GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES
HANDBOOK

2019-2020

All Graduate Students are bound by the University’s policies, which can be found at https://osteopathic.nova.edu/postgrad-edu/index.html
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PURPOSE OF GRADUATE MEDICAL EDUCATION

“Residency is an essential dimension of the transformation of the medical student to the 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 specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. 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. 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. 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. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.”

Accreditation Counsel for Graduate Medical Education

The American Osteopathic Association (AOA) is organized to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession.

American Osteopathic Association
Welcome to Graduate Medical Education at the Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (KPCOM). We are dedicated to the development of residents and fellows in their progression to become exceptional physicians and scholars, encompassing excellence in each of the core competencies.

The GME office assumes stewardship in creating a supportive and safe clinical environment that facilitates residents’ professional, ethical, and personal development. The GME office ensures that each program, through curricula, evaluation, and resident supervision, ensures a residency training that enables safe and appropriate patient care.

Dr. Janet Hamstra, the Assistant Dean for Graduate Medical Education and Designated Institutional Official (DIO) oversees all GME activities. Each of the institution's program directors answer directly to Dr. Hamstra, and all major decisions regarding graduate medical education are brought before the Graduate Medical Education Committee (GMEC). In parallel to this committee is the Resident Forum, composed of residents and fellows from each program. The Resident Forum in turn elects resident representatives to serve on the GMEC.

If I can assist you in any way during your years of training at KPCOM, please do not hesitate to contact me at either 813.574.5243 or at hamstra@nova.edu.

Janet Hamstra, Ed.D.
Assistant Dean of Graduate Medical Education
Designated Institutional Official
The Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (KPCOM) Graduate Medical Education (GME) Manual is provided as a guide to and summary of the various policies, benefits, and services available and applicable to GME Trainees (Residents and Fellows) as of the date published.

The policies, benefits, and services described in this guide may be changed or discontinued at any time, with or without additional notice. Trainees are encouraged to consult the various booklets, summaries, and governing documents as appropriate, and to contact The Office of Graduate Medical Education for more detailed and up-to-date descriptions when necessary.

Information contained in any handbook, guide, manual, or document prepared for or relating to GME Trainees is for informational purposes only and shall not be construed as a contract.

This manual is renewed on an annual basis and posted on the KPCOM GME website and in MedHub, KPCOM's resident management system. Each training program is required to maintain its own program manual (resident manual) covering items specific to that program based on program requirements and items common to all programs as illustrated in the ACGME Common Program Requirements. Programs are expected to have sections regarding expectations for residents and faculty to participate in Quality Improvement, Patient Safety, Moonlighting, Fatigue Mitigation, and Supervision to name a few. Should any residency manual items come into direct conflict with stated policies and guidelines of the GME manual or NSU Policy and Procedure, the Office of GME and NSU policies and guidelines will take precedence.

Should you have any questions or needs, do not hesitate to visit or contact The Office of GME. We are here to assist you and look forward to having you in our training programs.
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GMEC: COMPOSITION, MISSION & RESPONSIBILITIES

PURPOSE:

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
ACGME requires every Sponsoring Institution to identify a Designated Institutional Official who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution’s ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

POLICY:
In accordance with ACGME Institutional Requirements, KPCOM’s Graduate Medical Education Committee (GMEC) must have oversight of all accredited programs sponsored by the institution, to ensure the highest quality education to residents in training. The GMEC meets six (6) times per year in alternating months and must meet a minimum of once every quarter during each academic year. Meeting minutes must be maintained that document execution of all required GMEC functions and responsibilities.

The following procedure outlines the membership and oversight responsibilities of the GMEC.

I. GMEC MEMBERSHIP
   A. KPCOM GMEC Voting Members
      1. Designated Institutional Official (DIO)
      2. Program Director of each accredited program
      3. Two (2) peer selected residents from among ACGME-accredited programs
      4. A quality improvement or patient safety officer or designee

   B. Other Members
      1. The GMEC may include additional members as deemed necessary for the GMEC to function in the best interest of resident education. Additional membership will be determined by the GMEC.

   C. GMEC Subcommittees
      1. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow.
2. Subcommittee actions that address GMEC responsibilities must be reviewed and approved by the GMEC.

D. Minimum Meeting Attendance must include:
   1. DIO
   2. Majority of Program Directors
   3. One (1) resident/fellow member
   4. QI Officer or designee

II. GMEC RESPONSIBILITIES:
   A. GMEC must provide oversight of:
      1. Accreditation status of Sponsoring Institution and all accredited programs;
      2. The quality of the GME learning and working environment within Sponsoring Institution, programs, and participating sites;
      3. The quality of educational experiences in each program that lead to measurable achievement of educational outcomes as identified by ACGME, AOA, CPME or other respective review committee requirements of KPCOM sponsored programs.
      4. Program annual evaluation and improvement activities.
      5. All processes related to reductions and/or closures of:
         a. Individual programs;
         b. Major participating sites; and,
         c. The Sponsoring Institution
   B. GME must provide review and approval of:
      1. Institutional GME policies and procedures, including the following required policies:
         a. Resident/Fellow recruitment
         b. Agreement of appointment/contract
         c. Promotion, appointment renewal and dismissal
         d. Grievances
         e. Professional liability insurance
         f. Health and disability insurance
         g. Vacation and leaves of absence
         h. Resident services
         i. Supervision
         j. Clinical and Educational Work Hours/Moonlighting
         k. Vendors
         l. Non-Competition
         m. Disasters
         n. Closures and Reductions
      2. Annual review and recommendations to the Sponsoring Institution regarding resident/fellow stipends, benefits, and funding for resident positions.
3. Oversight of program changes through review of the following for approval, prior to submission to the ACGME, or respective review committee, by program directors:
   a. All applications for ACGME accreditation of new programs;
   b. Changes in resident complement;
   c. Major changes in program structure or length of training;
   d. Additions and deletions of participating sites;
   e. Appointments of new program directors;
   f. Progress reports requested by any Review Committee;
   g. Responses to Clinical Learning Environment (CLER) reports;
   h. Requests for exceptions of resident clinical and educational work hours;
   i. Voluntary withdrawal of program accreditation;
   j. Requests for an appeal of an adverse action;
   k. Appeal presentations to a Board of Appeal or the ACGME; and,
   l. Affiliations.

4. The Institutional Core Competency Plan (ICCP) and Program Director annual residency reports.

C. GMEC Oversight of the Annual Institutional Review (AIR):
   1. The GMEC will identify institutional performance indicators for the AIR which include:
      a. Results of the most recent institutional self-study visit;
      b. Results of ACGME surveys of residents/fellows and core faculty;
      c. Notification of ACGME-accredited programs’ accreditation statuses and self-study visits.
      d. Program resident and faculty engagement in CLER activities.
   2. The AIR must include monitoring procedures for action plans resulting from the review.
   3. The DIO must submit a written annual executive summary of the AIR to the Governing Body.

D. GMEC Oversight of underperforming programs through a Special Review process:
   1. The Special Review process must include a protocol that:
      a. establishes criteria for identifying underperformance; and,
      b. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

Approved by GMEC on June 26, 2018
PROGRAM EVALUATION, IMPROVEMENT, AND ANNUAL PROGRAM REPORTS

PURPOSE:
The educational effectiveness of the residency experience must be evaluated annually in a systematic manner that includes input from residents and faculty. The purpose of this policy is three-fold:

A. This policy addresses the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement of I.B.4.a).(4) regarding the GMEC oversight of the ACGME accredited programs annual evaluation and improvement activities.

B. This policy addresses ACGME Common Program Requirements V.C. Program Evaluation and Improvement and V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process.

C. This policy addresses the ACGME Common Program Requirement of V.A.3.b) The Clinical Competency Committee must: V.A.3.b).(1) review all resident evaluations at least semi-annually; V.A.3.b).(2) determine each resident's progress on achievement of the specialty-specific Milestones; and, V.A.3.b).(3) meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

BACKGROUND:
In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee (PEC) utilizes outcome parameters and other data to assess the program’s progress toward achievement of its goals and aims including input from the Clinical Competency Committee.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

PROGRAM EVALUATION COMMITTEE PROCEDURE:
The goal of the PEC is to oversee curriculum development and program evaluations for the residency program. The PEC will be appointed by the Program Director who will serve as the committee Chair. The PEC is composed of the site director from each training site, or designee, and one resident from each of the program's training years chosen by peers in the program.

