Resources Office of Disability Services web page at:

<http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php>

#### **VIII. REMEDATION PROBATION:**

When a resident fails to achieve the standards set forth by the program, decisions must be made with regard to notice of deficiency, suspension, remediation, non-promotion, non-renewal of appointment, and in some cases, dismissal.

- 8.1. MSM is not required to progressively discipline residents but may determine the appropriate course of action to take regarding its residents, depending on the unique circumstances of a given issue.
- 8.2. Such misconduct will be considered a breach of the Resident Appointment Agreement or Reappointment Agreement. In such instances, the Office of Graduate Medical Education and the Department of Human Resources may be involved in the process of evaluating the violation.
- 8.3. Residents engaging in conduct violating the policies, rules, bylaws, or regulations of MSM or its educational affiliates, or local, state, and federal laws regarding the practice of medicine and the standards for a physician in training may, depending on the nature of the offense, be dismissed.
- 8.4. In the event of an impaired resident's continuation in the residency program, state requirements may apply to his or her status as a resident physician, including mandatory examination and treatment.

#### **IX. STATE OF GEORGIA REQUIREMENTS:**

All MSM residency program directors in the State of Georgia have a mandatory obligation to report troubled or dysfunctional resident physicians according to State of Georgia Medical Board Rule 360-2-.12, Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders in accordance with Georgia Law.


#### **X. CONFIDENTIALITY:**

The identification, counseling, and treatment of an impaired resident are deemed confidential, except as needed to carry out the policies of the Office of Graduate Medical Education or MSM as required by law.

[Return to Table of Contents](#)





	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-16
		EFFECTIVE DATE	07/01/2019
		PAGE(S)	07
	<b><u>SUBJECT</u></b> RESIDENT AND FELLOW LEARNING AND WORKING ENVIRONMENT POLICY	SUPERSEDES	07/01/2017 06/01/2014 04/01/2011

## Resident and Fellow Learning and Working Environment Policy

### I. PURPOSE:

- 1.1. Graduate Medical Education (GME) is an integral part of the Morehouse School of Medicine (MSM) medical education program. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients.
- 1.2. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions.
- 1.3. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

### II. SCOPE:

- 2.1. All MSM administrators, faculty, staff, residents, and administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both GME programs and resident appointments at MSM.
- 2.2. Each resident will receive a copy of this Resident Learning and Working Environment Policy.

### III. POLICY:

- 3.1. In compliance with ACGME Learning and Working Environment requirements, residency education must occur in the context of a learning and working environment that emphasizes the following principles:
  - Excellence in the safety and quality of care rendered to patients by residents today
  - Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
  - Excellence in professionalism through faculty modeling of:
    - The effacement of self-interest in a humanistic environment that supports the professional development of physicians
    - The joy of curiosity, problem-solving, intellectual rigor, and discovery
  - Commitment to the well-being of the students, residents, faculty members, and all members of the healthcare team

### **3.2. Patient Safety**

**3.2.1. Culture of safety** is defined as an environment which requires continuous identification of vulnerabilities and a willingness to deal with them transparently.

**3.2.2.** An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety to identify areas for improvement.

**3.2.2.1.** The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

**3.2.2.2.** The program must have a structure that promotes safe, inter-professional, team-based care.

**3.2.3.** Education on Patient Safety—Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

#### **3.2.4. Patient Safety Events**

**3.2.4.1.** Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program.

**3.2.4.2.** Feedback and experiential learning are essential in the development of true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

**3.2.4.3.** Residents, fellows, faculty members, and other clinical staff members must:

**3.2.4.3.1.** Be aware of and fulfill their responsibilities in reporting patient safety events at the clinical site;

**3.2.4.3.2.** Be aware of how to report patient safety events, including near misses, at the clinical site; and

**3.2.4.3.3.** Be provided with summary information of their institution's patient safety reports.

**3.2.4.4.** Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as the formulation and implementation of actions.

#### **3.2.5. Resident Education and Experience in Disclosure of Adverse Events**

**3.2.5.1.** Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events.

**3.2.5.2.** This is an important skill for faculty physicians to model, and for residents to develop and apply.

**3.2.5.2.1.** All residents must receive training in how to disclose adverse events to patients and families.

**3.2.5.2.2.** Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

### **3.3. Quality Improvement**

**3.3.1.** Education in Quality Improvement is a cohesive model of healthcare which includes quality-related goals, tools, and techniques that are necessary for healthcare professionals to achieve quality improvement goals.

Residents must receive training and experience in quality improvement processes, including an understanding of healthcare disparities.

**3.3.2.** Quality Metrics refers to access to data which is essential to prioritizing activities for care improvement and for evaluating success of improvement efforts.

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

**3.3.3.** Engagement in Quality Improvement Activities—Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

**3.3.3.1.** Residents must have the opportunity to participate in inter-professional quality improvement activities.

**3.3.3.2.** This should include activities aimed at reducing healthcare disparities.

### **3.4. Clinical Experience and Education (formerly Duty Hours)**

**3.4.1.** Programs, in partnership with their sponsoring institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

**3.4.2.** Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

**3.4.3.** Mandatory time free of clinical work and education

**3.4.3.1.** The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

**3.4.3.2.** Residents should have eight (8) hours off between scheduled clinical work and education periods.

**3.4.3.3.** There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight (8) hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

**3.4.3.4.** Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

**3.4.3.5.** Residents must be scheduled for a minimum of one (1) day in seven (7) free of clinical work and required education (when averaged over four (4) weeks). At-home call cannot be assigned on these free days.

**3.4.4. Maximum clinical work and education period length**

- 3.4.4.1.** Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- 3.4.4.2.** Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education.
- 3.4.4.3.** Additional patient care responsibilities must not be assigned to a resident during this time.

**3.4.5. Clinical and Educational Work Hour Exceptions**

- 3.4.5.1.** In rare circumstances, after handing off all other responsibilities, a resident, on her or his own initiative, may elect to remain or return to the clinical site in the following circumstances:
  - 3.4.5.1.1.** To continue to provide care to a single severely ill or unstable patient;
  - 3.4.5.1.2.** To provide humanistic attention to the needs of a patient or family; or
  - 3.4.5.1.3.** To attend unique educational events.
- 3.4.5.2.** These additional hours of care or education will be counted toward the 80-hour weekly limit.
- 3.4.6.** A review committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
  - 3.4.6.1.** In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.
  - 3.4.6.2.** Prior to submitting the request to the review committee, the program director must obtain approval from the sponsoring institution's GMEC and DIO.

**3.5. In-House Night Float**

- 3.5.1.** Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- 3.5.2.** The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the review committee.

**3.6. Maximum In-House On-Call Frequency**

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

**3.7. At-Home Call**

Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour limit.

- 3.7.1. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four (4) weeks.
- 3.7.2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- 3.7.3. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

**3.8. MSM GMEC Clinical Work and Education Oversight Procedure**

3.8.1. It is the goal of the Graduate Medical Education Committee (GMEC) and affiliated hospitals that the institution will have no Duty Hour violations.

3.8.2. Institutional GMEC Clinical Work and Education Oversight and Monitoring Process

3.8.2.1. The Program Annual Review Process

3.8.2.1.1. The GMEC is responsible for conducting an annual review of all programs.

3.8.2.1.2. As part of the process, the GME Office will review and document each program's clinical work and education compliance status including review of programs' learning and work environment policies and procedures.

3.8.2.1.3. The GME Office will monitor, track, and report compliance for all programs to the GMEC on a monthly basis.

3.8.2.2. ACGME Resident Survey

3.8.2.2.1. Residents are surveyed by the ACGME every year between January and April.

3.8.2.2.2. Programs found to be noncompliant with the ACGME duty hours will be required to submit a corrective action plan to GMEC.

3.8.3. Program-Level Oversight and Monitoring for Compliance with clinical work and education requirements

3.8.3.1. Program Clinical Work and Education Policy

3.8.3.1.1. All programs must demonstrate compliance with ACGME clinical work and education requirements.

3.8.3.1.2. Programs must develop and maintain a policy on clinical work and education.

**3.8.3.1.3.** Program directors must submit the following items annually into the New Innovations system for GME review:

**3.8.3.1.3.1.** The program's schedules reflecting daily work hours and compliance with all clinical work and education requirements

**3.8.3.1.3.2.** The program's clinical work and education monitoring policy and process which must:

- Meet the educational objectives and patient care responsibilities of the training program, and
- Comply with specialty-specific program requirements, the Common Program Requirements, the ACGME clinical work and education standards, and the Institutional GME clinical work and education policy,

**3.8.3.1.3.3.** In addition, the program policy must address:

- How the program monitors duty hours, according to MSM institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
- How the program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable;
- How the program monitors fatigue, and how the program will adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- If the program allows moonlighting; if moonlighting is allowed, the policy must comply with and reference the MSM GME Moonlighting Guidelines;
- If the program allows call trading; if so, document how the program oversees insurance of compliance with clinical work and education requirements; and
- Mechanisms used by the program to ensure that residents log their duty hours in New Innovations.


**3.8.3.1.4.** Program directors must complete weekly/monthly duty hour review periods in the New Innovations system and provide oversight comment(s) for any violation. (See document: Duty Hour Oversight—Program Level for step-by-step instructions.)

- 3.8.3.1.5.** Follow-up and resolution of identified problems are the responsibility of the program director and the department.
- 3.8.3.1.6.** An action plan must be created for any violation that includes identifying reasons for the violation(s) and how the program will resolve the issue(s) to prevent future violations.

[Return to Table of Contents](#)





	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-17
		EFFECTIVE DATE	04/02/2013
		PAGE(S)	04
	<b><u>SUBJECT</u></b> RESIDENT AND FELLOW LEAVE POLICY	SUPERSEDES	04/01/2011

## Resident and Fellow Leave Policy

### I. **PURPOSE:**

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition). MSM residents will be afforded the opportunity to provide for personal and/or family welfare through this defined leave policy.

### II. **SCOPE:**

All MSM administrators, faculty, staff, residents, and those administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

### III. **POLICY:**

- 3.1. MSM will provide residents with the opportunity to take personal and family leave as needed during a Post-Graduate Year (PGY).
- 3.2. Leave accounting is the responsibility of the residency program director in coordination with the Office of Graduate Medical Education (GME) and the Human Resources Department.
- 3.3. Federal law, Accreditation Council for Graduate Medical Education (ACGME) program requirements, and medical specialty board requirements shall be applicable as appropriate.

### IV. **COMPENSATED LEAVE TYPES:**

- 4.1. **Resident Vacation Leave:** Residents are allotted 15 days compensated vacation leave per academic year (from July 1 through June 30).
  - 4.1.1. Vacation leave may not be carried forward from year-to-year (accrued).
  - 4.1.2. Vacation leave shall not be subject to an accumulated pay out upon the completion of the program, transfer from the program, or upon a resident’s involuntary termination from the program.
- 4.2. **Sick Leave:** Compensated sick leave is 15 days per year. This time can be taken for illness for the resident or for the care of an immediate family member.
  - 4.2.1. Sick leave is not accrued from year to year.
  - 4.2.2. Available sick leave, 15 days maximum, and/or available vacation leave, 15 days maximum, may be used to provide paid leave in situations requiring time off for the purpose of caring for oneself or an immediate family member due to serious health conditions.

- 4.3. Administrative Leave:** Granted at the discretion of the program director, may not exceed ten days per twelve-month period. Residents should be advised that some medical boards count educational leave as time away from training and may require an extension of their training dates.
- 4.4. Holiday Leave:** Time off for a holiday is based on a resident's rotation assignment. When rotating on a clinic or service that closes due to a holiday, the resident may take that time off as paid holiday leave with approval of the program director.
- 4.5. Family and Medical Leave:** MSM provides job-protected family and medical leave to eligible residents for up to 12 workweeks of unpaid leave during a 12-month period based on the following qualifying events:
- For incapacity due to pregnancy, prenatal medical care, or child birth;
  - To care for the employee's child after birth, or placement for adoption or foster care;
  - To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or
  - For a serious health condition that makes the employee unable to perform the employee's job.
- 4.5.1.** Eligible residents who care for covered service members may also be eligible for up to 26 workweeks of unpaid leave in a single 12-month period.
- 4.5.2.** Residents are eligible for FMLA leave if they have worked for MSM for at least one (1) year, have worked 1,250 hours over the previous 12 months, and have a qualifying event as outlined above. Direct all questions about FMLA leave to the Human Resources Department.

**V. SHORT TERM DISABILITY:**

- 5.1.** Short-term disability (STD) is an MSM employee paid benefit offered to regular full-time employees and part-time employees who are eligible for benefits. The benefits are administered by an insurance carrier, which provides income continuation to employees who are unable to work for up to twenty-six (26) weeks due to a non-work-related illness or injury that prevents the performance of normal duties of their position.
- 5.2.** Eligible employees must enroll for the STD program within thirty (30) days of employment. If the employee does not enroll within thirty (30) days of eligibility and would like coverage at a later date, the employee must provide evidence of insurability to gain coverage subject to approval by the insurance carrier.
- 5.3.** There is a required 14-day benefit elimination period during which an employee must use any available accrued sick and/or vacation leave.
- 5.3.1.** If an employee continues to be determined disabled after the benefit elimination period, the insurance carrier will pay sixty percent (60%) of his or her weekly salary until a decision is made that the employee is no longer disabled, or the employee's claim transitions to Long-Term Disability.
- 5.3.2.** The maximum benefit period for STD is 26 weeks.
- 5.3.3.** The benefit period could be shorter as determined by medical documentation submitted. For additional information, refer to MSM's Short Term Disability Policy (HR 6.01).

**VI. LEAVE OF ABSENCE WITHOUT PAY:**

- 6.1. Leave required beyond available compensated sick and/or vacation leave will be uncompensated Leave without Pay (LWOP).
  - 6.1.1. Requests for LWOP shall be submitted in writing to the residency program director and reviewed by the Human Resources Department for disposition and approval no less than 30 days in advance of the start of any planned leave.
  - 6.1.2. The request shall identify the reason for the leave and the duration.
  - 6.1.3. LWOP, when approved, shall not exceed six (6) months in duration.
- 6.2. MSM's Human Resources Department shall advise both the resident and the residency program director on applicable policies and procedures.
  - 6.2.1. All applicable categories of compensated leave must be exhausted prior to a resident being granted LWOP.
  - 6.2.2. Residents shall consult with the HR Manager for Leave Management prior to taking LWOP.

**VII. OTHER LEAVE TYPES:**

All other leave types (e.g., military, bereavement, jury duty, etc.) are explained in detail in MSM's Policy Manual which is available on the Human Resources Department Intranet webpage.

**VIII. RETURN TO DUTY:**


- 8.1. For leave due to or serious health conditions of the resident, parent, or other family member, a physician's written Release to Return to Duty form or equivalent is required with the date the resident is expected to return to resume his or her residency. This information is submitted to the Human Resources Department (HRD).
- 8.2. When applicable, the residency program director will record in writing the adjusted date required for completion of the PGY or the program because of Extended Resident Leave. One copy is placed in the resident's educational file and a copy is submitted to the Office of Graduate Medical Education (GME) to process the appropriate personnel action.

**IX. PROGRAM LEAVE LIMITATIONS:**

- 9.1. Leave away from the residency program includes the total of all leave categories taken within an academic year. This includes uncompensated Federal Family and Medical Leave or other Leave without Pay (LWOP).
- 9.2. All leave is subject to the requirements of the individual medical specialty boards and the ACGME-Residency Review Committee regarding the completion of the program.
  - 9.2.1. It is the responsibility of each residency program director to determine the effect of absence from training for any reason on the individual's educational program and, if necessary, to establish make-up requirements that meet the Board requirements for the specialty.
  - 9.2.2. Residents should review the current certification application eligibility requirements at the specialty board website.

**X. PROGRAM-LEVEL LEAVE PROCESSES—MONITORING AND TRACKING:**

- 10.1.** All residency programs should have written guidelines for resident leave processes including how to request leave. Guidelines must be consistently applicable to all residents in the program.
- 10.2.** Program managers are responsible for entering and tracking resident leave in New Innovations and the Kronos systems.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-18
		EFFECTIVE DATE	04/01/2011
		PAGE(S)	03
	<b><u>SUBJECT</u></b> RESIDENT AND FELLOW PROMOTION POLICY	SUPERSEDES	07/01/2004 10/01/1992

## Resident and Fellow Promotion Policy

### I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).
- 1.2. A resident will be prepared to undertake independent medical practice upon the successful completion of a residency program and shall have completed requirements to obtain a physician’s license and prepare for certification by a specialty board.

### II. SCOPE:

All MSM administrators, faculty, staff, residents, and accredited participating affiliates shall understand and support this policy and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

### III. POLICY:

- 3.1. Residency education prepares physicians for independent practice in a medical specialty. A resident is expected to progressively increase his or her level of proficiency in order to advance within a residency program.
- 3.2. MSM’s focus is on the resident’s acquisition and development of pertinent skills and behaviors with the intent of providing a competent practicing physician to the community.
- 3.3. Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period.