The responsibilities of the PEC include:
1. Evaluate educational activities of the residency;
2. Review and make recommendations for revision of competency-based curriculum goals and objectives;
3. Address areas of noncompliance with ACGME standards;
4. Review the program annually using evaluations of faculty and residents;
5. Document on behalf of the program, formal, systemic evaluations of the curriculum at least annually and render a written Annual Program Evaluation (APE) which must be submitted to the GMEC annually in the Annual Program Director update;
6. Monitor and track resident performance, faculty development, graduate performance (including placement and success in future residency training), program quality, and progress in achieving goals set forth in previous year’s action plan;
7. Review recommendations from the Clinical Competence Committee;
8. Recommendations for changes in evaluation tools as identified during review of program; and
9. Review action plans from prior years to assess compliance and completion of recommendations for improvement.

Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually and the program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program. The Program Director is ultimately responsible for the work of the PEC and will ensure that the annual action plan is reviewed by the program’s teaching faculty. This approval will be documented in meeting minutes. The Program Director must indicate to the DIO any deficiencies that require additional resources for resolution. The program’s annual action plan and report on the program’s progress on initiatives from the previous year’s action plan will be sent to the DIO and the Office of Graduate Medical Education.

**CLINICAL COMPETENCY COMMITTEE INPUT:**
Assessment by a consensus of a diverse group of faculty reinforces when a resident is performing well and identifies areas of concern for a resident experiencing difficulties. The Clinical Competency Committee (CCC) will provide input to the program evaluation process regarding resident performance since this allows departments to identify weaknesses in their educational curriculum, rotation schedules, and supervision. The CCC should inform, where appropriate, the PEC of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for residents to progress in each of the milestones. The CCC is also responsible for providing feedback to the Program Director on the timeliness and quality of faculty’s documented evaluations of residents, in order to identify opportunities for faculty training and development and to review all other evaluation tools used by the program to ensure their adequacy.
SPECIAL REVIEW PROTOCOL

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements I.B.6. Special Review Protocol:

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

I.B.6.a) The Special Review process must include a protocol that:
I.B.6.a).(1) establishes criteria for identifying underperformance; and,
I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

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

Program attrition
- Greater than one resident/fellow per year resident attrition (includes withdrawal, transfer, or dismissal)

Loss of major education necessities
- Consistent incomplete resident complement or
- Major program structural change

Recruitment performance
- Unfilled positions over three years

Board pass rate
- Downward trend in board passage rate or
- Unacceptable by ACGME specialty standards

Case logs/Clinical experience
- Unacceptable by ACGME specialty-specific standards

Resident Survey
- Compliance below the national average for any aspect of duty hour rules
- Downward trends in more than two categories other than duty hours.
- Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year.
Faculty Survey
- Minimum of 60% completion rate
- Downward trend in more than two categories

Non-compliance with responsibilities
- Failure to submit milestones data to the ACGME and to the GMEC
- Failure to submit data to requesting organizations or GMEC (ACGME/ABMS)

Inability to meet established ACGME common and program specific requirements

Notification from RRC
- Requests for progress reports and site visits,
- Unresolved citations or new citations
- Other actions by the ACGME resulting from annual data review or other actions

SPECIAL REVIEW:
The GMEC will discuss whether a residency/fellowship program is underperforming and thereby subject to special review. If so determined, the DIO/GMEC must initiate a special review within 30 days of a program being identified as underperforming.

The special review will be conducted by a Special Review Committee (SRC). The SRC will include, at minimum, the DIO, an administrative member of the GMEC, a faculty member and resident from the GMEC – though not from the program under review. Additional members may be included on the SRC as determined by the DIO/GMEC. The DIO will chair the SRC.

The SRC will determine materials and data to be used during the Special Review. At minimum, the materials are to include:
- The ACGME common, specialty, subspecialty-specific program, and Institutional Requirements in effect at the time of the review;
- Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
- Previous Annual Program Evaluations (APE);
- Results from ACGME faculty and resident surveys; and
- Any other materials the SRC considers necessary and appropriate.

The SRC will conduct interviews with the Program Director, key faculty members, at least one peer selected resident(s) from each PGY level of training in the program, and other individuals deemed appropriate by the committee.

The SRC will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:
1. A description of the quality improvement goals to address identified concerns,
2. A description of the corrective actions to address identified concerns, and
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.
Monitoring of Outcomes
The DIO, in conjunction with the GMEC, will monitor outcomes of the Special Review. The subject program will provide quarterly progress reports to the GMEC until the deficiency is deemed remediated by the DIO/GMEC.

*Initial Approved by GMEC on July 7, 2017*
*Second Approval by GMEC on June 26, 2018*
POLICY ON ACGME COMMUNICATIONS

A. The Office of Graduate Medical Education encourages program directors to interact with their respective specialty-specific RRC for matters of guidance and advice as it pertains to their compliance with the Common and Program-specific ACGME regulations, except as noted in Chapter XXII.

B. The Assistant Dean of GME and subsequently, the GMEC, must approve all communications with the ACGME that involve the following, prior to their submission.
   1. All applications for ACGME accreditation of new programs
   2. Changes in resident complement
   3. Major changes in program structure or length of training
   4. Additions and deletions of participating sites
   5. Appointments of new program directors
   6. Progress reports requested by any Review Committee
   7. Responses to all proposed adverse actions
   8. Requests for exceptions of resident duty hours
   9. Voluntary withdrawal of program accreditation
   10. Requests for an appeal of an adverse action
   11. Appeal presentations to a Board of Appeal or the ACGME.
   12. All requests for experimentation/innovation as it regards exceptions to the ACGME Common and Specialty-specific requirements.

C. The Assistant Dean of GME must receive all program information forms (PIF’s) one month prior to submission to the ACGME.

Approved by GMEC on June 26, 2018
POLICY ON PROGRAM CLOSURES AND REDUCTIONS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.N. Closures and Reductions:

The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following:

IV.N.1. The Sponsoring Institution must 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.

IV.N.2. 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.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The ACGME Institutional Requirements require the sponsoring institution to have written policy that addresses a reduction in size or closure of a residency program or closure of the institution. This process needs to be done in a way that minimizes the impact on trainees.

POLICY:
Nova Southeastern University, as the Sponsoring Institution, through the Designated Institutional Official (DIO), will inform the Graduate Medical Education Committee, Program Directors, Graduate Medical Education staff, and residents as soon as time permits of any intention to reduce or close a residency program OR if the University Board of Trustees determines that the Sponsoring Institution will close.

Every effort will be made to allow residents currently in the program to complete their education or assist the residents in enrolling in a different Accreditation Council for Graduate Medical Education (ACGME) program in which they can continue their education.

Once the determination is made to reduce or close the residency program, the Sponsoring Institution must notify the Accreditation Council for Graduate Medical Education (ACGME), and the National Residency Match Program (NRMP). The Sponsoring Institution must inform these entities of the method in which the institution will assist the residents in securing a position in another accredited program. Failure to notify these entities will be viewed as an egregious violation.
PROCEDURE:
A. If the institution intends to reduce the size of a residency program or close a residency program, or if the University Board of Trustees determines that the institution will close, the DIO will inform the GMEC and trainees as soon as time permits and no longer than two days after the DIO is notified of the closure or reduction decision.

B. Every effort will be made to permit trainees to finish their program with NSU during a “train out” process. Only when absolutely necessary will residents already in NSU programs be transferred to programs at other institutions to complete their training.

C. Administrative assistance will be provided to assist residents in finding a new position for a minimum of ninety (90) days from trainee notification of program closure or reduction.

D. Monetary relocation assistance, up to $1000 per resident based on submitted expense receipts, will be provided to assist residents who are unable to relocate to a new position within 100 miles of the closing program site.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
POLICY ON DISASTERS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.M. Disasters:

The Sponsoring Institution 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 a disaster or interruption in patient care.

IV.M.1. This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The South Florida area is uniquely at risk for natural disasters such as hurricanes and tropical storms. The goal of emergency management at NSU is to ensure that all programs, including Graduate Medical Education programs, are prepared to respond to, recover from, and mitigate the impact of any emergency or disaster.

POLICY:
This policies and procedures specified below are intended to complement and coincide with all existing disaster plans at NSU:

- NSU Comprehensive Emergency Plan – found at nova.edu/publicsafety/comp.html.
- NSU Emergency Notification System – found at nova.edu/emergency/notification/index.html.
- NSU Compensation Practice for University Closures – found at nova.edu/portal/hr/policies/closure-compensation.html
- NSU University Closures – found at nova.edu/hurricane/closures.html.

The NSU Office of Graduate Medical Education has adopted the following policy to define the basic procedures and assigned responsibilities to efficiently and effectively reconstitute and restructure resident training experiences in the event of a disaster.

A. Responsibilities of the Designated Institutional Official (DIO):

   a. The DIO will have primary responsibility as liaison between the university, training sites and ACGME.

   b. The DIO will coordinate all resident clinical and educational activities during a disaster.

   c. The DIO will coordinate with the NSU Human Resources and Finance departments
to ensure that information is provided to residents about assistance for continuation of salary and benefits.

B. Responsibilities of the Hospital Directors of Medical Education (DMEs):

a. Hospital DMEs will be responsible ensuring that all hospital or site-specific disaster/emergency management policies are communicated to trainees annually.

b. Hospital DMEs will be responsible for verifying, with the Program Directors, the health and safety of all staff and trainees assigned to their site(s), in accordance with hospital or site-specific emergency management policies, and will relay this information to the DIO.

C. Program Directors:

a. Program Directors will be responsible for verifying the health and safety of all trainees in their program and relay this information to the Hospital DME and DIO.

b. Program Directors will coordinate with the Hospital DME and DIO and training sites to ensure patient care is maintained.

c. Program Directors will notify the Hospital DME and DIO of any Duty Hour exceptions that occur just prior, during and immediately after a disaster situation.

d. If needed, Program Directors, with assistance from the Hospital DME, will arrange temporary transfers to other institutions until the original training site is able to resume providing an adequate educational experience.

Program directors will make their best efforts to ensure that each transferred trainee receives a quality educational experience at their new training site. The program director will regularly confer with the trainees and program director(s) at the site to make sure that educational needs are being met.

D. Responsibilities of the Trainees:

a. Trainees may be needed to stay at the hospital to ensure patient care is maintained.

b. Trainees should contact their Program Director, Supervising Faculty or Chief Residents for information regarding emergency coverage.

c. Duty hours and fatigue will be monitored in such situations, however trainees may be required to stay in the hospital beyond their duty hour limit to maintain patient care or because it is unsafe to travel outside of the hospital.

PROCEDURE (if a disaster disrupts training at a site):
Refer to the NSU and hospital or training site-specific Emergency Management plans.
A. Designated Institutional Officer:
   a. The DIO, or another credible source, will immediately notify the ACGME of the occurrence of a disaster at a training site. Upon notification from the DIO or another credible source, the ACGME Chief Executive Officer will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the disaster.

   b. The DIO will convene the Graduate Medical Education Committee (GMEC) as soon as is safely possible and other appropriate institutional leadership in order to ascertain the status and operating capabilities of all training programs. In the event that training facilities are damaged and unable to continue operations, the GMEC will make a recommendation as to continuation of training.

   c. Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss the due dates that the ACGME will establish for programs to:
      1. Submit program reconfigurations to the ACGME; and
      2. Inform each trainee of any transfer decisions.

      The due dates for submission shall be no later than thirty days after the disaster unless otherwise approved by the ACGME.

   d. The DIO may contact the Executive Director of the ACGME Institutional Review Committee with information and/or requests for information.

B. Program Directors with assistance from Hospital DMEs:
   a. Will assist trainees in obtaining permanent transfers to other institutions, if needed, in order to continue and complete their training.

   b. If a transfer to another institution is necessary and if more than one institution is available, the Program Director will consider the educational needs and preferences of each trainee and make their best efforts to find an appropriate training site. Programs must make these transfer decisions expeditiously so as to maximize the likelihood that each trainee will finish their training in a timely fashion.

   c. At the outset of a temporary resident transfer, the program must inform each transferred trainee of the minimum duration and the estimated actual duration of their temporary transfer and continue to keep each trainee informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a training year, it must so inform each such transferred trainee. Transferred trainees will be allowed to return as soon as the institution is operational, or they may stay at the transferred institution for a reasonable length of time in order to maintain a continuum of their education.

   d. The Program Director should call or email the appropriate Review Committee Executive Director with information and/or requests.
C. Trainees:
   a. Trainees should contact their program director as soon as reasonably possible to verify their safety, current/anticipated location, and any changes to their contact information.

   b. Trainees shall follow hospital and departmental protocols to ensure that adequate provisions are made for patient care.

   c. All transferred trainees should refer to instructions on the ACGME Web Accreditation System to change trainee email information.

*Initial Approved by GMEC on July 7, 2017*
*Second Approval by GMEC on June 26, 2018*
POLICY ON ELECTRONIC OR WRITTEN INFORMATION PROVIDED TO APPLICANTS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.A.3:

*An applicant invited to interview for a resident/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 appointments.*

**IV.A.3.a.** Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.

DEFINITIONS:
See the *NSU Graduate Medical Education Glossary of Terms* dated June 2017; the *ACGME Glossary of Terms* dated July 1, 2013; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated July 1, 2013.

BACKGROUND:
The NRMP requires that applicants for residency positions through the NRMP who are invited to interview must be given complete and accurate information regarding the policies and procedures governing their training programs.

POLICY:
Any applicant invited to interview for a resident/fellow position will 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/her eventual appointment.

Information that is provided must include:
- a sample contract,
- 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.

PROCEDURE:
It is the responsibility of the DIO to ensure that all required information is updated and approved by the GMEC prior to the beginning of the interview season. The Office of GME will ensure that each applicant invited to interview will be supplied with all necessary information as required by the ACGME Institutional, Common, and Program requirements.
POLICY ON QUALIFICATION OF APPLICANTS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement IV.A.1. Eligibility and Selection of Residents/Fellows:

The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment and must monitor each of its ACGME-accredited programs for compliance.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Resident/Fellow physicians must meet certain qualifications for participation and appointment in the accredited residency/fellowship programs at NSU. These qualifications include the accreditation of the medical school, medical licensure, speaking skills, and medical licensing examinations.

POLICY:
Resident/Fellow applicants must meet the following qualifications for appointment to an ACGME-accredited residency program:

A. Graduation from an accredited and acceptable medical school (MD or DO), as outlined by the Florida Board of Medicine or the Florida Board of Osteopathic Medicine.

If graduation is from an acceptable medical school outside the United States or Canada resident must have the following:

a. a current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or

b. a full, unrestricted license to practice medicine in the State of Florida

B. The Office of Graduate Medical Education reserves the right to reject any candidate at the point it is determined that they have matriculated from an unacceptable medical school.

C. Meet the requirements set by the Florida Board of Medicine or Florida Board of Osteopathic Medicine for Initial Licensing of Resident Physicians, Interns, Fellows, and House Physicians.

D. Evidence of passing COMLEX Level 1 and 2/USMLE Step I and II. Fellowship program applicants must provide evidence that they successfully passed COMLEX Level
3/USMLE Step III.

E. Ability to demonstrate spoken, auditory, reading, and writing proficiency in the English language.

F. Be able to meet with or without reasonable accommodation, all duties and responsibilities as described in our policy and procedure manual.

G. Proof of legal employment status (i.e., birth certificate, passport, naturalization papers, valid visa, etc.),

Some program requirements stipulate further qualifications that must be met for eligibility to an ACGME-accredited program at NSU. Additionally, some programs may have more stringent qualification requirements as specified in their individual program manuals.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
POLICY ON RECRUITMENT AND SELECTION OF RESIDENTS AND FELLOWS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement IV.A.1. Eligibility and Selection of Residents/Fellows:
The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment and appointment and must monitor each of its ACGME-accredited programs for compliance.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Resident/Fellow physicians must meet certain qualifications for participation and appointment in the accredited residency/fellowship programs at NSU. These qualifications include the graduation from an accreditation of the medical school, medical licensure, speaking skills, and medical licensing examinations.