### IV. RESIDENCY PROGRAM PROMOTION:

#### 4.1. Program Responsibilities

- 4.1.1. The resident will receive periodic, scheduled, written evaluations of his or her performance, progress, and competence in the program specialty as outlined in the MSM Evaluation Policy.
- 4.1.2. Residents must be familiar with ACGME-Residency Review Committee and MSM educational requirements to successfully complete the residency program.
  - 4.1.2.1. This should begin on the first day of matriculation.

**4.1.2.2.** At a minimum, residents must be given the following information by the residency program and/or the GME office:

- A copy of the MSM Graduate Medical Education (GME) General Information Policy
- A Residency Program Handbook (or equivalent) outlining at a minimum:
  - The residency program goals, objectives, and expectations
  - The ACGME Specialty Program Requirements
  - The six general competencies designed within the curriculum of the program
  - Clinical rotations and/or other education modules with specific goals, objectives, and expected outcomes
  - Schedules of assignments to support rotations
  - The educational supervisory hierarchy within the program, rotations, and education affiliates
  - The residency program evaluation system

## **4.2. Promotion Requirements**

**4.2.1.** In order for a resident to complete an MSM residency education program, he or she must successfully meet the following standards in addition to any program-specific requirements:

**4.2.1.1.** The resident must exhibit clinical and academic performance and competence consistent with the curricular standards and the level of training undergone.

**4.2.1.2.** The resident must satisfactorily complete all assigned rotations, as supported by evaluation documentation, in each Post-Graduate Year (PGY).

**4.2.1.3.** The program director must certify that the resident has fulfilled all criteria, including the program-specific criteria, to move to the next level in the program.


**4.2.1.4.** The resident must demonstrate professionalism, including the possession of a positive attitude and behavior, along with moral and ethical qualities that can be objectively measured in an academic and/or clinical environment.

**4.2.1.5.** The resident must achieve a satisfactory score on the in-service examinations along with other program-specific criteria required in order to advance. ACGME-Residency Review Committee program requirements provide the outline of standards for advancement.

**4.2.2.** Upon a resident's successful completion of the criteria listed above, the residency program director will certify the completion by placing the semi-annual evaluations and the promotion documentation into the resident's portfolio indicating that the resident has successfully met the specialty requirements for promotion to the next educational level. If this is a graduating resident, the program director should place the Final Summative Assessment in the resident's portfolio.

**4.3. Process and Timeline for Promotional Decisions**

- 4.3.1.** Normal promotion decisions are made no later than the fourth month of the appointment. Reappointment agreements are prepared based on the residency Clinical Competency Committee and program director's recommendation for promotion.
- 4.3.2.** When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.
- 4.3.3.** If a resident's appointment agreement is not going to be renewed, the residency program must notify the resident in writing no later than four (4) months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four (4) months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the appointment agreement expiration.
- 4.3.4.** For more information concerning adverse events, refer to the Adverse Academic Decisions and Due Process Policy.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-19
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	<b><u>SUBJECT</u></b> SLEEP DEPRIVATION AND FATIGUE POLICY	SUPERSEDES	04/01/2011 09/07/2009

## Sleep Deprivation and Fatigue Policy

### I. **PURPOSE:**

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and training requirements of the Accreditation Council on Graduate Medical Education (ACGME). Resident education and patient care management can be greatly inhibited by resident sleepiness and fatigue.

### II. **SCOPE:**

This policy is in direct response to requirements of the ACGME pertaining to fatigue mitigation and is designed to ensure the safety of patients as well as to protect the residents’ learning environment. This policy is in addition to any policy established by MSM and its affiliate institutions regarding sleep deprivation and fatigue.

### III. **DEFINITION OF FATIGUE:**

- 3.1. Fatigue is a feeling of weariness, tiredness, or lack of energy. Fatigue can impair a physician’s judgment, attention, and reaction time which can lead to medical errors, thus compromising patient safety.
- 3.2. There are many signs and symptoms that would provide insight to one’s impairment based on sleep deprivation. Clinical signs include:
  - Moodiness
  - Depression
  - Irritability
  - Apathy
  - Impoverished speech
  - Flattened affect
  - Impaired memory
  - Confusion
  - Difficulty focusing on tasks
  - Sedentary nodding off during conferences or while driving
  - Repeatedly checking work and medical errors



**IV. POLICY:**

- 4.1. Programs must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes.
- 4.2. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
- 4.3. Each program must ensure continuity of patient care consistent with program resident wellness policies and procedures, if a resident may be unable to perform their patient care responsibilities due to excessive fatigue.
- 4.4. The program's education and processes must be designed to:
  - 4.4.1. Raise faculty and residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care.
  - 4.4.2. Provide faculty and residents with tools for recognizing when they are at risk.
  - 4.4.3. Identify strategies for faculty and residents to use that will minimize the effects of fatigue (in addition to getting more sleep).
  - 4.4.4. Help identify and manage impaired residents.

**V. INDIVIDUAL RESPONSIBILITY:**

- 5.1. Resident's Responsibilities in Identifying and Counteracting Fatigue
  - 5.1.1. The resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (e.g., motor vehicle accidents).
  - 5.1.2. The resident is expected to adopt habits that will provide him or her with adequate sleep to perform the daily activities required by the program.
  - 5.1.3. If the resident is too fatigued to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (e.g., taxicab) or take a nap prior to leaving the training site.
- 5.2. Faculty Responsibilities in Identifying and Counteracting Fatigue
  - 5.2.1. Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of care to patients.
  - 5.2.2. Faculty members will be able to determine if residents are sleep deprived and will make the appropriate recommendations to the resident that will correct this problem.

**VI. MSM IMPLEMENTATION:**

- 6.1. This policy uses the LIFE Curriculum as the source for recommendations and guidance on the management of sleepiness and fatigue in residents. The LIFE Curriculum was created to educate faculty and residents about the effects by fatigue and other common impairments on performance.
- 6.2. The policy is designed to:
  - 6.2.1. Identify strategies to assist in the prevention of these conditions;
  - 6.2.2. Provide an early warning system for impairments and ways to effectively manage them;

- 6.2.3. Access appropriate referral resources; and
- 6.2.4. Identify an impaired resident.
- 6.3. The Sleep Deprivation and Fatigue Policy is appropriate for all residency programs in that it:
  - 6.3.1. Has a faculty component and a resident component;
  - 6.3.2. Addresses policies to prevent and counteract the negative effects on patient care and learning;
  - 6.3.3. Seeks the expertise of existing faculty to present materials;
  - 6.3.4. Uses modules for role play, case studies that address the adverse effects of inadequate supervision and fatigue.
- 6.4. The GME office shall sponsor a session during orientation where incoming residents will receive an introduction to Clinical Experience and Education (formerly duty hours), sleep deprivation and fatigue, and other impairments.
  - 6.4.1. New residents will continue the discussion on sleep deprivation and fatigue in their residency program.
  - 6.4.2. Each program will revisit the topic periodically throughout the year through role play, videos, and other discussions (many of these materials are available through the LIFE Curriculum).
- 6.5. Faculty will receive a separate orientation to the LIFE Curriculum modules through a faculty development session conducted by each individual program.
  - 6.5.1. The GME office will periodically survey each program to determine if the core faculty has received the training and over what period of time.
  - 6.5.2. The LIFE Curriculum will suffice for this educational session; however, programs are encouraged, where appropriate, to adapt the modules or create new modules that are specific to their specialty.
- 6.6. Each program is encouraged to revisit the sleep deprivation and fatigue curriculum at least twice during the academic year in addition to preparation for the session that new residents receive during orientation.


**VII. COUNSELING:**

In the event that a resident is reported as one who appears to be persistently sleep-deprived or fatigued during service, the program director and faculty mentor will counsel the resident individually to determine if there are some medical, physical, or psychosocial factors affecting the resident's performance. An appropriate referral will be made based on the findings.

**VIII. EVALUATION:**

The effectiveness of this policy will be measured by:

- The number of residents who report that they have received the training (ACGME Resident survey);
- The number of residents who comply with the clinical experience and education requirements;
- The assessment by faculty and others of the number of incidents by which a resident can be identified as fatigued during work hours and the number of medical errors attributed to resident fatigue.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-20
		EFFECTIVE DATE	06/01/2017
		PAGE(S)	04
	<b><u>SUBJECT</u></b> SUPERVISION AND ACCOUNTABILITY POLICY	SUPERSEDES	06/01/2014 04/01/2011 10/01/1992

## Supervision and Accountability Policy

### I. **PURPOSE:**

The purpose of this policy is to ensure that the Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) comply with ACGME supervision requirements and that the programs meet the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and the specialty program goals and objectives. The resident physician is expected to progressively increase his or her level of proficiency with the provision of predetermined levels of supervision.

### II. **SCOPE:**

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

### III. **POLICY:**

- 3.1. Supervision in the setting of graduate medical education has the following goals:
  - 3.1.1. Ensure the provision of safe and effective care to the individual patient;
  - 3.1.2. Ensure each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine;
  - 3.1.3. Establish a foundation for continued professional growth.
- 3.2. Each patient must have an identifiable, appropriately-credentialed, and privileged Attending physician (or licensed independent practitioner) who is responsible and accountable for the patient’s care. This information must be available to residents, faculty members, other members of the healthcare team, and patients.
- 3.3. Residents and faculty members must inform patients of their respective roles in each patient’s care when providing direct patient care.
- 3.4. All residents working in clinical settings must be supervised by a licensed physician. The supervising physician must hold a regular faculty or adjunct faculty appointment from the Morehouse School of Medicine. For clinical rotations occurring outside of Georgia the supervising physician must be approved by the residency program director.

- 3.5. The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.
  - 3.5.1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
  - 3.5.2. The program director must evaluate each resident's abilities based on specific criteria guided by the Milestones.
  - 3.5.3. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate him or her the appropriate level of patient care authority and responsibility. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of the residents.
  - 3.5.4. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
  - 3.5.5. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.
  - 3.5.6. Each resident must know the limits of his or her scope of authority, and the circumstances under which he or she is permitted to act with conditional independence. Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.

#### **IV. LEVELS OF SUPERVISION:**

- 4.1. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classifications of supervision:
  - 4.1.1. **Direct Supervision:** The supervising physician is physically present with the resident and patient.
  - 4.1.2. **Indirect Supervision with direct supervision immediately available:** The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
  - 4.1.3. **Indirect Supervision with direct supervision available:** The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
  - 4.1.4. **Oversight:** The supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.
- 4.2. Each program must specify in writing the type and level of supervision required for each level of the program.
  - 4.2.1. Levels of supervision must be consistent with the Joint Commission regulations for supervision of trainees, graduated job responsibilities/job descriptions.
  - 4.2.2. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

**4.2.3.** The Joint Commission Standards for GME Supervision include:

- 4.2.3.1.** Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.
- 4.2.3.2.** The descriptions include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.
- 4.2.3.3.** Organized medical staff rules and regulations and policies delineate participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting licensed independent practitioners from writing orders), and what entries, if any, must be countersigned by a supervising licensed independent practitioner.

**V. SUPERVISION OF PROCEDURAL COMPETENCY:**

- 5.1.** Residents shall obtain competence in their field to be able to treat and manage patients in a qualified manner.
- 5.2.** This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying residents' procedural competency.
  - 5.2.1.** Residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the medical staff office to perform that procedure.
  - 5.2.2.** The Attending or program director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.
  - 5.2.3.** The program director for each training program will be responsible for maintaining an updated list of residents who have been certified as competent to perform procedures independent of direct supervision. This list must be available to Nursing in order to assist them in developing a physician resource listing.
  - 5.2.4.** The program director must also develop a method for surveillance of continued competency after it is initially granted.
  - 5.2.5.** The ability to obtain and document informed consent is an essential component of procedural competency. The supervising LIP must also supervise and attest to the trainee's competence in obtaining and documenting informed consent.
  - 5.2.6.** Until a resident trainee is judged competent in obtaining informed consent, he or she may only obtain informed consent while supervised by an individual with credentials in that procedure.

**VI. GME PROGRAM SUPERVISION PROCEDURES AND PROCESSES:**

- 6.1. Each program will maintain current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member.
- 6.2. Verification of required levels of supervision for invasive procedures will be reviewed as part of the Annual Program Review process. Programs must advise the Associate Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive procedures.
- 6.3. The GMEC Committee must approve requests for significant changes in levels of supervision.
- 6.4. The program director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on supervision must be included in the official program manual and provided to each resident upon matriculation into the program.
- 6.5. The GME Office provides a Program Supervision Policy Template and Example for programs to utilize.

**VII. MECHANISMS FOR RESIDENTS/FELLOWS TO REPORT INADEQUATE SUPERVISION**

Residents and fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal by completing the GME [PROCEDURE](#): for residents and fellows as provided in this manual.


**VIII. CLINICAL RESPONSIBILITIES:**

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services.

**IX. TEAMWORK:**

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty and larger health system.

[Return to Table of Contents](#)

	<p align="center"><b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES</p>	POLICY NUMBER	CVD-21
		EFFECTIVE DATE	04/01/20
		PAGE(S)	03
	<b>SUBJECT</b> SUPERVISION AND ACCOUNTABILITY POLICY—CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM	SUPERSEDES	N/A

## **Supervision and Accountability Policy—Cardiovascular Disease Fellowship Program**

### **I. BACKGROUND**

- 1.1. The Cardiovascular Disease Fellowship Program provides clinical training in a supervised environment where the trainee is given graded responsibility to manage patients based on the attainment of the knowledge, skills, and abilities needed to safely manage patient care and other clinical responsibilities.
- 1.2. As such, supervision of fellows and ongoing assessment of their clinical skills is of prime importance during fellowship training.

### **II. POLICY:**

- 2.1. General Supervision Protocol
  - 2.1.1. All program faculty members supervising fellows must have a faculty or clinical faculty appointment at the Morehouse School of Medicine or be specifically approved as supervisor by the program director.
  - 2.1.2. Faculty schedules will be structured to provide fellows with continuous supervision and consultation.
  - 2.1.3. Fellows must be supervised by faculty members in a manner promoting progressively increasing responsibility for each fellow according to his or her level of education, ability, and experience. Fellows will be provided information addressing the method(s) to access a supervisor in a timely and efficient manner at all times while on duty.
  - 2.1.4. Fellows and faculty members should inform each patient of their respective roles in that patient's care.
  - 2.1.5. All team admissions are discussed with the Attending of record on the day of admission. The Attending of record (admitting physician) must then see and examine that patient within 24 hours from the time of admission.
  - 2.1.6. When not providing direct supervision, a designated Attending will be available for immediate consultation by pager/phone 24 hours a day.
  - 2.1.7. In the setting where an intern is being supervised by a PGY-5 or PGY-6 fellow, it is expected that the supervising fellow will evaluate the patient at least daily. Attending supervision should be adequate to provide quality patient care.
  - 2.1.8. Fellows perform procedures on their patients under the supervision of Attending physicians.



**2.1.9.** Competence in performing procedures should be documented in the ABIM procedure log that each fellow is given.

**2.1.10.** Procedures are to be performed in accordance with hospital policy at all times.

**2.2. Supervision of At-Home Call**

**2.2.1.** Fellows may decide to check on clinic patient tasks while at home, but this is not required by the fellowship program.

**2.2.2.** If fellows choose to check on clinic patient tasks while at home, they are to have all work supervised and cannot act independently.

**2.2.3.** Fellows may enter orders to be authorized by Attendings (pending) and may contact patients as they normally would during clinic (with documentation of all calls which are to be copied to Attendings) knowing that Attendings are immediately available by phone, providing indirect supervision with direct supervision available.

**2.2.4.** Fellows taking pager calls at home must notify their Attending of all calls within eight (8) hours. All questions on patients in the CCU or other urgent consultations should be discussed with the consult Attending or record overnight.

**2.3. Progressive Authority and Responsibility, Conditional Independence, and Supervisory Role in Patient Care**

**2.3.1.** PGY-4 fellows must be supervised either directly or indirectly with direct supervision immediately available.

**2.3.2.** The program will provide additional information addressing the type and level of supervision for each post-graduate year in the program that is consistent with ACGME program requirements and, specifically, for supervision of fellows engaged in performing invasive procedures (see rotation-specific information in the Handbook and the House Staff Procedure Supervision document).

**III. GUIDELINES FOR FELLOWS' COMMUNICATION WITH ATTENDING**


**3.1.** Any time a patient is transferred to a higher level of care, being discharged (including discharged against medical advice), or when end-of-life decisions are made, the supervising Attending must be notified as soon as possible, but within 24 hours, by the team caring for the patient.