POLICY:

A. Eligibility – See Qualifications/Eligibility of Applicants Policy

B. Application
Application is the first step in the process of joining an NSU residency/fellowship program. Residency and fellowship programs at NSU participate in the Electronic Residency Application Service (ERAS).

C. Resident Selection

a. Programs will select residents from among eligible candidates based on residency-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

b. Program Directors must have their residency-specific criteria approved annually by the DIO and GMEC prior to the beginning of the interview process.

c. Programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status as required by the ACGME.

PROCEDURE:

A. Application
a. Only applicants who meet the Eligibility requirements for the specialty program that
that they are applying for will be considered.

b. Applicants must use ERAS to submit supporting credentials directly to the program director. These include:
   1. Application form
   2. Letters of recommendation
   3. Medical school performance evaluation / Dean’s letter
   4. Medical school transcript
   5. Personal statement
   6. USMLE or COMLEX transcript
   7. ECFMG status report (for graduates of foreign medical schools)

B. Interviews

a. Only applicants who have submitted all of the required credentials and documents will be invited for interviews.

b. During the in-person interview, the applicant may be asked to complete a writing exercise that will provide information on the applicant’s writing skills, including ability to organize information, content development and grammatical skills.

C. Resident Selection

In selecting from among qualified candidates seeking an initial Graduate Medical Education position, or a position in an advanced Graduate Medical Education program that participates in one of the "specialty" matching programs, the programs will participate in and abide by the rules and regulations established by the National Resident Matching Program and/or the applicable specialty-matching program.

Applicants must submit all required documentation to the NSU Office of GME prior to the start of residency training. Any delays in information submission may result in a delay of the resident’s start date or retraction of the offered position.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
POLICY ON ACCOMMODATIONS FOR DISABILITIES

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.H.4. Accommodation for Disabilities: 
   The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

POLICY:
Nova Southeastern University, and the Office of Graduate Medical Education, is committed to a policy ensuring persons with disabilities are not unlawfully discriminated against and is committed to guaranteeing equal opportunity and equal access to all the rights and privileges enjoyed by those who are not disabled. Nova Southeastern University will comply with all provisions of the Americans with Disabilities Act of 1990 and will provide, upon request, reasonable accommodations to qualified individuals with a disability.

For policy statements, see:
   • NSU Employee Policy Manual – Americans with Disabilities Act of 1990, found at nova.edu/portal/hr/policies/ada.html.
   • NSU Employee Policy Manual – Disability Discrimination Grievance Policy, found at nova.edu/portal/hr/policies/disability-discrimination.html.
   • NSU Employee Policy Manual – Equal Employment and Nondiscrimination Policies, found at nova.edu/portal/hr/policies/equal-employment-nondiscrimination.html.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
POLICY ON FINANCIAL & RESOURCE SUPPORT OF RESIDENTS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement II.D. Resident Salary and Benefits:

The Sponsoring Institution, in collaboration with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s).

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

POLICY:
NSU-KPCOM is committed to offering a competitive salary and benefits package to residents/fellows in keeping with the ACGME-accreditation requirements and the NSU Office of Human Resources.

Salary (Effective Academic Year 2019-2020):

<table>
<thead>
<tr>
<th>PGY</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>$53,550</td>
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<tr>
<td>3</td>
<td>$55,590</td>
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<tr>
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</tbody>
</table>

Payment to residents shall be in accordance with University’s regular payroll and expense reimbursement protocols.

Chief Resident Stipend: $2,000 per contract year

Leave of Absence, Sick Leave, Personal Leave, and Vacation (Paid Time Off – PTO):
See the Vacation and Leaves of Absence Policy in the KPCOM Graduate Medical Education Manual.

Malpractice:
See the Professional Liability Insurance Policy in the KPCOM Graduate Medical Education Manual.

The University shall, at its own expense, add the resident as a participant under the University’s professional liability program, which shall provide a minimum of one million dollars per incident, three million dollars aggregate on an occurrence basis with no deductible by the resident.

Coverage shall not be available under the University’s professional liability program for services performed by the resident outside of assigned Program activities (e.g., when the
resident is moonlighting, no coverage is afforded under the University’s professional liability program).

**Employee Benefits:**
The following benefits are available in accordance with current Personnel Policies of the University:

- Resident shall be eligible for Health, Dental, Vision, Group term life, Long-term and Short-term disability insurance, consistent with such benefits offered to University employees in the “faculty and senior administrators” job category.

- Resident shall be entitled to Sick Leave consistent with University Policy for “faculty and senior administrators” and subject to approval by Program Director.

- Resident shall be entitled to Vacation Leave consistent with University Policy for “faculty and senior administrators” and subject to approval by Program Director. See the Vacation and Leave of Absences Policy in the KPCOM Graduate Medical Education Manual and the NSU Employee Manual, available on-line, for additional information.

- Resident shall be entitled to Family Medical Leave consistent with University family leave policy for “faculty and senior administrators” and subject to approval by Program Director.

**On-Call Rooms:**
Resident will be entitled to utilize the designated on-call rooms provided to its residents when on-call.

**Meals:**
Residents will have access to the cafeteria while on duty at the hospital.

**White Coats:**
Two (2) Lab coats will be provided during the PGY-1 year with one (1) additional coat during each of the PGY-2 year, PGY-3 year, and PGY-4 years.

**Continuing Medical Education:**
Residents are allotted $1,200.00 and up to five days (PTO) per academic year to cover air, travel, registration, and meals to attend professional conference and/or for educational expenses, in keeping with NSU policy for faculty. Unspent monies do not carry forward to the following year.

*Initial Approved by GMEC on April 20, 2019*

*Second Approval by GMEC on April 24, 2019*
POLICY ON CLINICAL AND EDUCATIONAL WORK HOURS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement IV.J. Clinical and Educational Work Hours:

- The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

Common Program Requirements VI.F. Clinical Experience and Education:
- 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.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
It is recognized that excessive numbers of hours worked by intern, resident and fellow physicians can lead to errors in judgment and clinical decision-making. This can have an impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. There will be a high degree of sensitivity to the physical and mental well-being of interns/residents/fellows and every attempt will be made to avoid scheduling excessive work hours leading to sleep deprivation. The following work hours apply to all interns/residents/fellows in all specialties.

POLICY:
The NSU policy is that trainee physician duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Individual Specialty Review Committees may impose stricter duty hour restrictions in their program requirements. Each program’s leadership should be familiar and fully comply with these requirements.

Each Program Director will submit a duty hour report monthly to the DIO and the GMEC.

Programs with trainees not in compliance with the Common and specialty/subspecialty-specific Program Requirements will be required to submit an action plan addressing the areas of non-compliance.

Repeated non-compliance with duty hour restrictions will subject the offending program to the Special Review Protocol.
PROCEDURE:

Program Directors must adhere to these guidelines when scheduling trainees –

80-Hour Maximum Weekly Limit

The intern/resident/fellow shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives outlined by the educational program. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-Hour Maximum Weekly Limit. (Refer to Policy on Resident Moonlighting).

PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

a) Duty periods of a PGY-1 resident must not exceed sixteen (16) hours in duration.

b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of twenty-four (24) hours of continuous duty in the hospital.

Residents shall not assume responsibility for a new patient or any new clinical activity after working twenty-four (24) hours of continuous in-house duty.

On rare circumstances, residents, of their own initiative, will be allowed to remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extension of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under these circumstances, the resident must:

a) Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

b) Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director and the office of GME.
c) The Program Director will review the submission of each additional service and track both individual and program-wide episodes of additional duty and report this to the GMEC.

**Minimum Time Off between Scheduled Duty Periods**

a) PGY-1 Residents should have ten (10) hours, and must have eight (8) hours, free of duty between scheduled duty periods.

b) PGY-2 and above residents should have ten (10) hours free of duty and must have eight (8) hours between scheduled duty periods.

c) PGY-2 and above residents must have fourteen (14) hours off after twenty-four (24) hours of in-house scheduled duty.

As a preparation for practice, residents in the final years of education must be prepared to enter unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day off-in-seven standards.

While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director and reported to the GME committee.

**Maximum Frequency of In-House Night Float**

Residents must not be scheduled for more than six consecutive nights of night float.

**Maximum In-House On-Call Frequency**

PGY-2 Residents and above must be scheduled for in-house call no more frequently than every-third night. In-house call must not be averaged over a 4-week period. Under certain circumstances, residents/fellows may be assigned in-house call every third night with prior approval of the program director and DME. If this occurs, it must be reported by the resident/fellow in writing and reviewed by the GMEC for monitoring individual residents and program.

**At-Home Call**

Time spent in the hospital by residents on at-home call will be counted towards the 80-hour maximum weekly hour limit.

Call frequency will be scheduled in a manner to ensure one-day-in-seven free of duty, when
averaged over four weeks. At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.

When a resident returns to the hospital while on at-home call to care for new or established patients, this time is included in the 80-hour weekly maximum. However, this does not initiate a new “off-duty period.”

Fatigue Mitigation

Residents are strongly encouraged to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00PM and 8:00AM, is strongly suggested.

The Residency Program must:

a) educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;

b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and,

c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

d) Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

e) The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

Transitions of Care

Critical to patient safety and resident education are effective transitions in care.

Residents may remain on-site four (4) additional hours in order to accomplish these tasks. This must be reported by the resident physician in writing with rationale to the Program Director and reviewed by the GMEC for monitoring individual residents and program.

Programs must design clinical assignments to minimize the number of transitions in patient care. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
TRANSITIONS OF CARE

PURPOSE:
This policy addresses ACGME Institutional Requirements III.B.3. Transitions of Care:
The Sponsoring Institution must: III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, III.B.3.b) ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

In addition, the Common Program Requirements VI.E.3. Transitions of Care including VI.E.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. VI.E.3.c) Programs must ensure that residents are competent in communicating with team members in the hand-over process. VI.E.3.d) Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. VI.E.3.e) Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

DEFINITIONS:
Handoff or Hand-over: any transition of patient care from one provider/physician to another. This may occur in any of several settings: the hospital, the operating room, the intensive care unit, the emergency department, the nursing home, or the outpatient clinic.

For all others, see the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The ACGME requires that each program have a system for effective transitions of care that provides for maximal patient safety. This policy provides guidelines to training programs and program directors regarding transitions of patient care from one provider to another.

Elements of a good handoff include:

- Status of Patient;
- Identifying data summary;
- General Hospital Course;
- New events of the day;
- Overall current status;
- Upcoming events and plan;
- To do; and
- An opportunity to ask questions and review historical information.
POLICY:
Each residency program must have a program-specific policy addressing transitions of care that is consistent with the training site’s policy and ACGME policies.

Each training program must design clinical assignments to minimize the number of transitions in patient care and develop handoff procedures that are structured to reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.).

Programs must ensure that residents are competent in communicating with team members in the hand-over process.

PROCEDURE:
1) Written transition of care policy
   a) All residency and fellowship programs sponsored by Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine must develop and maintain a written policy for transitions in care, either temporary (call coverage, weekend coverage, vacation) or permanent (rotating off-service, graduation), that assures the highest quality continuity of care and patient safety.

2) Educational Program
   a) Each program will provide Hand-off / Transition of Care training during the yearly orientation for new residents and fellows.
   b) All programs must have in place a documented education program that will assure that all residents and faculty members are adequately trained in hand-off procedures.
   c) All programs must document that each resident physician can provide effective hand-off of care.
   d) To facilitate effective handoff, Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine suggests the use of either I-Pass or SBAR tools. Information regarding these tools may be found online.

Approved by GMEC on June 26, 2018
POLICY ON VACATIONS AND LEAVES OF ABSENCE

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Program Requirements IV.A.3:

An applicant invited to interview for a resident/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. IV.A.3.a) Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.

The ACGME Institutional Program Requirements IV.G. Vacation and Leaves of Absence IV.G.1.: The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. IV.G.2. This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Trainees are entitled to leave with pay for the purpose of vacation and sick leave, during the training period July 1 through June 30, as described in this section.

The maximum time a trainee can be away from a program in any given year is determined by the requirements of the specialty board involved. If specialty board regulations for vacation and sick leave accrual and usage differ from that outlined in this policy, the program director will provide the DIO written notice of the applicable specialty board regulation and seek approval for a modification of this policy.

POLICY:
See NSU Human Resources Leave Policies for information on:
- Bereavement Leave
- Domestic Leave
- Family and Medical Leave
- Holidays and Personal Days
- Jury Duty
- Military Leave
- Sick Leave
• Medical Leave
• Vacation Leave

GME-Specific Policies:
A. **Time Lost from Residency**
   Excessive time away from training may require the trainee to extend his/her training.

   Each Program Director must follow the specifications of the Accreditation Council for Graduate Medical Education and the Residency Review Committee’s (RRC) requirements for their Specialty regarding time lost from training.

   Program Directors are responsible for annually communicating to their trainees the maximum number of allowed days away from training.

   If the time lost exceeds that which is allowed, the trainee may be required to extend his/her training to fulfill requirements.

   Remuneration for time off (beyond the specified paid vacation and health coverage) is not guaranteed and will be at the discretion of the Program Director.

   Remuneration for extended training time is not guaranteed and will be at the discretion of the Program Director.

   All requests for additional paid time off or paid training extensions must be approved by the DIO prior to the initiation of the additional time.

No Vacation Days
   There are certain days in the academic year during which trainees are not permitted to request vacation time. This ensures that all trainees are available on site for important program activities that cannot be re-scheduled.

   These days have been highlighted on the master schedule and are not included on available vacation days on the master schedule. All trainees should review the following dates. No vacations are allowed during these times.
   a. In-Training Exams
   b. Objective Structured Clinical Examinations - OSCE's
   c. Orientation
   d. Resident Research Poster Competition

PROCEDURE:
A. Trainees are required to notify the Program Coordinator and the Chief Resident in writing of all leave requests to determine eligibility (see Leave Request Form).

B. The following rules apply for all leave requests:
   a. Leave may NOT be taken during dates that are blocked on the schedule. See No
Vacation Days.

b. Trainees must obtain prior approval in writing from the Chief Resident, which should include all coverage arrangements prior to presenting their vacation request to the Program Coordinator.

c. Any changes to vacations previously scheduled require approval from the Chief Resident. These change requests must be made a minimum of 6 weeks before the start of the earliest affected rotation.

d. Leave will be granted and charged in one day increments for each workday of leave requested and approved.

e. All trainees must submit their vacation requests for the next academic year to the Program Coordinator and Chief Resident by the date set by the program. Failure to submit a request by the deadline will result in vacation being assigned at the discretion of the Chief Resident.

C. Hospital holidays are counted as part of the eleven months of training. Trainees will receive regular pay (versus holiday pay) for holidays. If a trainee is on call during a holiday, the trainee must complete “on call” duty. Trainees who are not on call or who are not required to be at work may have the day off at the discretion of the Program Director.

A holiday schedule may be enforced by the Chief Resident and Program Director and must be adhered to. Every effort will be made to ensure fair and just allocation of days off for holidays over the course of the training period.

For NSU related policy statements, see:
- NSU Employee Policy Manual – Leave Policies, found at nova.edu/portal/hr/policies/leave-policies.html.

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Second Approval by GMEC on June 26, 2018
POLICY ON MOONLIGHTING

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement IV.J.1. Moonlighting:

The Sponsoring Institution must maintain a policy on moonlighting that includes the following:

IV.J.1.a residents/fellows must not be required to engage in moonlighting;
IV.J.1.b residents/fellows must have written permission from their program director to moonlight;
IV.J.1.c an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and,
IV.J.1.d the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The ACGME common program requirements states that "moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program".

POLICY:

Eligibility
Interns (PGY-1) are not eligible to moonlight.

Limited Moonlighting may be allowed for trainees in the PGY-2 year or beyond, solely at the discretion of the Program Director and must be approved by the Office of GME.

The trainee must be in good standing, in order to be approved for moonlighting. Trainees on remediation, personalized improvement plans, or suspension for clinical or academic reasons are not eligible for moonlighting.

A program may prohibit moonlighting activities by all of its trainees as a matter of policy.

Licensure
All trainees engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. The trainee must also have a valid individual DEA registration and any local or state registrations required.