**3.2.** Supervising Attendings should be explicit in directing fellows regarding when to notify them if the fellow differs from the 24-hour policy; the notification period cannot be longer than 24 hours.

**IV. SUPERVISION IN THE AMBULATORY SETTING**

- 4.1.** Each patient evaluated by a fellow in the MSM Cardiovascular Disease Fellowship Program in the ambulatory setting has a member of the medical staff as the designated Attending physician who is physically present and readily available during the patient encounter.
- 4.2.** Fellows will perform a history and physical examination on each patient and review the findings with the supervising Attending physician.
- 4.3.** The fellow will develop an assessment and plan and will discuss this plan with the supervising Attending. Subsequently, a plan of care will be agreed upon and then presented to the patient.
- 4.4.** The fellow will generate a problem-based note in the EMR summarizing the above listed contents. Each note will be reviewed and signed by the supervising Attending.
- 4.5.** Fellows will provide continuity of care for patients under the supervision of a team of supervising physicians.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-22
		EFFECTIVE DATE	04/01/20
		PAGE(S)	02
	<b><u>SUBJECT</u></b> TELEMEDICINE POLICY	SUPERSEDES	N/A

## Telemedicine Policy

### I. PURPOSE

- 1.1. MSM's response to the COVID-19 pandemic must include telemedicine and tele-supervision in order to ensure the safety of our patients and our trainees.
- 1.2. Telemedicine can foster the development of communication skills in resident and fellow physicians using this emerging and emergently needed care modality, as well as in future health care.

### II. SCOPE

- 2.1. This policy applies to residents, fellows, and chief residents participating in Morehouse School of Medicine (MSM) Graduate Medical Education (GME) training programs, accredited by the Accreditation Council of Graduate Medical Education (ACGME).
- 2.2. Residents, fellows, and chief residents are hereafter referred to as "trainees."

### III. BACKGROUND

- 3.1. Telehealth is a collection of means or methods for enhancing healthcare, public health, and health education delivery and support, using telecommunications technologies.<sup>1</sup>
- 3.2. These means and methods include telephonic, live video, mobile health, remote patient monitoring, store-and-forward, and EHR patient portal modalities.


### IV. POLICY

- 4.1. Telehealth privileges are required for all Morehouse School of Medicine providers before performing direct, live, video provider-to-patient services via telehealth, in order to ensure patient safety, patient satisfaction, and appropriate billing procedures.
- 4.2. Residents and fellows (trainees) can engage in telemedicine, as long as trainees and their supervising faculty follow supervision requirements as if the same function were performed in person.
- 4.3. Supervision can take place through telemedicine, either by having an Attending join a synchronous interaction (telephone, video) when technically feasible, or by staffing the patient with a supervising physician at a later time, with the intent to mimic in person workflows.

<sup>1</sup> Center for Connected Health Policy. About telehealth. <https://cchpca.org/about/about-telehealth>. Published 2019. Accessed April 3, 2020.

- 4.4.** These workflows must be compliant with the ACGME Common Program Requirements for Direct and Indirect Supervision that further stipulate:
  - 4.4.1.** Programs must define when physical presence of a supervising physician is required.
  - 4.4.2.** Direct Supervision
    - 4.4.2.1.** PGY 1 residents must initially be supervised directly with the supervising physician physically present with the resident during the key portions of the patient interaction. (VI.A.2.c).(1).(a)
    - 4.4.2.2.** The supervision physician and/or patient is not physically present with the resident within the hospital or other site of patient care and is concurrently monitoring the patient care through appropriate telecommunication technology.(VI.A.2.c).(1).(b)
    - 4.4.2.3.** Indirect Supervision – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide direct supervision. (VI.A.2.c).(2)
    - 4.4.2.4.** Oversight—the supervising physician is available to provide review of the procedure/encounters, with feedback provided after care is delivered. (VI.A.2.c).(3)
- 4.5.** Trainees must not act independently through telemedicine if the trainee would not have acted independently in person for a similar encounter.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-23
		EFFECTIVE DATE	04/01/20
		PAGE(S)	02
	<b><u>SUBJECT</u></b> TRACKING, MONITORING, LOGGING, AND REPORTING POLICY	SUPERSEDES	N/A

## Tracking, Monitoring, Logging, and Reporting Policy

### I. BACKGROUND

- 1.1. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- 1.2. In accordance with the ABIM, the MSM Cardiovascular Disease Fellowship Training Program has a number of procedures in which the fellow must demonstrate competency prior to completion of his or her fellowship training.

### II. PURPOSE

- 2.1. The purpose of this policy is to delineate how fellows and the MSM Cardiovascular Disease Fellowship Program will track procedures.
- 2.2. Documentation of supervision for specific procedures is included in the MSM Cardiovascular Disease Fellowship Program Supervision and Accountability Policy.

### III. POLICY:


- 3.1. It is expected that fellows are first supervised by an upper level fellow or Attending competent in the procedure prior to performing the procedure, unless it is a procedure where competence is expected at the end of medical school training. Attending physicians should be notified of all patient procedures other than venipuncture and IV line placement.
- 3.2. All fellows are given an American Board of Internal Medicine procedure log book at the beginning of their fellowship training.
  - 3.2.1. Fellows record procedures in their log book as directed.
  - 3.2.2. If the log contains protected health information such as a medical record number, then the log must be kept secure at all times.
  - 3.2.3. After they have been logged, procedures are signed off by a supervising fellow or an Attending physician.
  - 3.2.4. Fellows have also been instructed on logging their procedures in the Residency Management System.
    - 3.2.4.1. Logging procedures in the Residency Management System is the preferred method of logging.
    - 3.2.4.2. Fellows must log their procedures in the Residency Management System at least monthly, but they can do so as often as they like.

- 3.3. Procedures will be tracked by the fellowship program every six (6) months at the semi-annual evaluation. If there are required procedures in which fellows do not appear to be getting enough experience, the program will work with fellows, faculty, and staff to expand exposure to those procedures.
- 3.4. For the five (5) procedures that fellows must be able to perform competently, the fellow must perform the procedure at least five (5) times over three (3) years of training to demonstrate competence. After the fellow has successfully performed those procedures twice under supervision, they may supervise other fellows, residents, and interns performing the procedure.
- 3.5. Regarding simulation, required procedures such as ACLS and training for code blue situations are performed at least twice each year by ICU Attendings.

#### **IV. EDUCATION AND PREPARATION**

- 4.1. The program recommends the fellows access the New England Journal of Medicine procedure video library to view and review procedures.
- 4.2. Videos can be accessed at:  
<http://www.nejm.org/multimedia/medical-videos#qs=%3Fdescription%3Dvideosinclinicalmedicine%26searchType%3Dfigure%26topic%3D14>

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-24
		EFFECTIVE DATE	04/01/20
		PAGE(S)	03
	<b>SUBJECT</b> TRANSITION OF CARE POLICY FOR THE CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM	SUPERSEDES	N/A

## Transition of Care Policy for Cardiovascular Disease Fellowship Program

### I. BACKGROUND:

The Cardiovascular Disease Fellowship Program designs schedules and clinical assignments that maximize the learning experience for fellows, to ensure quality care and patient safety, and to adhere to general institutional policies concerning transitions of patient.

### II. PURPOSE:

- 2.1. The purpose of these guidelines is to establish protocol and standards to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.
- 2.2. Transitions of care are necessary in the hospital setting for various reasons.
  - 2.2.1. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another.
  - 2.2.2. Transition of care occurs regularly under the following conditions:
    - 2.2.2.1. Change in level of patient care, including inpatient admission from an outpatient procedure, diagnostic area, or ER, and the transfer to or from a critical care unit;
    - 2.2.2.2. Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas;
    - 2.2.2.3. Discharge, including discharge to home or another facility such as skilled nursing care; and
    - 2.2.2.4. Change in provider or service change, including change of shift for nurses, fellow sign-out, and rotation changes for fellows.

### III. POLICY:

- 3.1. The MSM Cardiovascular Disease Fellowship Program must facilitate professional development for faculty and fellows regarding effective transitions of care, and ensure that sites engage in standardized transitions of care consistent with the setting and type of patient care (see the Transition of Care Policy).
- 3.2. The transition/hand-off process must involve face-to-face interaction with both verbal and written communication.

*Transition of Care Policy for Cardiovascular Disease Fellowship Program*

---

- 3.3.** At a minimum, the transition process should include the following information in a standardized format that is universal across all services:
- 3.3.1.** Identification of patient, including name, medical record number, and date of birth;
  - 3.3.2.** Identification of admitting/primary physician;
  - 3.3.3.** Diagnosis and current status/condition of patient;
  - 3.3.4.** Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken; and
  - 3.3.5.** Changes in patient condition that may occur requiring interventions or contingency plans.
- 3.4.** The MSM Cardiovascular Disease Fellowship Program requires all fellows to undergo training in patient handoffs.
- 3.5.** The preferred method of standardizing handoffs in the program is to use the “SBAR?” method where:
- S signifies **S**ituation
  - B signifies **B**ackground
  - A signifies **A**ssessment
  - R signifies **R**ecommendation
- after which there is time for questions.
- 3.6.** Morning sign out rounds occur between 7:30 and 7:55 a.m. and are supervised by the chief fellows.
- 3.7.** Afternoon sign out rounds occur at 4:00 p.m. in the 7<sup>th</sup> floor Medicine Conference Room and are supervised by the senior (PGY-6) fellow.
- 3.8.** Evening sign out rounds occur at 7:00 p.m. in the 7<sup>th</sup> floor Medicine Conference Room or other designated area and are supervised by the NF 3 resident/fellow.
- 3.9.** Off-Service Notes
- 3.9.1.** Fellows are required to write appropriately detailed off-service notes when leaving the service.
  - 3.9.2.** A verbal hand off should be given in addition to the off-service notes.
  - 3.9.3.** Off-service notes should include presenting complaints, all pertinent diagnoses, hospital course, and plan of care.
- 3.10.** Transfers
- 3.10.1.** Transfer notes should be written on all patients transferring to and from the ICU and on patients who are transferred to and from non-medicine services (e.g., Surgery or OB/GYN).
  - 3.10.2.** Receiving interns, resident, and/or fellow will then write a transfer accept note which has the same components as a Subjective, Objective, Assessment, and Plan (SOAP), but includes hospital course.



**3.11. Admissions**

**3.11.1.** The fellow on the inpatient ward service should notify the PCP of the admitted patient within 24 hours.

**3.11.2.** This can be done by phone or electronically.


**3.12. Discharge Summaries**

**3.12.1.** To facilitate transition of care at discharge, discharge summaries should be completed on the day of discharge, but must be completed within seven (7) days.

**3.12.2.** Patients being discharged to other facilities should have the discharge summary sent to the provider of record at the accepting facility.

**3.12.3. NOTE:** A verbal sign-out should be provided whenever possible.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-25
		EFFECTIVE DATE	04/02/2013
		PAGE(S)	02
	<b><u>SUBJECT</u></b> USMLE STEP 3 REQUIREMENT POLICY	SUPERSEDES	04/01/2011

## USMLE Step 3 Requirement Policy

### I. **PURPOSE:**

The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and the specialty program goals and objectives. A resident who is prepared to undertake independent medical practice shall have completed requirements to obtain a physician’s license.

### II. **SCOPE:**


All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

### III. **POLICY:**

- 3.1. Residents must pass USMLE Step 3 by their 20<sup>th</sup> month of residency.
  - 3.1.1. Residents must present the official results of their USMLE Step 3 examination to the residency program director before the last working day of the resident’s 20<sup>th</sup> month which is, in a normal appointment cycle, February.
  - 3.1.2. Residents who have not passed Step 3 by the end of the 20<sup>th</sup> month will not receive a reappointment letter to a residency program at the regular time.
- 3.2. Residents who pass USMLE Step 3 between the 21<sup>st</sup> and 24<sup>th</sup> month, will receive a reappointment letter to a residency program at the time of receipt of the results, if this is the sole reason for not receiving an appointment letter.
- 3.3. A resident who passes USMLE Step 3 beyond the outer parameters of this policy (e.g., passes in the 25<sup>th</sup> month) shall not be waived to continue in the residency program. However, that resident may reapply to the program subject to review by the Associate Dean for Graduate Medical Education in consultation with the program director and the Director of Graduate Medical Education.
- 3.4. Residents who transfer to MSM at the PGY-1 or PGY-2 level are subject to this policy.
  - 3.4.1. MSM residents who change status after beginning training in a PGY-1 preliminary position in internal medicine or surgery to a categorical position in another MSM program are recognized as a transfer resident.
  - 3.4.2. This policy applies even if the resident remains in Internal Medicine or Surgery (preliminary to categorical).
- 3.5. MSM residency programs shall not select transfer residents above the PGY-2 level for an MSM appointment if they have not passed USMLE Step 3.

- 3.6.** Residents shall be briefed on this policy in the annual GME orientation.
- 3.6.1.** Residents who have not passed USMLE Step 3, but are still within the time limits, must sign a letter of understanding that they acknowledge the policy.
- 3.6.2.** A copy of the letter of understanding is co-signed by the GME Director and shall be placed in the resident's educational file as well as in the Office of Graduate Medical Education file.
- 3.7.** Individual waivers to this policy may be considered by the Senior Associate Dean for Graduate Medical Education under the following circumstances:
- Extended illness or personal leave, and/or
  - Personal hardship or extenuating circumstances.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-26
		EFFECTIVE DATE	07/01/2020
	<b>SUBJECT</b> VISITING RESIDENT AND FELLOW ROTATIONS POLICY AND APPLICATION	PAGE(S)	06
		SUPERSEDES	N/A

## Visiting Resident and Fellow Rotations Policy and Application

### I. PURPOSE:

The purpose of this policy is to provide guidelines for residents and fellows from other ACGME-accredited programs to rotate on clinical services offered by the Morehouse School of Medicine (MSM) residency and fellowship programs based at Grady Memorial Hospital (GMH). Visiting residents/fellows' applications must be approved by the program director, designated institutional official (DIO), and GMH.

### II. SCOPE:

All Morehouse School of Medicine administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident/fellow appointments at Morehouse School of Medicine.

### III. POLICY:

- 3.1. Morehouse School of Medicine residency and fellowship programs must request approval from the GME Office for all residents/fellows visiting from other ACGME-accredited programs by completion of the visiting resident/fellow's application process.
- 3.2. Visiting resident/fellow rotations must be in support of the mission of MSM and/or provide a unique educational experience for the visiting resident/fellow.
- 3.3. The education of a visiting resident/fellow must not interfere with the education of MSM residents/fellows.
- 3.4. MSM will not pay the salary and benefits of the visiting resident/fellow.
- 3.5. Visiting residents/fellows may not take vacation time during visiting rotations.

### IV. VISITING RESIDENT/FELLOW REQUIREMENTS AND APPLICABLE PROCEDURES:

- 4.1. Visiting residents/fellows must be in good standing at their sponsoring institution/program.
- 4.2. The visiting resident/fellow must request approval from the program director of the MSM residency or fellowship program before between 4 to 6 months of the visiting rotation start date.
- 4.3. When approved, the visiting resident/fellow must work with their program and sponsoring institution to complete and submit the MSM Application for Visiting Residents/Fellows, all accompanying documents, and required GMH paperwork no later than 90 days prior to the start of the visiting rotation.

- 4.4. The visiting resident/fellow must provide proof in writing of continuation of compensation, benefits, and medical professional liability coverage from his or her current sponsoring institution.
- 4.5. The visiting resident/fellow must obtain a Georgia resident training physician permit or full physician license.

**V. MSM PROGRAM DIRECTOR PROCEDURES AND REQUIREMENTS:**

Prior to approving a visiting resident/fellow to rotate on an MSM service or rotation, the program director of the MSM residency/fellowship program must ensure that the following procedures have been completed.

- 5.1. Notify the GME office of the proposed visiting resident/fellow by completing and submitting the visiting resident/fellow request form and required documentation to the GME office within between 4 to 6 months before the start of the rotation. Required information includes:
  - 5.1.1. Resident/fellow's full name, phone number, and email address used at the home institution,
  - 5.1.2. Name of the home institution and program,
  - 5.1.3. Contact information for the resident/fellows' home training program and GME office, and
  - 5.1.4. Proposed rotation dates.
- 5.2. Ensure that the visiting resident/fellow education will not interfere with the education of any MSM residents/fellows while on rotation at MSM.
- 5.3. Ensure that the program will continue to meet the required volumes for patients and/or procedures.
- 5.4. Verify that the visiting resident/fellow is in good standing in an ACGME-accredited program.
- 5.5. Verify that the visiting resident/fellow possesses or is eligible for a Georgia physician training permit or full physician license.
- 5.6. Provide appropriate evaluation of the visiting resident/fellow to his or her current program within two (2) weeks of the end of the rotation.