A copy of this license must be provided to the Program Director and the office of GME.
prior to the initiation of any moonlighting activity.

**Supervision**
NSU and program teaching faculty have no role in the supervision of the professional activities of trainees engaged in moonlighting.

**Professional Liability Insurance:**
All trainees engaged in moonlighting must provide their Program Director and the Office of GME a copy of their independent malpractice coverage prior to the initiation of any moonlighting activity.

The malpractice protection provided for the professional duties of the training program does not cover moonlighting activities.

It is the responsibility of the entity hiring the trainee to moonlight to determine whether their licensure is in place, adequate liability coverage is provided, and whether the trainee has the appropriate training and skills to carry out assigned duties.

**Duty Hours**
Moonlighting hours must be counted toward the 80-hour weekly limit on duty hours. Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the trainees to the program, the Program may limit the number of hours that can be spent moonlighting in a given month. Limits will be documented on the Moonlighting Request form prior to the initiation of any moonlighting activity.

**Fatigue Mitigation**
Moonlighting trainees are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs.

**Monitoring**
Moonlighting must not interfere with the trainee’s ability to provide patient care.

Moonlighting must never interfere with a trainee’s primary responsibilities to his/her program. It should not interfere with the trainee’s ability to participate in the educational opportunities of the training program and with the ability of the trainee to achieve the goals and objectives of the educational program.

**PROCEDURE:**

**Approval**
Moonlighting permission must be specifically requested in writing from the Program Director and the DIO using the Moonlighting Request form.

Only Moonlighting Request forms with all required paperwork, including but not limited to proof of professional liability insurance and valid licensure for unsupervised
medical practice, will be reviewed by the program director.

The request for moonlighting must indicate the number of hours the trainee will be working in the moonlighting job.

Trainees may not start moonlighting prior to receiving program director approval.

The Moonlighting Request form must be included as part of the institution’s trainee file.

Loss of Moonlighting Privileges
Moonlighting may be disallowed if any adverse effects are documented. If a trainee experiences educational difficulty or excessive fatigue, the Program Director at his/her discretion may suspend moonlighting privileges (see NSU Employee Policy Manual – Outside Employment).

A letter will be submitted by the Program Director to the trainee and the Office of GME stating that the trainee is no longer permitted to moonlight.

Duty Hours Monitoring
Duty Hour compliance must be documented in and reviewed by the trainee with the Program Director on a monthly basis.

Failure to accurately document moonlighting hours will result in the suspension of moonlighting privileges.

RELATED GME POLICIES:
- Duty Hours
- Fatigue Mitigation

For related NSU policies, see:
- NSU Employee Policy Manual – Outside Employment, found at nova.edu/portal/hr/policies/outside-employment.html
- NSU Employee Policy Manual – Conflict of Interest – Declaration & Disclosure Policy, found at nova.edu/portal/hr/policies/conflict-of-interest.html.

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POLICY ON VENDOR INTERACTIONS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.K. Vendors:
The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
On occasion, vendors, contractors, patients or others may offer gifts or gratuities to employees of NSU. All such offerings represent a potential for conflicts of interest, or the appearance of such, on part of the employee and NSU. Such gifts and gratuities are not part of NSU’s operational environment. As such, the acceptance of such gifts and or gratuities would constitute a risk to the integrity of NSU and its employees.

In addition, pharmaceutical and medical device companies may use non-monetary gifts, financial compensation, personal visits, educational events, and other strategies in an attempt to influence prescribing or other medical practices.

POLICY:
All GME personnel, including program directors and trainees, must abide by the
• NSU Conflict of Interest - Declaration & Disclosure Policy in the NSU Employee Policy Manual found at nova.edu/portal/hr/policies/conflict-of-interest.html, and the
• NSU Financial Conflict of Interest with Respect to Sponsored Projects in the NSU Employee Policy Manual found at nova.edu/portal/hr/policies/financial-conflict-of-interest-sponsored-programs.html.

Additionally, all GME personnel, including program directors and trainees, must abide by the NSU-COM Policy on Conflicts of Interest and Healthcare Industry Policy found in the NSU-COM Faculty Handbook and included with this document.

PROCEDURE:
A. All residency programs will develop specific educational methods (lectures, modules, etc.) to address and instruct trainees on the ethical obligations that govern physician-vendor relationships.

B. All NSU employees (including trainee physicians) must know and abide by the NSU Conflict of Interest policies.

C. All trainee physicians and residency programs will be aware of and follow the vendor
interaction policies in any facility where they rotate. Trainees will also be aware of and follow vendor interaction policies at any outside facilities in which they rotate.

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*Second Approval by GMEC on June 26, 2018*
RESIDENTS PARTICIPATION ON INSTITUTIONAL COMMITTEES

Residents must have appropriate representation on institutional committees and councils whose actions affect their education and/or patient care. Residents must be aware of, and participate as appropriate, in institutional programs and medical staff activities. They must be knowledgeable about and adhere to established practices, procedures, and policies of each institution participating in the educational experiences and activities of their training program.

During their course of training, each resident should have the opportunity to participate on committees including, but not limited to, the following:

**Graduate Medical Education Committee (GMEC):**
The GMEC must include a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs. Each meeting of the GMEC must include attendance by at least one resident/fellow member.

**Graduate Medical Education Sub-Committee:**
Any GME sub-committees that are created in order to carry out portions of the GMEC’s responsibilities must include a peer-selected resident/fellow. Sub-committee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

**Program Evaluation Committee:**
One resident per training year will be appointed to this committee by his/her peers. The committee members will participate actively in evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and, reviewing the program annually using evaluations of faculty, residents, and others.
POLICY ON CORE CURRICULUM AND THE CORE COMPETENCIES

PURPOSE:

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
ACGME requires every Sponsoring Institution to provide an educational program curriculum that contains competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form. The competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These competencies are core to the practice of all physicians, although the specifics are further defined by each specialty. The developmental trajectories in each of the competencies are articulated through the Milestones for each specialty.

POLICY:
The curriculum is designed to meet the required core competencies as defined by the ACGME whereby each resident must be trained and evaluated under the 6 core competencies. The core curriculum serves as the foundational guidelines for each training program in the formulation of specific curriculum objectives relevant to the nature of its specialty. All residents will acquire learning experiences in the core curriculum during their training as specified by the Program Director. The curriculum assures the teaching and assessment of these competencies. Core competency-related teaching and assessment that is specific to individual rotations will be identified in the “Objectives” section of the curriculum for each rotation.

A. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

B. Patient Care and Procedural Skills: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

C. Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
D. **Practice-based Learning and Improvement:** 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 life-long learning.

E. **Interpersonal and Communication Skills:** Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

F. **Systems-based Practice:** Residents must demonstrate an awareness of and responsibilities to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
POLICY ON HEALTH AND DISABILITY INSURANCE

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.F. Health and Disability Insurance:

IV.F.1. The Sponsoring Institution must provide health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility.

IV.F.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

IV.F.2. The Sponsoring Institution must provide disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility.

IV.F.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND
As per the ACGME institutional requirements, NSU must provide health and disability insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility.

POLICY:
As Benefit-Eligible Employees with NSU, GME trainees will have access to all health and disability insurance benefits afforded NSU employees.

For health and disability insurance information, see:
- NSU Human Resources – Total Rewards - Benefits found at [http://www.nova.edu/hr/benefits/index.html](http://www.nova.edu/hr/benefits/index.html)
- NSU Human Resources – Life Insurance and Disability Benefits, found at [http://www.nova.edu/hr/benefits//life-and-disability.html](http://www.nova.edu/hr/benefits//life-and-disability.html)
- NSU Employee Policy Manual – Equal Employment and Nondiscrimination Policies, found at [http://www.nova.edu/portal/hr/policies/benefits.html](http://www.nova.edu/portal/hr/policies/benefits.html)
Since the first day of health insurance eligibility is not the first day that trainees are required to report, the trainees are to be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

Since the first day of disability insurance eligibility is not the first day that trainees are required to report, the trainees are to be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

**PROCEDURE**
The DIO and the Office of Graduate Medical Education will ensure that current health and disability insurance information is communicated with all trainees upon initial hiring and annually thereafter at each NSU Open Enrollment Period.