**VI. MSM GME OFFICE PROCEDURES AND REQUIREMENTS:**

After the visiting resident/fellow rotation is approved by the DIO and GMS, the MSM Graduate Medical Education Office will complete the following steps:

- 6.1. Provide the visiting resident/fellow with the application and required paperwork to complete and return within between 3 and 4 months of the rotation start date.
- 6.2. Ensure compliance with the MSM and Grady visiting resident and fellow rotations policy.
- 6.3. Verify that the visiting resident/fellow has documented continuation of salary, benefits, and medical professional liability coverage.
- 6.4. Provide the visiting resident/fellow with information to complete the application process to obtain a Georgia training permit or full license per the Georgia Composite Medical Board requirements.
- 6.5. Work with GMH to obtain parking and ID badges.

**Visiting Resident/Fellow Rotations (VR/FR) Checklist of Required Documentation**

- Request form from MSM program director
- Program Letter of Agreement (PLA)
- Rotation specific competency-based goals and objectives
- VR/FR Application
- Current Curriculum Vitae
- Georgia physician training permit or physician license
- Certificate of Medical Professional Liability Coverage
- Proof of current, site-specific, required documentation for the academic year in which the rotation is occurring, including:
  - HIPAA Training
  - OSHA (Bloodborne Pathogen Training)
  - Immunization Health History (PPD and Flu compliant)
  - Others as required
- Completion of Grady Memorial Hospital site-specific training and learning modules.  
This information is provided when the rotation is approved.

For questions regarding visiting resident/fellow rotations, contact Colleen Stevens, GME Institutional Program Manager at (404) 752-1566 or [costevens@msm.edu](mailto:costevens@msm.edu).

[Return to Table of Contents](#)



### Application for Visiting Resident/Fellow Rotations

The completed application and all required documentation must be completed and submitted no later than 90 days prior to the start of the rotation. Submit the documentation via email to [costevens@msm.edu](mailto:costevens@msm.edu) or send by postal mail to Colleen Stevens, MBA, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310. Direct questions to Colleen Stevens in the GME Office at (404)752-1566.

### **APPLICATION CHECKLIST**

The following items are required to complete the application for a visiting rotation at Morehouse School of Medicine.

- Completed Georgia Training Permit application
- Letter of good standing from current program director
- Curriculum vitae
- Immunization record (form attached, must include up-to-date PPD and flu shot documentation)
- Certificate of Professional Liability Insurance Coverage
- Copy of BLS/ACLS Certification
- Completed affiliate hospital paperwork for the location of the rotation, i.e., Grady or the VA
- Proof of current academic year HIPAA Training and Bloodborne Pathogen Training
- Program Letter of Agreement (PLA)
- Rotation Competency-Based Goals and Objectives

## **Application for Visiting Resident/Fellow Rotations**

Submit 90 days in advance of anticipated rotation start for processing.

### **MSM ROTATION INFORMATION**

MSM Program: \_\_\_\_\_ Rotation Name: \_\_\_\_\_

Requested Dates of Rotation: From \_\_\_\_\_ To: \_\_\_\_\_

### **VISITING RESIDENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ PGY Level: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NPI: \_\_\_\_\_ Last Four Numbers of SSN: \_\_\_\_\_

### **EDUCATIONAL BACKGROUND**

Medical School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

### **CURRENT RESIDENCY PROGRAM INFORMATION**

Institution Name: \_\_\_\_\_

Training Program: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Director Phone/Email: \_\_\_\_\_

Program Coordinator Name: \_\_\_\_\_

Program Coordinator Phone/Email: \_\_\_\_\_

GME Office Contact Name: \_\_\_\_\_

GME Office Contact Phone/Email: \_\_\_\_\_

### **MALPRACTICE INFORMATION**

*Applicants must provide proof of malpractice insurance. Submit a copy of the certification of liability coverage with your application.*

Do you have current malpractice coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Coverage Limits (Minimum of \$1 million / \$3 million): \_\_\_\_\_



**APPLICANT ATTESTATION**

By applying for a visiting rotation with the Morehouse School of Medicine Graduate Medical Education, I agree to abide by the rules and regulations of the hospital and service to which I am assigned. I understand that Morehouse School of Medicine will not provide a stipend, benefits, and professional liability.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**HOME INSTITUTION PROGRAM DIRECTOR APPROVAL**

By signing below, I confirm that the resident/fellow applying for a visiting rotation at Morehouse School of Medicine is in good standing and approved to complete the requested rotation. I also confirm that the resident/fellow's home institution will continue to provide the stipend, benefits, and professional liability insurance for the resident.

Home Institution Program Director Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL**

I approve the rotation of the above-named resident as specified. I confirm that the visiting resident/fellow rotation will not adversely affect the educational experience of any Morehouse School of Medicine residents and/or fellows.

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_


**MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL**

Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CVD-27
		EFFECTIVE DATE	07/01/2019
		PAGE(S)	02
	<b><u>SUBJECT</u></b> WELL-BEING POLICY	SUPERSEDES	06/01/2017

## Well-Being Policy

### I. **PURPOSE:**

In compliance with ACGME well-being requirements section VI.C., in the current healthcare environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is a vital component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

### II. **SCOPE:**

Programs, in partnership with their sponsoring institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

### III. **POLICY:**

3.1. The responsibility of programs in partnership with their sponsoring institutions must include:

3.1.1. Enhance the meaning that each resident finds in the experience of being a physician, including:

3.1.1.1. Protecting time with patients

3.1.1.2. Minimizing non-physician obligations

3.1.1.3. Providing administrative support

3.1.1.4. Promoting progressive autonomy and flexibility

3.1.1.5. Enhancing professional relationships

3.1.1.6. Paying attention to scheduling, work intensity, and work compression that impacts resident well-being

3.1.1.7. Evaluating workplace safety data and addressing the safety of residents and faculty members

3.1.1.8. Policies and programs that encourage optimal resident and faculty member well-being

3.1.2. Provide the opportunity for residents to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

3.1.3. Attend to resident and faculty member burnout, depression, and substance abuse.

3.1.3.1. The program, in partnership with its sponsoring institution must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.




## **MSM Institutional Policies**

Contact the [MSM Human Resources Department](#)  
For the Most Current and Up-to-Date  
MSM Institutional Policies  
(404) 752-1600

OR

Marla Thompson  
Title IX Coordinator  
Morehouse School of Medicine  
720 Westview Drive, SW  
Harris Building  
Atlanta, GA 30310  
Direct Dial: (404) 752-1871  
Fax: (404) 752-1639  
Email: [mthompson@msm.edu](mailto:mthompson@msm.edu)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> HUMAN RESOURCES POLICIES AND PROCEDURES	POLICY NUMBER	HR 1.04
		EFFECTIVE DATE	03/01/2010
		PAGE(S)	03
	<b><u>SUBJECT</u></b> ACCOMMODATION OF DISABILITIES POLICY	SUPERSEDES	09/21/2009

## Accommodation of Disabilities Policy

### I. PURPOSE:

- 1.1. Morehouse School of Medicine is an equal opportunity employer.
- 1.2. This policy sets forth the school's commitment to compliance with all applicable state and federal laws concerning persons with disabilities, including the Americans with Disabilities Act (ADA).
- 1.3. MSM will conduct all employment practices in a non-discriminatory manner and will make a reasonable accommodation available to any qualified employee with a disability who requests an accommodation.

### II. APPLICABILITY:

This policy applies to all current employees, including student employees, employees seeking promotion, and job applicants.

### III. POLICY:

- 3.1. MSM prohibits discrimination and/or harassment of disabled employees and applicants.
  - 3.1.1. An individual is considered to have a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
  - 3.1.2. A qualified individual with a disability is one who can perform the essential functions of his or her job with or without a reasonable accommodation.
- 3.2. MSM prohibits discrimination and/or harassment against any qualified individual with a disability in its in its employment practices such as job application procedures, hiring, promotion, discharge, compensation, training, benefits, and other conditions of employment.
- 3.3. Reasonable Accommodation of Disabilities
  - 3.3.1. MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.
  - 3.3.2. A reasonable accommodation is designed to assist an employee or applicant in the performance of the essential functions of his or her job or MSM's application requirements.
  - 3.3.3. Some examples of accommodations include, but are not limited to, the following:
    - Restructuring a job
    - Modifying work schedules
    - Providing interpreters
    - Redesigning work areas and equipment or acquiring new equipment
    - Ensuring facility accessibility to those with physical disabilities

- 3.3.4. Accommodations are made on a case-by-case basis.
- 3.3.5. MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation.
- 3.3.6. An accommodation need not be the most expensive or ideal accommodation, or the specific accommodation requested by the individual, as long as it is reasonable and effective.
- 3.3.7. MSM will not provide a reasonable accommodation if the accommodation would result in undue hardship to MSM or if the employee, even with reasonable accommodation, poses a direct threat to the health or safety of the employee or other persons.
- 3.3.8. Any decision to deny a reasonable accommodation on the basis of cost will be reviewed and approved by the Chief Financial Officer and Senior Vice President for Administration of MSM.
- 3.3.9. In most cases, it is an employee's or applicant's responsibility to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. Information on how to request a reasonable accommodation is below.

**IV. GUIDELINES:**

**4.1. Procedures for Requesting an Accommodation**

- 4.1.1. The Human Resources Department has been designated to coordinate applicant and employee requests for workplace accommodations.
- 4.1.2. A person with a disability may request a reasonable accommodation by contacting the Human Resources Department.
- 4.1.3. If the need for the accommodation is not obvious, a certification of disability from an appropriate healthcare provider, as determined by the school, must accompany the request.
  - 4.1.3.1. In addition, if the initial information provided by an individual's healthcare provider is insufficient to substantiate that the individual has an ADA-qualifying disability and is in need of a reasonable accommodation, the school may require the person requesting the accommodation to provide additional data or be evaluated by a healthcare provider of the school's choice.
  - 4.1.3.2. Employees or applicants requesting a reasonable accommodation are expected to work cooperatively with MSM throughout the accommodation process.
- 4.1.4. All information submitted about a disability will be maintained separately from personnel records and kept confidential in accordance with the ADA, except that:
  - 4.1.4.1. Supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and necessary accommodations;
  - 4.1.4.2. First aid and safety personnel may be informed, to the extent appropriate, if and when a condition might require emergency treatment;
  - 4.1.4.3. Government officials engaged in enforcing laws such as those administered by the Office of Federal Contract Compliance Programs or the Americans with Disabilities Act may be informed.

- 4.2. Determination of whether an employee is a qualified person with a disability and whether a requested accommodation or any other accommodation is reasonable will be made on a case-by-case basis by the supervisor in consultation with the Human Resources Department after discussion as appropriate with the person requesting the accommodation.


**V. INTERNAL GRIEVANCE PROCEDURE:**

- 5.1. If a person has concerns regarding denial of a reasonable accommodation or the specific accommodation selected by the school, that person is encouraged to review the process with the Office of Compliance and Internal Audit.
- 5.2. In the event that a person disagrees with the determination or proposed accommodation or believes he or she has been discriminated against and/or harassed based on a disability, that person should contact the Office of General Counsel.

**VI. RETALIATION**

- 6.1. MSM takes a very strong stance against retaliation. No employee or applicant will be subject to retaliation for attempting to exercise their rights under this policy.
- 6.2. Those who retaliate against an employee or applicant for making a report of disability discrimination and/or harassment, for attempting to secure a reasonable accommodation or otherwise acting in accordance with this policy will be subject to severe discipline, up to and including termination of employment.
- 6.3. If an employee or applicant believes that he or she has been retaliated against, he or she should immediately request assistance from their supervisor or the Human Resources Department.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> HUMAN RESOURCES POLICIES AND PROCEDURES	POLICY NUMBER	HR 1.02
		EFFECTIVE DATE	06/22/2009
		PAGE(S)	01
	<b>SUBJECT</b> AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY POLICY	SUPERSEDES	N/A

## Affirmative Action/Equal Employment Opportunity Policy

### I. POLICY:

#### 1.1. Equal Employment Opportunity Statement


- 1.1.1. Morehouse School of Medicine (“MSM” or “School”) is fully committed to a policy of equal opportunity throughout the school, and to this end abides by all applicable federal, state, and local laws pertaining to discrimination and fair employment practices.
- 1.1.2. Accordingly, MSM recruits, hires, trains, promotes, and educates individuals without regard to race, color, citizenship status, national origin, ancestry, gender (sex), sexual orientation, age, religion, creed, disability, marital status, veteran status, political affiliation, genetic information, HIV/AIDS status, or any classification protected by local, state, or federal law.

#### 1.2. Affirmative Action Statement

- 1.2.1. MSM’s affirmative action program is designed to achieve diversity among faculty, administrators, and staff and to treat all appointments and promotions in a manner free from discrimination.
- 1.2.2. At MSM, we seek an inclusive working environment where all talented personnel have an equal opportunity to be recruited, employed, and promoted and to enjoy equally all other terms and conditions of employment.
- 1.2.3. For that reason, along with the principle of nondiscrimination, MSM is mindful of its affirmative action commitment of ensuring that groups specified by the United States Department of Labor (qualified members of minority groups, women, disabled individuals who are otherwise qualified, special disabled veterans, and veterans of the Vietnam era) also have an equal opportunity to be considered for hire, recruitment, promotion, and other terms and conditions of employment.
- 1.2.4. If you have any questions relating to equal opportunity, affirmative action, or if you want the school to pursue a possible violation of the policy, contact MSM’s Human Resources Department at (404) 752-1600 or the Chief Compliance and Internal Audit Officer at (404) 756-8919.

[Return to Table of Contents](#)



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> HUMAN RESOURCES POLICIES AND PROCEDURES	POLICY NUMBER	HR 2.04
		EFFECTIVE DATE	03-01-2010
		PAGE(S)	02
	<b><u>SUBJECT</u></b> NEPOTISM POLICY	SUPERSEDES	N/A

## Nepotism Policy

### I. PURPOSE:

- 1.1. This policy defines Morehouse School of Medicine's policy regarding the standards for close relatives either working for or obtaining educational instruction at the Morehouse School of Medicine in the same or different departments.
- 1.2. This policy is designed to minimize the occurrence of a conflict of interest in employment decisions and to manage them when they do arise.
- 1.3. This policy applies to all faculty and staff.

### II. POLICY:

- 2.1. MSM permits the employment and/or enrollment for academic purposes of qualified relatives of employees as long as such employment or academic pursuit does not, in the opinion of the School, create actual conflicts of interest.
- 2.2. For purposes of this policy, "relative" is defined as a spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, cousin, corresponding in-law, "step" relation, or equivalent, or any person with whom the employee has a close personal relationship such as a domestic partner, romantic partner, or co-habitant.


### III. GUIDELINES:

MSM will use sound judgment in the placement of related employees in accordance with the following guidelines.

- 3.1. Individuals who are related by blood, marriage, or who reside in the same household are permitted to work or engage in academic pursuits in the same MSM department, provided no direct reporting or supervisor-to-subordinate relationship exists.
  - 3.1.1. For academic purposes, no direct teaching, instructor-to-resident, or instructor-to-student relationship can exist.
  - 3.1.2. That is, no employee is permitted to work within "the chain of command" when one relative's work responsibilities, salary, hours, career progress, benefits or other terms and conditions of employment could be influenced by the other relative.
  - 3.1.3. Similarly, no student is permitted to pursue an educational opportunity within the "chain of command" when one relative's academic duties, grades and responsibilities could be influenced by the other relative.
- 3.2. Related employees may have no influence over the wages, hours, benefits, career progress, and other terms and conditions of the other related staff members, students, or academicians.

- 3.3.** Employees or persons pursuing academic opportunities who marry while employed, or become part of the same household, are treated in accordance with these guidelines. That is, if in the opinion of MSM, a conflict arises as a result of the relationship, one of the employees and/or residents may be transferred at the earliest practicable time.
- 3.4.** Each employee, student, or resident has a responsibility to keep his or her supervisor, the appropriate associate dean or residency program director and the Human Resources Office informed of changes relevant to this policy, such as becoming a domestic partner or relative of another employee through marriage or new supervisory conflicts created by changes in organizational structure.
- 3.5.** Failure to disclose this information to your supervisor, the appropriate associate dean, residency program director, or the Human Resources Office before the decision, or when the information is first learned, may result in disciplinary action up to and including termination or dismissal from one's academic program.
- 3.6.** If the special talents, background, or training of the relative would be in the overall interest of MSM, the department head may request an exception to this policy.
- 3.7.** Exceptions to this policy require the approval of the president, dean, and/or Associate Vice President of Human Resources.

[Return to Table of Contents](#)

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	H.R. 1.00 (Title IX)
		EFFECTIVE DATE	10-1-2014
		PAGE(S)	18
	<b><u>SUBJECT</u></b> SEX/GENDER NON-DISCRIMINATION AND SEXUAL HARASSMENT POLICY	SUPERSEDES	9-27-2012 6-22-2009

## Sex/Gender Non-Discrimination and Sexual Harassment Policy

### I. POLICY:

- 1.1. Morehouse School of Medicine (“MSM” or “School”) does not discriminate on the basis of sex in its employment decisions, education programs and education activities as required under Title IX of the Education Amendments of 1972 and in its implementing regulations, and in part under Title VII of the Civil Rights Act of 1964, as well as any other applicable federal and state laws or local ordinances.
- 1.2. This policy covers all employment and admissions decisions affecting any member of the “MSM Community” (as defined below) as they related to conduct prohibited under this policy, including sex/gender discrimination, as well as all types of sexual misconduct, including, but not limited to, sexual harassment and sexual violence.
- 1.3. MSM also prohibits retaliation against members of the MSM Community (as defined below) who raise concerns about or report incidents of sex discrimination and sexual harassment.
- 1.4. Any individual found to have violated this Policy will be subject to disciplinary action up to and including termination for employees, expulsion for students, and non-renewal for resident physicians.
- 1.5. Certain behavior also violates MSM’s policy even when it does not constitute a violation of law.
- 1.6. General inquiries about the application of Title IX should be directed to the U.S. Department of Education’s Office of Civil Rights or the School’s Title IX Coordinator or Deputy Title IX Coordinator:

**Marla Thompson**  
 Title IX Coordinator  
 Morehouse School of Medicine  
 720 Westview Drive, SW  
 Harris Building  
 Atlanta, GA 30310  
 Direct Dial: (404) 752-1871  
 Fax: (404) 752-1639  
 Email: [mthompson@msm.edu](mailto:mthompson@msm.edu)

**Valerie Walton**

Deputy Title IX Coordinator  
Morehouse School of Medicine  
720 Westview Drive, SW  
Harris Building  
Atlanta, GA 30310  
Direct Dial: (404) 752-1606  
Fax: (404) 752-1639  
Email: [vjwalton@msm.edu](mailto:vjwalton@msm.edu)

**II. APPLICABILITY:**

- 2.1. This Policy applies to all faculty, staff, administration, supervisors, employees, resident physicians, students, applicants, volunteers, patients and visitors to campus, including guests, patrons, independent contractors or clients of MSM (individually "Person(s)"; collectively "the MSM Community").
- 2.2. This Policy prohibits unlawful discrimination, harassment and retaliation on the basis of sex in any employment decision, education program or educational activity, which means all academic, educational, extracurricular, and other programs and operations.
- 2.3. Any MSM Persons designated by MSM to have the authority to address or duty to report alleged gender-based discrimination, sexual harassment and/or retaliation who fails to address or report alleged gender-based discrimination, sexual harassment and/or retaliation of which they know or should have known, may be subjected to sanctions up to and including termination of employment, dismissal or expulsion.

**III. DEFINITIONS:**

- 3.1. **Complaint** means a Complaint alleging any action, policy, procedure, or practice which would be prohibited by Title IX, such as gender-based discrimination or sexual harassment.
- 3.2. **Complaint Answer** means the written statement of the Respondent regarding the Complaint allegation and possible corrective action.
- 3.3. **Complainant** means an MSM Person who submits a Complaint under this Policy, or an individual or group submitting a Complaint on behalf of an MSM student or employee.
- 3.4. **Consent** means clear, unambiguous, and voluntary agreement between participants to engage in specific sexual activity.
  - 3.4.1. Consent is active, not passive, and is given by clear actions or words.
  - 3.4.2. Consent may not be inferred from silence, passivity, or lack of active resistance alone.
  - 3.4.3. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity.
  - 3.4.4. Being intoxicated does not diminish one's responsibility to obtain consent. In some situations, an individual may be deemed incapable of consenting to sexual activity because of circumstances or the behavior of another, or due to their age. Examples of such situations absent of consent include, but are not limited to, incompetence, impairment from alcohol and/or other drugs, fear, unconsciousness, intimidation, coercion, confinement, isolation, or mental or physical impairment.

- 3.5. Corrective Action** means action which is taken by MSM to eliminate or modify any policy, procedure, or practice found to be in violation of Title IX and/or to provide redress to any Complainant injured by the identified violation. Corrective action includes sanctions up to and including, termination of employment, suspension, expulsion, or non-renewal.
- 3.6. Dating Violence** is violence committed by a person:
- 3.6.1.** Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- 3.6.2.** Where the existence of such a relationship may be determined based on the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship.
- 3.7. Discrimination** is adverse treatment of any Person based on that Person's gender, rather than on the basis of his/her individual merit or other lawful considerations. Decisions made with respect to the terms, conditions, or privileges of employment and education including, but not limited to hiring, firing, promoting, disciplining, scheduling, training, or deciding how to compensate an employee, resident, student, or applicant must be made without consideration of an individual's gender.
- 3.8. Domestic Violence (or Family Violence)** is a category of felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. Georgia state law specifically defines such violence as the occurrence of a felony or the commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass between:
- Past or present spouses;
  - Persons who are parents of the same child;
  - Parents and children;
  - Stepparents and stepchildren;
  - Foster parents and foster children; or
  - Other persons living or formerly living in the same household.
- 3.9. Notice of Outcome** means the written statement of a Title IX Coordinator, Deputy Title IX Coordinator, or other investigator of his/her findings regarding the validity of the complaint and the recommended Corrective Actions to be taken and/or sanctions to be imposed.
- 3.10. Respondent** means a person alleged to be responsible, or who is accused of conduct alleged in the complaint to constitute a Title IX violation. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the complaint (i.e. a department head or chairperson).
- 3.11. Retaliation** is any adverse action taken against an individual because he or she filed a charge of discrimination (including harassment), complained to the School or a government agency about discrimination and/or harassment on the job or in an academic setting, or participated in an employment or student discrimination proceeding (such as an internal investigation or lawsuit), including as a witness.

- 3.11.1.** Retaliation also includes adverse action taken against someone who is associated with the individual opposing the perceived discrimination or harassment, such as a family member.
- 3.11.2.** Examples of retaliation include termination, dismissal, demotion, refusal to promote, or any other adverse action involving a term, condition, or privilege of employment or academic opportunity.
- 3.12. Sexual harassment** is conduct that is sexual in nature, is unwelcome and denies or limits a student's ability to participate in or benefit from a school's education programs, or negatively impacts an individual's work environment at MSM.
- 3.12.1.** It is a form of misconduct that is demeaning to others and undermines the integrity of the employment relationship and learning environment.
- 3.12.2.** Sexual harassment is unlawful and prohibited regardless of whether it is between or among members of the same sex or opposite sex.
- 3.12.3.** Sexual harassment also may consist of inappropriate gender- based comments and gender stereotyping.
- 3.12.4.** Examples of conduct constituting sexual harassment and which create a hostile environment include, but is not limited to:
- Making unwelcome sexual advances, propositions or other sexual or gender-based comments, such as sexual or gender-oriented gestures, sounds, remarks, jokes or comments about a Person's gender, sex, sexuality or sexual experiences;
  - Requesting sexual favors, or engaging in other verbal or physical conduct of a sexual nature;
  - Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, drawings, pictures or invitations;
  - Conditioning any aspect of an individual's employment or academic participation on his or her response to sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature;
  - Creating an intimidating, hostile or offensive working or academic environment by sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature; and
  - Conduct that is criminal in nature, such as rape, sexual assault, domestic violence, dating violence, sexually motivated stalking and other forms of sexual violence.
- 3.13. Sexual assault** is a sexual act against the will and without the consent of the individual (alleged victim).
- 3.13.1.** Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, rape, attempted rape, sexual battery and aggravated sexual battery.
- 3.13.2.** Additionally, Georgia law defines sexual assault as sexual contact that is perpetrated by a person who has supervisory or disciplinary authority over another individual. Sexual assault is a criminal sex offense under Georgia law.
- 3.14. Stalking** occurs when a person follows, places under surveillance or contacts another person (i.e. the victim) at or about any public or private property occupied by the victim other than the residence of the person without the consent of the victim for the purpose of harassing and intimidating the victim.

- 3.14.1.** Harassment and intimidation is a knowing and willful course of conduct directed at a specific person which causes emotional distress by placing such person in reasonable fear for such person's safety or the safety of a member of his or her immediate family, by establishing a pattern of harassing and intimidating behavior, and which serves no legitimate purpose.
- 3.14.2.** Examples of contacting another person include, but are not limited to, communicating in person, by telephone, by mail, by broadcast, by computer or computer network, or by any other electronic device.
- 3.15.** **Title VII**, as referenced in this Policy, means Title VII of the Civil Rights Act of 1964, the Title VII implementing regulations, and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted specifically in the context of sex/gender discrimination. Like Title XII, Title VII prohibits, in part, employment discrimination based on sex/gender. All other types of non-gender related prohibited
- 3.16.** **Title VII conduct** is addressed and covered by the School's General Statement of Nondiscrimination and Anti-Harassment Policy.
- 3.17.** **Title IX** means Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681 and 1682), the 1980 implementing regulations (34 C.F.R. Subpart E), and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted. Title IX states, in relevant part, that "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."
- 3.18.** **Title IX Coordinator**, as referenced in this Policy, means the employee(s) designated to coordinate the School's efforts to comply with and carry out its responsibilities under Title IX and the Title IX implementing regulations.
- 3.18.1.** The Title IX Coordinator (and the Deputy Title IX Coordinator) is responsible for investigating and disposing of all complaints of unlawful sex-based discrimination, sexual harassment and retaliation involving Persons covered under this Policy; monitoring the School's overall implementation of Title IX complaint proceedings; coordinating the School's compliance with Title IX; and determining the corrective action necessary for future prevention of unlawful sex-based discrimination, sexual harassment, and retaliation.
- 3.18.2.** In cases where sex-based employment discrimination is alleged, the Title IX Coordinator (or deputy) will also coordinate the School's efforts to comply with and carry out its responsibilities under Title VII and the Title VII implementing regulations, where the application of Title IX and Title VII overlap.
- 3.19.** **Title IX Investigator**, as referenced in this Policy, means the Title IX Coordinator, Deputy Title IX Coordinator, or their designee, tasked with investigating any complaints made under this Policy, and issuing an Interim Notice of Outcome regarding same.

**IV. PROHIBITION AGAINST RETALIATION:**

- 4.1. Title IX (and Title VII) expressly prohibits retaliation against anyone who, in good faith, reports what s/he believes is discrimination or harassment, who participates or cooperates in any investigation, or who otherwise opposes unlawful conduct believed to be in violation of this policy.
- 4.2. Retaliation includes intimidation, harassment, threats, or other adverse action or speech against the person who reported the misconduct, the Complainant(s), or witnesses. MSM will not only take steps to prevent retaliation, but it will also take strong corrective action if it occurs.
- 4.3. Anyone who believes he or she has been the victim of retaliation for reporting discrimination or harassment, participating or cooperating in an investigation or otherwise opposing unlawful conduct believed to be in violation of this policy should immediately contact the Title IX Coordinator or the Deputy Title IX Coordinator, who have authority to investigate all such claims.
- 4.4. Any individual found to have retaliated against another individual who engaged in conduct consistent with the protections afforded under this Policy will be in violation of this policy and will be subject to disciplinary action.

**V. FALSE ACCUSATIONS:**

- 5.1. Anyone who knowingly makes a false accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions.
- 5.2. Failure to prove a claim of discrimination, harassment, or retaliation does not, in and of itself, constitute proof of a knowing false accusation.

**VI. JURISDICTION AND AUTHORITY OF MSM AND THE TITLE IX COORDINATOR:**

- 6.1. MSM through the Title IX Coordinator and/or Deputy Title IX Coordinator has jurisdiction to receive, investigate, hear and resolve reports and/or formal complaints brought by MSM faculty, staff, Resident Physicians, students and other members of the MSM Community that involve or invoke Title IX.
- 6.2. The Title IX Coordinator is authorized to enact procedures that include specific instructions for reporting, investigating and resolving incidents and/or Title IX complaints.
- 6.3. There is no time limit to filing a complaint, making a report or commencing an investigation under these procedures.
  - 6.3.1. However, victims are encouraged to report a complaint immediately in order to maximize the School's ability to obtain information, and conduct an adequate, thorough, prompt, and impartial investigation.
  - 6.3.2. Failure to promptly report alleged sex discrimination or sexual violence may result in the loss of relevant information, evidence, and reliable witness testimony, and may impair the School's ability to carry out these procedures.



**VII. PROCEDURES A VICTIM SHOULD FOLLOW IMMEDIATELY FOLLOWING THE OCCURRENCE OF SEX DISCRIMINATION OR SEXUAL HARASSMENT:**

- 7.1. MSM is acutely aware that a victim of sex discrimination and/or of a sex offense, in particular, may experience physical, mental and emotional trauma as a result of the incident.
- 7.2. Therefore, in order for MSM to conduct a prompt, fair and thorough investigation into the incident and commence appropriate disciplinary proceedings (if the victim so chooses), a victim of sexual violence (e.g., rape, sexual assault, dating violence, domestic violence, stalking) is encouraged to follow these procedures immediately following the occurrence, when possible:
  - 7.2.1. Go to a safe place as soon as possible.
  - 7.2.2. Do not wash, shower, bathe, use the toilet or change clothing.
  - 7.2.3. Preserve any evidence as would be necessary to prove the offense, or in obtaining a protective order, restraining order, and/or no-contact order. Examples of such evidence include:
    - 7.2.3.1. Clothing worn during the incident, including, but not limited to, undergarments;
    - 7.2.3.2. Sheets, bedding, and condoms, if used;
    - 7.2.3.3. A list of witnesses with contact information;
    - 7.2.3.4. Text messages, emails, call history, and social media posts; and
    - 7.2.3.5. Pictures of any injuries.
  - 7.2.4. Call the appropriate law enforcement agency.
    - 7.2.4.1. If the sex offense occurred on campus, contact the Department of Public Safety as soon as possible by (404) 752-1794 or (404) 752-1795.
    - 7.2.4.2. If the attack did not occur on campus, call the law enforcement agency having jurisdiction where the sex offense (i.e. the rape, sexual assault, dating violence, domestic violence, etc.) occurred.
  - 7.2.5. Get medical attention.
    - 7.2.5.1. If called, the Department of Public Safety will assist the victim in calling an EMS, if wanted.
    - 7.2.5.2. You may also take yourself or have someone else take you directly to the medical facility or medical provider of choice.
    - 7.2.5.3. Please ensure that any medical assistance you receive will include collecting any evidence.
  - 7.2.6. Talk to a counselor.
    - 7.2.6.1. The victim may contact MSM Counseling Services at (404) 752-1789 for guidance on medical and counseling services.
    - 7.2.6.2. Employees should consult the Employee Assistance Program at 1-877-622-4327 for guidance on medical and counseling service referrals.
    - 7.2.6.3. The victim also has a right to have an advocate and support person present at the hospital, doctor's office, or urgent care unit for examination.

**VIII. OPTIONS FOR REPORTING OR DISCLOSING INCIDENTS OF SEXUAL VIOLENCE:**

- 8.1. If a victim of a sex offense, domestic violence, dating violence, sexual assault or stalking or other form of sexual violence is able and feels safe, he or she should clearly explain to the alleged offender that the behavior is objectionable and request that it cease.
- 8.2. Alternatively, if the victim is not able or does not feel safe confronting the alleged offender, or the behavior does not stop, or if the victim believes some adverse employment, academic or educational consequences may result from the discussion, the victim may do one or more of the following:
  - 8.2.1. Report the offense to his/her immediate supervisor or department chairperson, the Title IX Coordinator, or the Deputy Title IX Coordinator.
  - 8.2.2. Notify the Department of Public Safety or other law enforcement authorities;
  - 8.2.3. Request assistance in notifying appropriate law enforcement authorities, which assistance MSM will provide; or
  - 8.2.4. Decline to notify any such authorities.