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*Second Approval by GMEC on June 26, 2018*
POLICY ON PROFESSIONAL LIABILITY INSURANCE

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.E. Professional Liability Insurance:

IV.E.1. The Sponsoring Institution must provide residents/fellows with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s).

IV.E.2. The Sponsoring Institution must provide official documentation of the details of liability coverage upon request of the individual.

DEFINITIONS:
For all other terms, see the ACGME Glossary of Terms dated July 1, 2013, as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Resident/Fellow physicians, as full-time employees of NSU, are covered under the NSU Professional Liability Policy.

POLICY:
NSU shall provide Resident with professional liability insurance for medical professional services performed by the resident, and which are covered under NSU’s professional liability policy upon such terms and in such amounts as NSU provides for its other employees providing medical/professional services.

A summary of pertinent information regarding this coverage will be provided to the Resident upon request.

PROCEDURE:
Any professional liability claims involving a resident physician for duties that were performed while functioning as an NSU resident shall be forwarded to the NSU risk management department, and the NSU office of the General Counsel, and handled according to applicable policy.

When residents are moonlighting, they are not covered under the professional liability coverage afforded to them as an NSU resident.

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POLICY ON NON-COMPETITION

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.L. Non-competition:

The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The ACGME prohibits any sponsoring institution from requiring residents or fellows to sign a non-competition clause or restrictive covenant as part of their employment contract.

POLICY:
Neither NSU, as the Sponsoring Institution, nor any of its ACGME-accredited programs, will require a trainee to sign a restrictive covenant or non-competition guarantee as part of his or her resident contract.

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CONFIDENTIAL COUNSELING AND BEHAVIORAL HEALTH SERVICES

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.H.1. Behavioral Health:

The Sponsoring Institution must provide residents/fellows with access to confidential counseling and behavioral health services.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Nova Southeastern University (NSU) recognizes that problems of a personal nature can have an adverse effect on employee job performance. In addition to regular health and disability insurance, NSU provides the Employee Assistance Program (EAP) for employee’s use in resolving personal/family or job relates problems through professional, confidential assistance. Additionally, NSU has established the Employee Wellness Program that provides resources and educational opportunities focused on the complete integration of physical, mental, and spiritual well-being.

The EAP is a confidential resource that can help trainees deal with problems that seem overwhelming. It is available to all benefit-eligible NSU employees and every member of their household and includes up to six face-to-face counseling sessions per issue per plan year. The EAP is a broad-brush program designed to deal with a wide range of human relations and medical/behavioral problems such as substance abuse, emotional/behavioral problems, family and marital discord, financial and legal difficulties.

POLICY:
All trainees who are full-time employees of Nova Southeastern University have access to the EAP and Employee Wellness Program. Trainees enrolled in the NSU health care coverage may transition from the EAP to an in-network provider when using the Behavioral Health & Substance Abuse coverage after EAP services. This coverage is available to all trainees and their dependents.

PROCEDURE:
Residents can access EAP services 24 hours a day/7 days a week online at www.resourcesforliving.com or by phone at 877-398-5816 (press option 1 for EAP services).

The Employee Assistant Program username is ICUBA and the password is 8773985816.

For additional information, see nova.edu/hr/benefits.eap.html and nova.edu/hr/wellness/index.html.

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POLICY ON PHYSICIAN IMPAIRMENT

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.H.2. Physician Impairment:

The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Physician impairment has the potential to be injurious to patients and harmful to the trainee’s education and future career plans. To address impairment as well as ensure the safety of patients and the trainee, this policy outlines and describes to the Program Directors, Trainees, Faculty, and Staff, the roles and responsibilities, procedures for identification, assessment, treatment, and potential reintegration of impaired trainees.

POLICY:
Confidentiality: The Office of Graduate Medical Education, the DIO and the program staff and faculty will confidentially maintain all records, files and other information related to issues of impairment.

Documentation: All activities related to impairment are conducted pursuant to Peer Review.

Reporting Responsibilities: Any NSU employee, medical staff member, or resident who has reasonable concerns or significant information that patient care is, or could be affected by a possible trainee impairment, has the responsibility to report the concerns to the program leadership.

PROCEDURE:
Reporting:
A. All Faculty Members - Any faculty member involved in training who recognizes impairment in a trainee shall report their observations and concerns to the Program Director or DIO.
B. Program Leadership: the Program leadership (Program Director, Associate Program Director, Advisor / Mentor or other program physicians) should remain alert to signs, information or documentation of impairment and provide first assessment/meeting with the trainee.
C. Trainees recognizing impairment in fellow trainees must report their observations and concerns to a faculty member, the Program Director, or the Designated Institutional Official (DIO) in a timely and confidential manner. The individual making the report
must state the facts leading to the suspicions.

D. Self-Reporting: The trainee (i.e. any trainee in a NSU training program regardless of training location) will immediately inform the Program Director and the Office of Graduate Medical Education of any condition or change in status that affects her/his ability to perform assigned duties. The trainee should promptly remove himself/herself from duty and patient care.

E. Drug Testing - Trainees are required to submit to reasonable suspicion drug and/or alcohol testing.

F. If it is determined that a trainee does have an impairment problem, the Program Director will refer the trainee to treatment resources offered by or clinically acceptable to Nova Southeastern University.

G. The DIO or his/her designee shall assist and facilitate any and all processes, which may include notification of Professionals Resource Network (PRN), NSU Human Resources Employee Assistance Program (EAP), NSU General Counsel, or the Florida Board of Medicine/Florida Board of Osteopathic Medicine.

H. Any action taken by Program Leadership or DIO which meets the requirements for reporting to the Florida Board of Medicine or the Florida Board of Osteopathic Medicine including, but not limited to, a determination that the physician poses a continuing threat to the public welfare through the practice of medicine, will be reported as required by law.

I. Faculty, staff, and peers who suspect that a trainee physician is suffering from any impairment are obligated to report such problems.

Documentation:

A. Upon completion of the investigation/assessment, program leadership should provide all departmental documentation related to the assessment, diagnosis or treatment of a trainee to the Office of Graduate Medical Education, who will be responsible for maintaining confidentiality of the copies received.

B. The Office of Graduate Medical Education will maintain all confidential documentation for each trainee impairment case.

C. The Office of Graduate Medical Education will maintain a confidential file that is separate from the employment file and is clearly marked "Peer Review" for each trainee. A resident's Peer Review file should contain all materials related to assessment, diagnosis and/or treatment of impairment.

D. All referrals to the Professionals Resource Network are confidential and are evaluated by the professionals of the PRN. Decisions about intervention, treatment and after care are determined by the PRN (see attached PRN information).

Continuation of Training:

A. If a trainee is reported to be impaired, the program leadership in consultation with the
NSU Human Resources Department shall immediately conduct an investigation documenting all pertinent information. Program leadership may utilize the services of other appropriate professionals to help conduct the investigation.

B. After completing its assessment of a reported issue, the Program Leadership will determine if impairment is related to physical/behavioral/mental illness issues or substance abuse. This determination will be communicated in writing to the Office of Graduate Medical Education, the DIO, and NSU Human Resources. An impaired trainee will meet with the Program Director and comply with the plan of action.

C. It is the intent of the sponsoring institution that all appropriate rules that govern the practice of medicine be strictly enforced. As long as the trainee physician satisfactorily participates in the PRN program no regulatory action would normally be anticipated by the Florida Board of Medicine or Florida Board of Osteopathic Medicine.

D. Resumption of patient care and training program activities will be contingent upon the continued successful participation in the PRN and continuation of the trainee in the program will be determined in consultation between the program director and the professionals at the PRN.

E. Trainee physicians will be required to complete a return to work evaluation as directed by NSU Human Resources.

For policy statements and PRN information, see:

- NSU Employee Policy Manual – Drug- and Alcohol-Free Workplace Policies, found at nova.edu/portal/hr/policies/dug-alcohol-free-workplace.html.
- Florida Professional Resources Network webpage, found at flprn.org

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POLICY ON HARASSMENT

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.H.3. Harassment:

The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, which allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
NSU and the Office of Graduate Medical Education’s position is that discriminatory behavior or harassment is a form of misconduct that undermines the integrity of the employment relationship. None of the listed forms of harassment will be tolerated.