**IX. FILING A COMPLAINT FOR VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:**

- 9.1. Any Person, or any individual or group acting on behalf of a Person, seeking to raise concerns with individual or institutional sex-based discrimination, sexual harassment or sexual violence may file a formal complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.
- 9.2. The Title IX Coordinator (or Deputy Title IX Coordinator) must be contacted in order to initiate a complaint.
- 9.3. The complaint should be brought as soon as possible after the most recent incident.
- 9.4. No Person should assume that an official of MSM knows about a particular situation.
- 9.5. The School encourages any individual who feels he or she has been discriminated against or harassed to promptly report the incident to the Title IX Coordinator or the Deputy Title IX Coordinator.
- 9.6. Any person who knows of, or receives a complaint of sex discrimination or sexual harassment should report the information to or file a complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.
- 9.7. Complaints filed with the Title IX Coordinator or the Deputy Title IX Coordinator must be in writing and provide the following information: (i) name and contact information for the complaining Person(s) ("Complainant(s)"); (ii) nature and date of alleged violation; (iii) names and contact information for the Person(s) responsible for the alleged violation (where known) ("Respondent(s)"); (iv) requested relief or corrective action (specification of desired relief shall be the option of the Complainant); and (v) any other background or supplemental information that the Complainant believes to be relevant (e.g., names of other persons affected by the violation, etc.).
- 9.8. Upon receipt of a complaint alleging dating violence, domestic violence, sexual assault, stalking, or sexual violence, the Title IX Coordinator or the Deputy Title IX Coordinator will promptly schedule an individual meeting with the victim to:
  - 9.8.1. Provide him/her a general understanding of these complaint procedures, the prohibition against retaliation, and the investigative process;

- 9.8.2. Discuss and provide written information regarding forms of support or immediate interventions available to the victim, such as on- and off-campus resources and interim measures;
- 9.8.3. Discuss and provide written information regarding the victim's options for, and available assistance in, changing any accommodations that may be appropriate and reasonably available concerning the victim's academic, living, transportation and working situations;
- 9.8.4. Seek to determine if the victim wishes to notify law enforcement authorities, wishes to be assisted in notifying law enforcement authorities, or does not wish to notify law enforcement authorities;
- 9.8.5. Where applicable, provide information to the victim of his or her rights and the School's responsibilities regarding orders of protection, no contact orders, restraining orders, or similar lawful orders issued by a criminal, civil or tribal court; and
- 9.8.6. Inform the victim about how MSM will protect his or her confidentiality, including the omission of the victim's identifying information in publicly-available records or in oral and written communications to the accused, to the extent permissible by law.

**X. WHEN THE VICTIM REQUESTS CONFIDENTIALITY AND/OR ELECTS NOT TO PROCEED WITH AN INVESTIGATION OR PURSUE FORMAL DISCIPLINARY PROCEEDINGS:**

- 10.1. If the victim does not wish to proceed with an investigation and/or requests that the complaint or report remain confidential, the Title IX Coordinator or the Deputy Title IX Coordinator will inform the victim that the School's ability to respond fully to the incident may be limited because of this desire. The victim should also understand that Title IX prohibits retaliation, and that School officials will not only take steps to prevent retaliation but also take strong responsive action if it occurs.
- 10.2. The Title IX Coordinator or Deputy Title IX Coordinator will weigh the victim's request(s) for confidentiality and/or wish not to proceed with an investigation against the School's obligation to provide a safe, non-discriminatory environment for all students. Specifically, the Title IX Coordinator or Deputy Title IX Coordinator will consider the following factors:
  - 10.2.1. The seriousness of the misconduct;
  - 10.2.2. Whether there have been other complaints of sex discrimination or sexual violence against the accused at the School or any other school or in the nature of prior criminal charges;
  - 10.2.3. Whether the accused threatened further misconduct or violence against the victim or others;
  - 10.2.4. Whether the misconduct was committed by multiple perpetrators;
  - 10.2.5. Whether the misconduct involved use of a weapon;
  - 10.2.6. The age of the victim;
  - 10.2.7. Whether the School possesses other means to obtain relevant evidence of the misconduct;

- 10.2.8. Whether the complaint reveals a pattern of conduct at a particular location or by a particular individual and group of individuals; and
- 10.2.9. The accused's right to receive information about the allegations if the information is maintained by the University as an "education record" under the Family Educational Rights and Privacy Act (FERPA), if applicable.
- 10.3. Even if the victim does not wish to file a formal complaint or proceed with an investigation because he or she insists on confidentiality or requests that the complaint not be resolved, Title IX still allows MSM to investigate and take reasonable corrective action in response to the victim's complaint if the Title IX Coordinator or the Deputy Title IX Coordinator determines, subject to the factors listed above, that the School must override the victim's request for confidentiality in order to meet its Title IX obligations. However, these instances will be limited and evaluated on a case-by-case basis. The Title IX Coordinator or Deputy Title IX Coordinator will ultimately inform the victim if the School cannot ensure confidentiality.
- 10.4. In an instance where the School must disclose a victim's identity to the accused, the Title IX Coordinator or Deputy Title IX Coordinator will inform the victim prior to making the disclosure.

**XI. INTERIM AND REMEDIAL MEASURES:**

- 11.1. Regardless of whether a victim of sex discrimination, sexual violence or sexual harassment chooses to report the incident or file a formal complaint, the School shall take one or more of the following remedies, as well as other remedies deemed appropriate for each specific case, while keeping the victim's identity confidential:
  - 11.1.1. Providing the victim with a campus security escort to ensure that he or she can move safely between buildings on campus;
  - 11.1.2. Ensuring that the victim and the accused do not attend the same classes, seminars, functions, meetings, etc.;
  - 11.1.3. Providing counseling services;
  - 11.1.4. Providing medical services;
  - 11.1.5. Providing academic support services, such as tutoring (in cases involving students);
  - 11.1.6. Arranging for the victim to re-take a course or withdraw from a class without penalty, including ensuring that any changes do not adversely affect the victim's academic records;
  - 11.1.7. Reviewing any disciplinary actions taken against the victim to see if there is a causal connection between the harassment and the misconduct that may have resulted in the victim being disciplined.
- 11.2. The School also reserves the right to suspend the accused or place him/her on administrative leave pending the investigation of the victim's complaint or disciplinary or criminal proceedings. The interim suspension or leave shall become immediately effective without prior notice whenever there is evidence that the continued presence of the student or employee, respectively, at the School poses a substantial and immediate threat to himself or herself, or to others. A student or employee suspended or placed on administrative leave, respectively, on an interim basis under this policy shall be given a prompt opportunity to appear personally before the Title IX Coordinator or Deputy Title IX Coordinator to discuss the following issues only:

**11.2.1.** The reliability of the information concerning the Respondent conduct, including the matter of his or her identity; and

**11.2.2.** Whether the conduct and surrounding circumstances reasonably indicate that the continued presence of the accused on School premises poses a substantial and immediate threat to himself or herself, or to others.

**11.3.** The School may also consider and take interim remedial measures that affect the broader MSM population, including, but not limited to, offering School-wide counseling and training; developing, updating and disseminating materials on sex discrimination or sexual harassment, developing and implementing new policies and complaint procedures; and conducting internal School investigations to assess the effectiveness of the School's efforts to eliminate sex discrimination or sexual harassment and promote an environment free of sex discrimination and harassment.

**11.4.** Mediation will not be used to resolve complaints of sexual assault, sexual violence, domestic violence, dating violence, or stalking.

**XII. PROCEDURES FOR INVESTIGATING VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:**

**12.1.** Procedure for investigating allegations of co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination

Upon receipt of complaint of any allegation of sex discrimination or sexual harassment between co-workers or employees, the School will promptly investigate, and take prompt, remedial action to remedy any confirmed conduct in violation of this Policy.

**12.2.** Procedure for investigating allegations of sexual assault, sexual violence, domestic violence, dating violence, stalking or any other Title IX violations not involving co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination:

**12.2.1.** A Title IX/Discrimination Complaint Form will be prepared by the Title IX Coordinator or the Deputy Title IX Coordinator to facilitate the filing of the complaint. This form can be obtained from the Title IX Coordinator (or deputy).

**12.2.2.** Within five (5) days of the filing of a Complaint, the Title IX Coordinator or the Deputy Title IX Coordinator will schedule an individual meeting with the accused (i.e. the Respondent) in order to provide him/her with notice of the complaint, of his/her responsibility to submit a written complaint answer within five (5) days after receipt of the complaint notification. The Title IX Coordinator or the Deputy Title IX Coordinator will also provide the Respondent with a general understanding of the procedures for investigating and resolving complaints of sex discrimination and/or sexual harassment, and identify forms of support or immediate interventions available to him/her, if applicable.

**12.2.3.** The Respondent(s) receiving a copy of a complaint shall, within five (5) days, submit a written complaint answer to the Complainant and the Title IX Coordinator or the Deputy Title IX Coordinator. Such answer shall: (i) confirm or deny each fact alleged in the complaint; (ii) indicate the extent to which the complaint has merit and offer any facts or evidence to disprove the allegations made against him/her; and (iii) indicate acceptance or rejection of any desired redress specified by the Complainant, or outline an alternative proposal for redress.

- 12.2.4.** Within five (5) days after receipt of the Respondent's written complaint answer, the Title IX Coordinator or the Deputy Title IX Coordinator will investigate the allegations. If no complaint answer has been received on the fifth (5th) day after notification of the Respondent, the Title IX Coordinator or the Deputy Title IX Coordinator shall send a "Notice of Nonresponse" to the Respondent and, if an MSM employee is involved, the employee's immediate supervisor. If no answer has been received within five (5) days after issuance of the "Notice of Nonresponse," the Title IX Coordinator or the Deputy Title IX Coordinator shall begin the investigation and recommend corrective action without the input of the Respondent. A "Notice of Nonresponse" shall also be sent to the Complainant.
- 12.2.5.** Pursuing a complaint under these procedures does not affect a victim's ability to pursue a criminal action against the accused through the criminal justice system. A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, other sex offense, or any other crime recognized by local, state, or federal law may choose to pursue a complaint under these procedures, through the criminal justice system, or both simultaneously.
- 12.2.6.** A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, or any other Title IX violation may also choose to file a formal complaint with the U.S. Department of Education's Office of Civil Rights.
- 12.3.** Investigations, Findings of Fact and Recommendations for Corrective Action by the Title IX Coordinator or the Deputy Title IX Coordinator
- 12.3.1.** All Complaints of sex discrimination, sexual violence and sexual harassment will be promptly investigated and appropriate interim measures will be taken as expeditiously as possible. MSM reiterates that it reserves the right to investigate and resolve a Complaint or report of sex discrimination and/or sexual harassment regardless of whether the Complainant ultimately desires the School to pursue the complaint.
- 12.3.2.** The amount of time needed to investigate a Complaint will depend in part on the nature of the allegation(s) and the evidence to be investigated (e.g., the number and/or availability of witnesses involved). However, most Complaints will be investigated and resolved within sixty (60) calendar days of the filing of the Complaint, excluding any appeal(s).
- 12.3.3.** The parties to the Complaint will each have an opportunity to be heard by the Title IX Coordinator or Deputy Title IX Coordinator during the investigation, and to present witnesses and other evidence to the Title IX Coordinator or Deputy Title IX Coordinator. The investigation may include conducting interviews of the Complainant, the alleged perpetrator, and any witnesses; reviewing law enforcement investigation documents, if applicable, reviewing student and personnel files; and gathering and examining other relevant documents or evidence.
- 12.3.4.** When investigating an incident, MSM will make reasonable efforts to protect the rights of both the Complainant and the Respondent. MSM will respect the privacy of the Complainant, the Respondent, and the witnesses in a manner consistent with the School's legal obligations to investigate, to take appropriate action, and to comply with any discovery or disclosure obligations required by law.
- 12.3.5.** When investigating a Complaint, MSM will coordinate with any other ongoing School or criminal investigations of the incident.

- 12.3.6.** At reasonable times and various stages until the School's final disposition of the investigation, the Complainant(s) and the Respondent(s) will be informed of the status of the investigation.
- 12.3.7.** Within sixty (60) days of receipt of the complaint filed to commence institutional disciplinary proceedings, the Title IX Coordinator or the Deputy Title IX Coordinator will provide an Interim Notice of Outcome of the investigation or will advise the parties of the additional estimated amount of time needed for the investigation.
- 12.3.8.** In the event the investigation reveals that, by application of the preponderance of evidence standard, it is more likely than not that a Policy Violation (or other inappropriate or unprofessional conduct even if not unlawful), or retaliation occurred, within ten (10) business days following the completion of the investigation, the Title IX Investigator will simultaneously provide the written "Interim Notice of Outcome" to Complainant, Respondent, and appropriate MSM officials for adoption or modification as outlined in Section XIII, below. The Interim Notice of Outcome will include:
- 12.3.8.1.** The determination of whether the Respondent was found responsible or not responsible for the alleged violations;
  - 12.3.8.2.** Where applicable, sanction(s) assigned or remedial measures, the due date(s) of the sanction(s), and any available appeal rights and deadlines;
  - 12.3.8.3.** Any change to the results that occurs prior to the time that such results become final; and
  - 12.3.8.4.** When such results will become final.
- 12.3.9.** Written notice to the appropriate parties relating to discipline, resolutions, and/or final dispositions is deemed to be official correspondence from the School. Disciplinary sanctions imposed may be appealed through the appropriate appeals process depending on the status of the alleged policy violator. MSM will take the appropriate remedial action based on results of the investigation and will follow up as appropriate to ensure that the corrective action is effective.
- 12.3.10.** Complainants are encouraged to report any reoccurrences of conduct that were found to violate this policy or any other related concerns.

**XIII. CORRECTIVE ACTION, SANCTIONS, AND NOTICES OF OUTCOME:**

Where it is determined that it is more likely than not that the Respondent has committed a violation of this Policy, the following guidelines shall apply:

- 13.1.** For Respondents Classified as Students: Sanctions include one or a combination of the following disciplinary actions:
- 13.1.1. Warning:** Verbal notice that violation of specified regulations and/or continuation or repetition of prohibited conduct may be cause for additional disciplinary action;
  - 13.1.2. Official Reprimand:** A written notice of reprimand for violation of specified regulations, including a warning that continuation or repetition of prohibited conduct may be cause for additional disciplinary action;
  - 13.1.3. Disciplinary Probation:** Exclusion from participation in privileged or extracurricular School-sponsored activities for a specified period of time. Additional restrictions or conditions may also be imposed. Violations of the terms of disciplinary probation, or any other violation of this Code during the period of probation, may result in suspension or expulsion from MSM;

- 13.1.4. Restitution:** Monetary repayment or reimbursement to the School or to an affected party for economic damages resulting from the student's misconduct;
- 13.1.5. Suspension:** Temporary exclusion from MSM premises and other privileges or activities, as set forth in the suspension notice.
- 13.1.6. Expulsion:** Permanent termination of student status, and exclusion from MSM premises, privileges and activities
- 13.1.7. Other Sanctions:** Other sanctions may be imposed instead of, or in addition to, those specified in sections (a) through (f) of this part. For example, community service may also be assigned.
- 13.1.8.** Please note, nothing in the Student Handbook shall prevent the Title IX Investigator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.
- 13.1.9.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Dean of Admissions and Student Affairs or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Admissions and Student Affairs or his/her designee.
- 13.1.10.** The Associate Dean of Admissions and Student Affairs or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.
- 13.2.** For Respondents Classified as Resident Physicians: Sanctions include one or a combination of the following disciplinary actions:
  - 13.2.1. Notice of Deficiency:** The School may issue a written or oral warning to the Resident to give notice that deficiencies exist that are not yet severe enough to require remediation, disciplinary action, or other adverse actions, but that do require the Resident to take immediate corrective action to cure the deficiency;
  - 13.2.2. Non-Promotion:** Resident appointments are for a maximum of twelve (12) months, year-to-year. Where a Resident has demonstrated unsatisfactory performance during an academic year or fails a specific rotation required for promotion, the School may elect to delay a Resident's promotion to the next level;
  - 13.2.3. Suspension:** The School may elect to suspend a Resident from all program activities for a period of time when it has determined that a Resident's performance or behavior does not appear to be in the best interests of the patients or other medical staff. Depending on the circumstances surrounding the suspension, it may be paid or unpaid;



- 13.2.4. Non-Renewal of Appointment:** The School may elect to not re-appoint a Resident for the next academic year if it determines that a Resident's performance does not meet the School's academic or professional standards, or the requirements of the Program, the Residency Review Committee Program, GME, or the Specialty Board;
- 13.2.5. Restitution:** Monetary repayment or reimbursement to the School or to an affected party for economic damages resulting from the Resident's misconduct;
- 13.2.6. Other Sanctions:** Other sanctions may be imposed instead of, or in addition to, those specified in sections (a) through (e) of this part. For example, community service or additional training may also be assigned.
- 13.2.7.** Please note, nothing in the Graduate Medical Education ("GME") Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.
- 13.2.8.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee.
- 13.2.9.** The Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.
- 13.3. For Respondents Classified as Faculty:** The Respondent shall be subject to the investigation authority of the Title IX Coordinator or Deputy Title IX Coordinator in addition to the procedures outlined in Appendix III of the Faculty Bylaws, and to sanctions up to and including termination.
- 13.3.1.** Nothing in the Faculty Bylaws shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including, but not limited to, sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.

**13.3.2.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee.

**13.3.3.** The Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

**13.4.** For Respondents Classified as MSM Staff Employees: The Respondent shall be subject to disciplinary action, suspension, and termination as provided in the Discipline and Corrective Action Policy in the HR Policy Manual. Nothing in the HR Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.

**13.4.1.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Vice President of Human Resources or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Vice President of Human Resources or his/her designee.

**13.4.2.** The Associate Vice President of Human Resources or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

**XIV. TITLE IX APPEALS/GRIEVANCE PROCEDURES:**

**14.1.** For purposes of this Policy Section, a "Title IX Grievance" is a complaint concerning any perceived Title IX violation resulting from an MSM policy, practice or procedure. Any member of the MSM Community may file a written Title IX Grievance at any time.

**14.2.** For purposes of this Policy Section, a "Title IX Appeal" is an appeal by an affected individual to a decision in an Interim or Final Notice of Outcome resulting from a Title IX Complaint Investigation or Hearing.

**14.3. First level Appeals/Grievances:**

**14.3.1.** As outlined above, the Title IX Investigator will simultaneously forward the Interim Notice of Outcome to the Complainant, Respondent, and: (i) the Associate Vice President of Human Resources or his/her designee (for Staff decisions or decisions affecting other members of the MSM Community (vendors, visitors, applicants, etc.); (ii) the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee (for Faculty decisions); (iii) the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee (for Resident Physician decisions); or (iv) the Associate Dean of Admissions and Student Affairs or his/her designee (for Student decisions). Complainants and Respondents have ten (10) business days from receipt of an Interim Notice of Outcome to object to the findings or recommendations contained therein.

**14.3.2.** The appropriate designated official will review and consider the Interim Notice of Outcome, as well as any Complainant or Respondent objections to same, and issue a Final Notice of Outcome within the timeframe set forth herein which may adopt, reject, or modify the Interim Notice of Appeal.

**14.3.3.** For all first level appeals and grievances, the President and Dean will select and designate two (2) independent senior-level members of the MSM Community to monitor and oversee the review process conducted by the appropriate designated official.

**14.4. Second Level Appeals/Grievances:**

**14.4.1.** Appeals to the Final Notice of Outcome must be filed within ten (10) business days of receipt with the Chief Compliance Officer and may only be brought on one or more of the following three (3) grounds:

**14.4.1.1.** To determine whether there was a material deviation from the substantive and procedural protections provided in the complaint proceedings;

**14.4.1.2.** To determine whether the final decision was based on substantial evidence or information; or

**14.4.1.3.** To consider new information sufficient to alter the decision or relevant facts not brought out in the investigation or hearing.

**14.4.2.** All grievances and appeals of Final Notice of Outcome must be submitted in writing, and must include the following information:


**14.4.2.1.** The name, address, and signature of the Grievant or Appellant;

**14.4.2.2.** A sufficient description of the issue on appeal (material deviation from substantive/procedural compliant proceedings; failure to base final decision on substantial evidence/information; or new issue or information sufficient to alter the decision) or the allegedly improper policy, practice or procedure resulting in a Title IX violation;

**14.4.2.3.** The identity of additional witnesses or affected individuals.

**14.4.2.4.** Attach and/or identify any other documents, facts, or evidence that MSM should consider in reviewing the grievance or appeal.

- 14.4.3.** An appellant is not required to re-submit any documents or information that MSM already has in its possession as a result of its original Title IX investigation.
- 14.4.4.** The Chief Compliance Officer will investigate the appeal, including, but not limited to, review of the grounds for appeal and evidence submitting, seeking the opinion of the Title IX Coordinator's office regarding whether and why the policy, practice, or procedure being grieved or the decision being appealed complies with Title IX, or if not, what, if any, steps should be taken to bring the policy, practice, procedure or decision into compliance with Title IX. The Chief Compliance Officer may also conduct a follow-up conference or hearing with the appellant or other affected individuals or interested parties. The Chief Compliance Officer will, within sixty (60) days of receipt of the appeal, issue a Notice of Appeal Determination either affirming, modifying, or reversing the decision being appealed, or the policy/practice/procedure being grieved. The Notice of Appeal Determination is final and non-appealable.

	<b>MOREHOUSE SCHOOL OF MEDICINE</b> GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	COMPLIANCE
		EFFECTIVE DATE	07/03/2009
		PAGE(S)	12
	<b>SUBJECT</b> INTERACTIONS WITH PHARMACEUTICAL, BIOTECHNOLOGY, MEDICAL DEVICE, AND HOSPITAL AND RESEARCH EQUIPMENT SUPPLY INDUSTRY POLICY	SUPERSEDES	05/01/1997

## Interactions with Pharmaceutical, Biotechnology, Medical Device, and Hospital and Research Equipment Supply Industry Policy

### I. PURPOSE:

- 1.1. The Morehouse School of Medicine and Morehouse Medical Associates, Inc. (“MSM”) is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.
- 1.2. This shared mission requires that faculty, students, trainees, and staff of MSM interact with representatives of the pharmaceutical, biotechnology, medical device, and hospital equipment supply industry (“Industry”) in a manner that advances the use of the best available evidence so that medical advancements and new technologies become broadly and appropriately used. While the interaction with Industry can be beneficial, Industry influence can also result in unacceptable conflicts of interest that may lead to increased costs of healthcare, the compromise of patient safety, negative socialization of students and trainees, bias of research results, and diminished confidence and respect among patients, the general public, and regulatory officials.
- 1.3. Because provision of financial support or gifts, even in modest amounts, can exert a subtle but measurable impact on recipients’ behavior, MSM has adopted the following policy to govern the interactions between Industry and MSM personnel.
- 1.4. There is a growing body of evidence demonstrating the adverse consequences of interactions between healthcare providers and Industry, including practices such as receipt of small gifts that have traditionally been considered acceptable by professional standards, such as the ethical opinions of the American Medical Association’s Council on Medical and Judicial Affairs. While healthcare professionals may not believe that they are personally biased by Industry, retailing by Industry representatives is designed to sell products and advance the interests of Industry’s shareholders. This policy has been designed on the basis of the best available literature on conflict of interest and is intended to provide a set of guiding principles that members of the MSM community as well as representatives of Industry can use to ensure that their interactions result in optimal benefit to clinical care, education and research, and maintenance of the public trust.

- 1.5. This policy is designed to affect the behavior and practices of Industry, as much as the behavior of MSM personnel. While partnerships between Industry and physicians may further mutual interests to improve clinical management of diseases and improve patient care, the provision of gifts, food, or other blandishments add nothing to the substance of the exchange and leave both parties subject to questions of integrity and commitment to professional practice responsibilities.
- 1.6. This policy is established to provide guidelines for interactions with Industry representatives for medical staff, faculty, staff, residents, students, and trainees of MSM. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical, and research missions of MSM. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either a faculty member or the school.

## **II. SCOPE:**

- 2.1. This policy applies to all medical staff, faculty, staff, residents, interns, students, and trainees of MSM.
- 2.2. While this policy addresses many aspects of Industry interaction, it supplements the existing conflict of interest policies of MSM, particularly as they apply to research conflicts of interest:
  - Institutional conflicts of interest
  - Individual conflicts of interest
  - Research conflicts of interest
- 2.3. In all cases where this policy is more restrictive than other MSM conflict of interest policies, this policy shall control.
- 2.4. This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry, including those individuals whose purpose is to provide information to clinicians about company products, even though such personnel are not classified in their company as “sales or marketing.”

## **III. POLICY:**

- 3.1. It is the policy of MSM that clinical decision-making, education, and research activities be free from influence created by improper financial relationships with, or gifts provided by, Industry.
- 3.2. For purposes of this policy, “Industry” is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital and research equipment supply Industry entities and their representatives.
- 3.3. In addition, clinicians and their staffs should not be the target of commercial blandishments or inducements—great or small—the costs of which are ultimately borne by our patients and the public at large.

- 3.4. These general principles should guide all potential relationships or interactions between MSM personnel and Industry representatives.
- 3.5. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, MSM personnel should consult in advance with their deans or department chairs or administrative management to obtain further guidance and clarification.
- 3.6. Charitable gifts provided by Industry in connection with fundraising done by or on behalf of MSM shall be subject to other policies adopted from time to time by MSM or foundations fundraising on their behalf.

#### **IV. SPECIFIC ACTIVITIES:**

##### **4.1. Gifts and Provision of Meals**

- 4.1.1. MSM personnel are prohibited from accepting or using personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Although personal gifts of nominal value may not violate professional standards or anti-kickback laws, such gifts do not improve the quality of patient care, may subtly influence clinical decisions, and add unnecessary costs to the healthcare system.
- 4.1.2. Gifts from Industry that incorporate a product or company logo on the gift (e.g., pens, notepads, stethoscopes, journals, textbooks, or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system.
- 4.1.3. Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by MSM, except as outlined in subsection "Support of Continuing Medical Education or Graduate Medical Education" below.
- 4.1.4. MSM personnel may not accept meals or other hospitality funded by Industry, whether on campus or off campus, nor accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event that complies with the provisions of subsection "Industry-Sponsored Meetings or Industry Support for Off-Campus Meetings" below may be accepted.
- 4.1.5. Industry wishing to make charitable contributions to MSM may contact the Office of Institutional Advancement. Such contributions shall be subject to any applicable policies maintained by MSM, and the receiving organizations.

##### **4.2. Consulting Relationships**

- 4.2.1. MSM recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member and MSM. However, consulting arrangements that simply pay MSM personnel a guaranteed amount without any associated duties (such as participation on scientific advisory boards that do not regularly meet and provide scientific advice) shall be considered gifts and are consequently prohibited.
- 4.2.2. In order to avoid gifts disguised as consulting contracts, where MSM personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, and must be restricted to scientific issues.

- 4.2.3.** The compensation paid must be reasonable and reflect fair market value for the service and time provided, and must be commensurate with the tasks assigned. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved prior to initiation in accordance with appropriate MSM policies.
  - 4.2.4.** For MSM personnel, consulting relationships with Industry may be entered into only with the prior permission of a faculty member's dean, department chair, or administrative management.
  - 4.2.5.** In addition, prior review and written approval from the faculty member's dean is required if consulting relationships with any one company (including the parent and subsidiary companies) will pay the faculty member in excess of \$10,000 in any twelve-month period.
  - 4.2.6.** For employees of MSM who are not faculty, prior written approval of the appropriate supervisor is required for any outside consulting.
  - 4.2.7.** MSM reserves the right to require faculty and employees to request changes in the terms of their consulting agreements to bring those consulting agreements into compliance with MSM policies.
- 4.3. Drug or Device Samples**
- 4.3.1.** The provision by manufacturers of "free" samples of prescription drug or device products is a marketing practice designed to promote the use of these products and to gain access to prescribers to influence their behavior. Studies from the literature quite convincingly demonstrate the effectiveness of this technique to boost sales. At the same time, this practice provides invaluable assistance to some patients to quickly begin a course of treatment or to determine which therapeutic option is most beneficial for that patient. Free samples also have been responsibly incorporated into the evidence-based decision making of some individual and group practices. While societal benefits result from the availability of medications at the point of care, pharmaceutical samples are not preferred because often their prior storage and handling are suspect (temperature/humidity control), accountability is generally low (pilferage, diversion, theft), documentation is usually weak (incomplete logs), patient directions and patient information are not provided and/or are inadequate, and pharmacist review/profiling is left incomplete.
  - 4.3.2.** Therefore, with limited exceptions, sample medications are not permitted in MSM facilities.
  - 4.3.3.** As an alternative, pharmaceutical sales representatives should be encouraged to offer voucher programs which allow patients to get starter supplies of medications through organized distribution channels instead of pharmaceutical samples.



#### **4.3.4. Definitions**

- 4.3.4.1. Drug Samples:** Prescription and non-prescription medications which are provided to the sites by pharmaceutical representatives for complimentary distribution to patients as starter doses.
- 4.3.4.2. MSM/MMA Sites:** Applicable to all MSM facilities where care is provided to patients.
- 4.3.4.3. Pharmaceutical Sales Representatives (PSR):** A representative of a pharmaceutical manufacturer who visits the ambulatory care sites for the purpose of soliciting the use of, or providing information about pharmaceutical products. Representatives who visit MSM facilities for the sole purpose of initiating or monitoring research studies are exempt from these guidelines.

#### **4.3.5. Standards**

- 4.3.5.1.** Drug samples shall not be made available for use by inpatients.
- 4.3.5.2.** Sample medications are not permitted in MSM facilities except as noted in paragraph "Site Access" below. This includes both patient care and non-patient care areas.
- 4.3.5.3.** Vouchers approved by the MMA Operations Committee ("the Committee") may be distributed by MSM ambulatory care sites in order for patients to receive complimentary starter medications from a pharmacy of their choice. The MMA Operations Committee will determine a formulary of MSM-preferred medications, which then may be available through vouchers. Only vouchers approved by the committee are permitted to be used by MSM clinicians at MSM facilities.
- 4.3.5.4.** Non-approved vouchers may not be distributed by PSRs to MSM ambulatory care sites, nor dispensed by MSM personnel at MSM sites.
- 4.3.5.5.** Under special circumstances in which there is a legitimate clinical need, with the approval noted below, sample medications may be permitted in MSM facilities. Specific requests to have physical samples in an MSM clinic must be made on the Special Cause Sample Request Form, and be approved by the MMA Operations Committee and the MMA Associate Dean for Clinical Affairs.
- 4.3.5.6.** Control of drug samples/vouchers shall be monitored jointly by the Clinical Compliance and Privacy Officer and the MMA Associate Dean for Clinical Affairs.

#### **4.3.6. Procedure Actions**

- 4.3.6.1.** Participating pharmaceutical companies may distribute the MMA Operations Committee-approved vouchers to MSM/MMA clinics through their sales representatives. These vouchers are for generic medications or brand drugs that are designated as "preferred" by the committee.
- 4.3.6.2.** PSRs may not distribute non-approved vouchers or coupons within MSM sites, or to MSM clinicians.

- 4.3.6.3.** If a clinic medical director believes there is a clinical need to maintain some physical samples, a request will be made to the MMA Operations Committee, the MMA Associate Dean for Clinical Affairs, and the Clinical Compliance and Privacy Officer using the Special Cause Sample Request Form. If the request is approved, the succeeding steps must be followed:
1. A formulary of approved sample products must be approved for the clinic and samples of only those products are permitted at the site.
  2. The approved products must be reviewed annually by the Associate Dean for Clinical Affairs and the Clinical Compliance and Privacy Officer.
  3. Samples must be stored in a locked secure area that prohibits unauthorized access or that is under constant supervision or surveillance. PSRs are not authorized to have access to drug sample storage areas.
  4. Samples are properly stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and safety, according to manufacturer's specifications and law and regulation.
  5. When samples are received from the manufacturer, they must be recorded on the Sample Drug Log-In Form.
  6. The sample drugs must be inspected monthly by the Associate Dean for Clinical Affairs or designee, and a copy of this review sent to the Clinical Compliance and Privacy Officer.
  7. Samples are organized to allow for easy retrieval, yet segregated to prevent medication errors. Storage areas must be routinely inspected to check for expired and deteriorated sample medications; samples stored in the wrong place; drugs that can no longer be identified by name, strength, and expiration date; and other medications that do not belong in that area.
  8. Samples for prescription drugs are labeled and dispensed according to the same standardized method that MSM uses for non-sample prescription medications.
  9. In the event of a drug recall, the Clinical Compliance and Privacy Officer will notify the clinic. The Associate Dean for Clinical Affairs or designee must review sample inventory and return recalled drugs to the pharmacy.
  10. When dispensing a sample medication to a patient, the physician must select the drug, dose, and quantity of medication to be dispensed. This must be recorded in the patient's medical record. The physician must review the dose-pack and patient label with written instructions prior to the medication being dispensed to the patient.

11. The physician may delegate to a medical assistant or nurse the following steps:

- 1) Complete the Sample Drug Sign-Out Log.
- 2) Complete the Sample Medication Label.
- 3) Document the patient waiver of a child-proof container.
- 4) Obtain final approval from the physician before dispensing.
- 5) Provide patient education regarding the medication.

**4.3.6.4.** The Clinical Compliance and Privacy Officer will inspect the sample medication storage, log, and dispensing process at least annually. If adherence to this policy is not being met, the privilege of maintaining samples will be revoked.

#### **4.4. Site Access**

**4.4.1.** MSM does not allow use of their facilities or other resources for marketing activities by Industry.

**4.4.2.** MSM always reserves the right to refuse access to their facilities or to limit activities by Industry representatives consistent with their non-profit mission. However, interaction with representatives of Industry is appropriate as it relates to exchange of scientifically valid information and other data, interactions designed to enhance continuity of care for specific patients or patient populations, as well as training intended to advance healthcare and scientific investigation.

**4.4.3.** To balance these interests, MSM's Procurement Office will develop a registry to assist in the management of site access by Industry representatives for appropriate purposes.

**4.4.4.** Sales or marketing representatives of Industry may access MSM facilities only if the company with which they are associated has registered with the MSM Procurement Office, and they have been specifically invited to meet with an individual healthcare provider or a group of healthcare providers for a particular purpose. Individual physicians or groups of physicians or other healthcare professionals may request a presentation by or other information from a particular company through the MSM Procurement Office or another designated institutional official.

**4.4.5.** Industry representatives should not be permitted in any patient care area unless each of the following exceptions is met:

- The representative is present to provide in-service training on devices and other equipment, including provision of essential guidance on the use of such equipment.
- The presence of the representative is expressly requested and approved in advance by a faculty member.
- The device representative is certified by their employer to provide the requested device training.

**4.4.6.** Industry representatives should never provide direct patient care services at MSM.

- 4.4.7.** Industry representatives are permitted in non-patient care areas by scheduled appointment only. Therefore, representatives should not be in any MSM facilities without a scheduled appointment with a faculty member or other authorized MSM personnel.
  - 4.4.8.** Industry representatives without an appointment as outlined above are not allowed to conduct business in patient care areas (inpatient or outpatient), in practitioners' office areas, or other areas of MSM clinical facilities.
  - 4.4.9.** All Industry personnel seeking sales or vendor relationships must work directly with the MSM Procurement Office. While in MSM facilities, all Industry representatives must be identified by name and current company affiliation in a manner determined by such department, as applicable.
  - 4.4.10.** All Industry representatives with access to MSM clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.
- 4.5.** Support of Continuing Medical Education or Graduate Medical Education
- 4.5.1.** Industry support of continuing medical education ("CME/GME") in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is provided to healthcare practitioners. In order to ensure that potential for bias is minimized and that CME/GME programs are not a guise for marketing, all CME/GME events hosted or sponsored by MSM must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CME/GME credit is awarded for attendance at the event.
  - 4.5.2.** All such agreements for Industry support of CME/GME programs must be negotiated through and executed by the Continuing Medical Education Department and must comply with all policies for such agreements.
    - 4.5.2.1.** Funding may be restricted to a clinical department and must be overseen by the chair of that department.
    - 4.5.2.2.** Funding may not be restricted to a clinical division, a specific program or an individual physician. The CME Committee will oversee Industry sponsorship exceeding established thresholds (see below) to ensure that potential conflicts of interest are appropriately managed.
  - 4.5.3.** Any such educational programs must be open on equal terms to all interested practitioners and may not be limited to attendees selected by the company sponsor(s).
    - 4.5.3.1.** Industry funding for such programming should be used to improve the quality of the education provided and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level.
    - 4.5.3.2.** Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on- or off-campus).

- 4.5.4.** Product symposia by MSM exclusively for the education of MSM personnel, MMA patients or the broader community are permissible. Industry products directly related to an MSM educational event may be displayed and discussed as part of the educational event. Industry funding to support these activities is acceptable provided it is processed consistent with this section.
  - 4.5.5.** Industry product fairs are prohibited. Industry representatives are never permitted to display or market any products on any MSM premises, unless they are directly related to an MSM-sponsored education event, as noted above.
  - 4.5.6.** MSM facilities (clinical or non-clinical) may not be rented by or used for Industry funded and/or directed programs, unless there is a CME/GME agreement for Industry support that complies with the policies of the CME Committee. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.
  - 4.5.7.** The Office of Compliance and Internal Audit will review and oversee Industry sponsorship to assess potential conflicts of interest and to propose approaches for management of such potential or actual conflicts of interest. The Office of Compliance and Internal Audit and the Office of General Counsel will review any Industry contribution exceeding \$10,000 in support of CME/GME (fellowship or other support) or general research support in any one fiscal year.
- 4.6. Industry Sponsored Meetings or Industry Support for Off-Campus Meetings**
- 4.6.1.** MSM medical staff, faculty, staff, residents, interns, students, and trainees may participate in or attend Industry-sponsored meetings, or other off-campus meetings where Industry support is provided, so long as:
    - 4.6.1.1.** The activity is designed to promote evidence-based clinical care and/or advance scientific research;
    - 4.6.1.2.** The financial support of Industry is prominently disclosed;
    - 4.6.1.3.** If the MSM representative is an attendee, Industry does not pay attendees' travel and attendance expenses;
    - 4.6.1.4.** Attendees do not receive gifts or other compensation for attendance;
    - 4.6.1.5.** Meals provided are modest (i.e., the value of which is comparable to the Standard Meal Allowance as specified by the United States Internal Revenue Service) and consistent with the educational or scientific purpose of the event.
  - 4.6.2.** MSM shall not market the event and MSM faculty shall not instruct or encourage participation in or attendance at the event. In addition, if an MSM representative is participating as a speaker:
    - 4.6.2.1.** All lecture content is determined by the MSM speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not MSM and
    - 4.6.2.2.** Compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed \$2,500 per event.

- 4.7. Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees**
- 4.7.1. MSM may accept Industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:**
- 4.7.1.1.** Industry support for scholarships and fellowships must comply with all MSM requirements for such funds, including the execution of an approved budget and written gift agreement through the Office of Institutional Advancement, and be maintained in an appropriate restricted account, managed at the school or department as determined by the president, the dean, or his or her designee.
  - 4.7.1.2.** Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the school in which the student or trainee is enrolled or, in the case of graduate medical education, the Associate Dean for Graduate Medical Education.
  - 4.7.1.3.** Written documentation of the selection process will be maintained.
  - 4.7.1.4.** Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the dean or department (as specified in the funding agreement) for the relevant school.
  - 4.7.1.5.** Industry may not earmark contributions to fund specific recipients or to support specific expenses.
  - 4.7.1.6.** Departments or divisions may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents, students, or other trainees to attend conferences or training that have legitimate educational merit. Attendees must be selected by the department based upon merit and/or financial need, with documentation of the selection process provided with the request.
  - 4.7.1.7.** Approval of particular requests shall be at the discretion of the dean.
- 4.8. Frequent Speaker Arrangements (Speakers Bureaus) and Ghostwriting**
- 4.8.1.** While one of the most common ways for MSM to disseminate new knowledge is through lectures, “speakers bureaus” sponsored by Industry may serve as little more than an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration should be given to determine whether the event meets the criteria set forth in Section 4.6 of this policy, relating to Industry Sponsored Meetings.
- 4.8.2. MSM personnel may not participate in, or receive compensation for, talks given through a speakers bureau or similar frequent speaker arrangements if:**
- 4.8.2.1.** The events do not meet the criteria of Section 6; or
  - 4.8.2.2.** If the content of the lectures given is provided by Industry or is subject to any form of prior approval by either representatives of Industry or event planners contracted by Industry; or

**4.8.2.3.** The content of the presentation is not based on the best available scientific evidence; or

**4.8.2.4.** The company selects the individuals who may attend or provides any honorarium or gifts to the attendees.

**4.8.3.** Under no circumstances may MSM personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, MSM personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

**4.8.4.** Speaking relationships with company or company event planners are subject to review and approval of the participant's administrator, department chair, or dean as delineated in Section 4.2, Consulting Relationships.

**4.9. Other Industry Support for Research**

**4.9.1.** MSM, through the Office for Sponsored Research Administration, has established policies and contract forms to permit Industry support of research in a manner consistent with the nonprofit mission of MSM.

**4.9.2.** True philanthropic gifts from Industry may be accepted through the Office of Institutional Advancement.

**V. REPORTING AND ENFORCEMENT:**

**5.1.** MSM personnel shall report their outside relationships with Industry using the Industry Conflict of Interest Disclosure Form available at the Office of Compliance and Internal Audit website, at least annually, and more often as needed, to disclose new relationships.

**5.2.** Alleged violations of this policy within MSM shall be investigated by the Office of Compliance and Internal Audit. Suspected violations of this policy shall be referred to the individual's dean and department chair, or administrative management, who shall determine what actions, if any, shall be taken.

**5.3.** Violations of this policy by MSM employees may result in the following actions (singly or in any combination), depending on the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:


- Counseling of the individual involved;
- Written reprimand, entered into the violator's employment or faculty record;
- Banning the violator from any further outside engagements for a period of time;
- Requiring that the violator return any monies received from the improper outside relationship;
- Requiring the violator to complete additional training on conflict of interest;
- Removing the violator from supervision of trainees or students;
- Revoking the violator's MMA hospital privileges;
- Fines;
- Termination for cause.

**5.4.** Any disciplinary action taken hereunder shall follow the established procedures of MSM.

- 5.5.** Industry representatives who violate this policy may be subject to penalties outlined in MSM Procurement Guidelines, or other applicable MSM policies, as well as other actions or sanctions imposed at the discretion of the President of MSM. Such penalties are described in the following guideline. Violation of any of the above procedures by representatives shall result in disciplinary action which may include, but shall not be limited to, the following actions:
- 5.5.1.** First violation: Verbal and written warning to representative; written notification to district manager or representative's supervisor.
  - 5.5.2.** Second violation: Suspension of representative and all other company sales/marketing representatives from MSM for six (6) months.
  - 5.5.3.** Third violation: Suspension of representative and all other sales and marketing representatives of the company from MSM for one (1) year or more. A review of multi-source products obtained from the company will be conducted.
- 5.6.** Representatives found trespassing as defined in this policy will be escorted from the premises and their companies notified as appropriate.

[Return to Table of Contents](#)



	<b>MOREHOUSE SCHOOL OF MEDICINE</b> HUMAN RESOURCES POLICY AND PROCEDURE	POLICY NUMBER	6.03
		EFFECTIVE DATE	3-26-2014
		PAGE(S)	04
	<b><u>SUBJECT</u></b> WORKERS' COMPENSATION POLICY	SUPERSEDES	01/15/2013

## Workers' Compensation Policy

### I. **PURPOSE:**

The purpose of this policy is to provide employees, residents, and supervisors information concerning employee benefits and instructions for treatment of work-related illnesses, injuries, accidents, and exposures, and for the completion of the required forms.

**GME Note:** Contact the Human Resources Office for current versions of forms and healthcare providers listed in this policy.

### II. **APPLICABILITY:**

All regular full-time and part-time employees and residents are eligible for workers' compensation benefits. Temporary workers and student employees are also eligible to receive workers' compensation benefits. Independent Contractors are not eligible to receive workers' compensation benefits.

### III. **GUIDELINES:**

#### 3.1. Employee Responsibilities

**3.1.1.** The employee should immediately provide as much information as possible about his or her injury or illness to the employee's supervisor or departmental designee. This person will assess the situation, assist with arranging proper medical care, and begin the injury reporting process.

**3.1.2.** If the employee requires medical treatment, he or she must follow the procedures outlined below and go to one of the healthcare providers as set forth on the Panel of Healthcare Providers.

**3.1.3.** The employee must complete the Employee's Incident Report Form. After the form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building, Room H-132.

#### 3.2. Supervisor Responsibilities

**3.2.1.** The supervisor must immediately assess the incident and then assist the employee in seeking appropriate medical care or necessary treatment for any work-related injury. If an injury is a potential life-threatening emergency, the supervisor should call 911.

**3.2.2.** The supervisor must complete the Supervisor's Incident Report Form. After the form is completed, it must be signed and sent to the Human Resources Manager for Disability and Leave Services at the Harris Building, Room H-132.

**3.2.3.** The supervisor must immediately contact the Department of Human Resources if the employee is a temporary employee from a temporary agency. Human Resources will contact the agency to inform the appropriate person of the incident.

### 3.3. Human Resources Responsibilities

**3.3.1.** Human Resources will discuss the facts with the employee and the supervisor and determine compensability or non-compensability of each incident.

**3.3.2.** Human Resources will coordinate efforts for returning an injured employee to work.

## IV. PROCEDURES:

### 4.1. First Steps If an Injury Occurs

The employee's health and safety should be a primary concern at all times. When an incident occurs, these general guidelines should be followed in the event of an incident that causes or almost causes a work injury.

**4.1.1.** Emergencies: Call 911 whenever appropriate and necessary. If the injury requires immediate medical attention, the employee will go to the nearest emergency room, utilizing an ambulance service when needed. Public Safety should be notified if emergency personnel have been contacted (fire, ambulance, etc.).

**4.1.2.** Non-Emergencies: An Employee's Incident Report Form should be completed immediately and sent to the Human Resources Disability and Leave Services Manager. A Supervisor's Incident Report Form should also be completed with the assistance of the employee and sent to the Human Resources Disability and Leave Services Manager. Once the Human Resources Disability and Leave Services Manager has determined that the injured employee needs to see a medical provider, the employee must use one of the physicians on our Panel of Healthcare Providers for treatment.

**4.1.3. Note:** All injuries, whether covered by Workers' Compensation or not must be reported to the employee's supervisor. The guidelines in this document are in addition to any local campus-related injuries, illnesses, and incident reporting. Any person who knowingly makes false claims or statements, or conceals facts in order to receive workers' compensation benefits, may be subject to penalties.

### 4.2. Reporting the Injury

**4.2.1.** STEP 1: The employee must notify his or her supervisor (within 24 hours) of the injury. The employee must also report incidents that are minor in nature and incidents that could have caused an injury. This will assist the school in possibly avoiding any further incidents in the future.

**4.2.2.** STEP 2: With the employee's assistance, the employee's supervisor must complete the Supervisor's Incident Report Form. After this form is completed, it must be submitted to the Human Resources Disability and Leave Services Manager. If needed, the Human Resources Disability and Leave Services Manager will assist the employee or supervisor in completing the form.

**4.2.3.** STEP 3: The employee must seek prompt medical attention from our Panel of Healthcare Providers. If the incident is an emergency, the employee must seek immediate medical attention from any doctor (or emergency room). When the emergency is over, the employee must get follow-up treatment from a physician on our Panel of Healthcare Providers.

**4.2.4.** STEP 4: If the injury requires accommodations or modified duty for returning to work, the employee should notify the Human Resources Disability and Leave Services Manager and the employee's supervisor. When follow-up appointments are necessary, the employee should inform his or her supervisor.

**4.2.5.** STEP 5: The employee must always inform the Human Resources Disability and Leave Services Manager and his or her supervisor when released to return to work full-time with no restrictions.

**4.2.6.** The Human Resources Disability and Leave Services Manager will notify the School's workers' compensation insurance carrier by completing a report through their reporting system. After this has been completed, a workers' compensation claim number will be generated and forwarded to the employee and the designated healthcare provider. This number will be used to identify the incident and for processing any medical expenses incurred.

**4.3. The Claim Process**

**4.3.1.** After the claim has been submitted through our reporting system, the claims representative will investigate the injury and the circumstances surrounding it to determine if the claim is compensable. If it is determined that a claim is not compensable, the claims representative will deny the claim and the employee has the right to challenge this denial.

**4.3.2.** If the employee is unable to work due to the injury, the claims representative will monitor the situation and work with the Human Resources Disability and Leave Services Manager with regard to the employee returning to work.

**4.3.3. IMPORTANT:** For questions about payment of bills, reimbursements, lost wage benefits, or other financial matters related to workers' compensation, the employee or any treating physician, hospital, pharmacy, or other medical provider should contact the workers' compensation insurance carrier at:

PMA Insurance Group  
P.O. Box 5231  
Janesville, WI 53547-5231

**4.4. The Weekly Benefit**

**4.4.1.** If an employee is absent from work less than seven (7) calendar days, then he or she will be required to use any accrued sick/vacation time for those days.

**4.4.2.** Employees who lose at least seven (7) calendar days from work as a result of a work-related injury are entitled to a weekly loss-of-earnings benefit, equivalent to 66-2/3% of the employee's weekly wages up to the maximum as determined by the Georgia Workers' Compensation Act. Employees may elect to use their accrued sick and vacation time in lieu of workers' compensation pay by completing the Election of Salary Form. An employee may not supplement workers' compensation pay with his or her accrued leave.

**4.4.3.** If the injury causes the employee to miss at least seven (7) calendar days of work, a Georgia Workers' Compensation Wage Statement will be completed by the Human Resources Disability and Leave Services Manager and sent to:

PMA Insurance Group,  
1100 Abernathy Road NE,  
Bldg. 500 Suite 650,  
Atlanta, GA 30328.

**V. LEAVE WITHOUT PAY:**

- 5.1.** The Family and Medical Leave Act (FMLA) or a medical leave of absence is available to employees who have missed work as a result of a work-related injury. While on this type of leave, the employee will not be eligible to accrue paid leave benefits (e.g., sick, vacation leave.)
- 5.2.** Human Resources will consult with the employee's department manager in order to process a Personnel Action Form (PAF) to change the employee's status to Leave Without Pay (LWOP) while the employee is out due to a work-related injury. When the employee is cleared to return to work, the employee is entitled to the same status and rate of pay, including any salary adjustments.
- 5.3. **Note:**** If an employee is eligible for FMLA and his or her absence is because of a work-related injury, this time away from work will count against the Employee's FMLA leave entitlement, provided the employee's condition constitutes a Serious Health Condition as defined by the FMLA. For additional information, refer to MSM's FMLA policy (HR 7.05).

[Return to Table of Contents](#)