Specifically, regarding sexual harassment, no employee, either male or female, should be subject to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, and that debilitates morale, and therefore, interferes with work effectiveness. Such behavior will result in discipline action up to and including termination.

POLICY:
The NSU Office of Graduate Medical Education has adopted the following policy, which is that all employees have the right to work in an environment free from racial, religious, national origin, gender, sexual harassment, sexual orientation, age, disability and pregnancy discrimination. The policy establishes guidelines that are consistent with Federal, state and local laws.

All ACGME-accredited programs at NSU will follow the NSU Sexual Harassment and Equal Employment and Nondiscrimination policies.

For policy statements, see:
- NSU Employee Policy Manual – Sexual Harassment found at nova.edu/portal/hr/policies/sexual-harassment.html

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POLICY ON SOCIAL MEDIA

PURPOSE:
NSU-KPCOM recognizes that online social networking has become an increasingly important means of facilitating communication. While social networking has provided unique opportunities to interact, it has also created a forum for potential issues for future osteopathic physicians. As professionals bound by social contracts and professional and ethical obligations, osteopathic medical students must be cognizant of the public nature of social networking forums and the permanent nature of postings therein. Even though these sites offer terrific potential to bolster communication with friends and colleagues, they may also serve as a forum for lapses of professionalism and professional behavior that may be freely visible by many people, despite the impression of privacy these sites portray. As a result, NSU-KPCOM has drafted the following guidelines to aid students in the safe and responsible usage of these sites.

DEFINITIONS:
A social networking site is a place on the internet where users can create a profile and connect that profile to others (whether it be individuals or entities) to establish a personal or professional network. Examples include, but are not limited to, Instagram, Facebook, LinkedIn, Twitter, and YouTube.

A weblog, or a “blog,” is a website, usually in the form of an online journal, maintained by an individual or group, with regular commentary on any number of subjects which may incorporate text, audio, video clips, and any other types of media.

See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

POLICY:
The following section outlines “best practice guidelines” for medical professionals-in-training at NSU-KPCOM during their medical school training. They apply to all students who participate in social networking sites, online weblogs, or any other forms of online communications and interactions. Students should follow these guidelines whether participating in social networks personally or professionally; whether they are participating in social networking or any other form of online communication on-site at NSU or off-site; or whether they are using personal technology or technological resources owned or operated by Nova Southeastern University or NSU-KPCOM.

Potential Consequences of Online Unprofessional Behavior:
The permanence and written nature of online postings may cause them to be subject to higher levels of scrutiny than many other forms of communication. Therefore, postings made on social networking sites are subject to the same standards of professionalism as any other personal or professional interaction and will be treated as if made in a public forum. Postings made on social networking sites can have educational ramifications. Conduct that violates university policies or procedures may result in disciplinary action.
The use of social networking sites or weblogs can also have legal ramifications. Comments made regarding the care of patients, or that portray you or a colleague in an unprofessional manner, may be used in court as evidence of a variety of claims (including, but not limited to, libel, slander, defamation of character, negligence, and others) or in other disciplinary proceedings (e.g. State Medical Licensing Boards). Other potential consequences include the revocation of a residency selection, or sanctions by a professional licensing board.

Also, the statements and media posted within these sites are potentially viewable by program directors, future employers, and patients or clients. It is not uncommon for program directors to search for the social networking profiles of potential residents and to use the discovered information in making selection decisions.

Individuals have been denied residencies and other employment opportunities as a result of material found on social networking sites.

With respect to confidentiality, the Health Insurance Portability and Accountability Act (HIPAA) applies to social networking sites, and violators may be subject to the same prosecution as with other HIPAA violations.

In addition, cyber stalking and other inappropriate postings can be considered forms of sexual harassment. Online relationships with other medical students are subject to the NSU Sexual Misconduct Policy/Title IX. Please refer to the policies contained within the NSU Student Handbook.

Best Practice Guidelines for Online Social Networking
1. The lines between public and private as well as personal and professional are often blurred in online social networks. By identifying yourself as an NSU-KPCOM student, you may influence perceptions about NSU-KPCOM by those who have access to your social network profile or weblog. All content associated with you should be consistent with your position at the school and with NSU-KPCOM’s values and professional standards.

2. Unprofessional postings by others on your page may reflect very poorly on you. Monitor others’ postings on your site and strive to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.

3. Help monitor your peers by alerting colleagues to unprofessional or potentially offensive comments made online to avoid future indiscretions and refer them to this document.

4. Always avoid giving medical advice as this could result in a violation of HIPAA, could potentially risk liability under state licensing laws, and may cause danger to others. Make sure that you differentiate medical opinions from medical facts and articulate which statements reflect your personal beliefs.
5. Due to continuous changes in these sites you should closely monitor the privacy settings of your social network accounts to optimize their privacy and security. Restrict your settings so that only individuals you have authorized to access your profile can see your information. Also, you should not share or post any identification numbers or demographic information online.

6. Others may post photos of you and may “tag” you in each of the photos. It is your responsibility to make sure that these photos are appropriate and are not professionally compromising. As a general rule, it is wise to “untag” yourself from any photos, and to refrain from tagging others unless you have explicit permission from them to do so. Privacy or account settings may allow you to prevent photos from being “tagged” with your information or may prevent others from seeing your tags.

7. Online discussions of specific patients should be strictly avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to whom you are referring based upon the context in which it is presented.

8. Under no circumstances should media of patients/cadavers or media depicting the body parts of patients/cadavers be displayed online (e.g., photographs, video clips, audio clips). Remember, even if you have permission, such media may be downloadable and forwarded by others. Once you post, the actions of others could lead to legal or professional consequences for you personally.

9. Consider, with care, who you add or accept as a “friend” or “connection” on your social networking site(s).

10. Do not have interactions with patients on social networking sites. This provides an opportunity for a dual relationship, which may damage the doctor-patient relationship and may have legal consequences.

11. Do not infringe upon another's copyrighted or trademarked materials. If you post content, photos, or other media, you are acknowledging that you own or have the right to use these items.

12. Refrain from accessing social networking sites while in class, at work, or in clinical-work areas.

Approved by GMEC on June 26, 2018
POLICY ON IMMUNIZATION AND OCCUPATIONAL HAZARDS

PURPOSE:
This policy addresses Nova Southeastern University’s Dr. Kiran C. Patel College of Osteopathic Medicine’s GME immunization policy requiring interns, residents, and fellows to show evidence of vaccinations for protection from contagious diseases by the deadlines set by the Office of Graduate Medical Education. It also addresses Nova Southeastern University’s Occupational Hazard/Post Exposure Policy to delineate individual responsibilities in the event of a significant exposure to blood and/or body fluids to an NSU employee or non-NSU employee.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Residents may be exposed to infectious agents in the course of their patient care and medical education through contact, inhalation, or percutaneous routes. Likewise, residents may expose patients to infectious agents during the course of patient care.

POLICY:

Employee Health

Prior to the start of training, all residents are required to undergo physician examination and tuberculosis screening. Employee health appointments will be scheduled for you during your document processing, instructions will be provided by the Program Coordinator.

TB screening with the Quantiferon blood test is the preferred TB screening test; however, traditional PPD's may also be accepted.

A. In order to meet regulatory requirements, annual TB screening is required for all health care workers regardless of any previous results.

B. Persons with a positive result are required to have a chest x-ray and provide documentation of physician (or other acceptable method) consultation regarding the positive result and/or history of treatment for prophylaxis.

Residents will provide proof of valid testing, or will be tested, for antibodies against Hepatitis B. If you have not already been vaccinated against Hepatitis B, you should begin the three dose series of injections as soon as possible. If you refuse vaccination, you are required to sign a declination form with employee health.

Residents will be fit-tested for N-95 respirators (or others as determined appropriate by FH) and wear respirator for all patients with verified or suspected pulmonary TB, H1N1,
SARS, or other disease as required.

**Needle Stick**

It is the policy of NSU to monitor all blood and/or body fluid exposures for proper medical treatment and follow-up, to take appropriate corrective actions to prevent recurrences, and to maintain documentation for compliance with Federal, State and local laws.

NSU’s Post-Exposure Policy and Procedure:  www.nova.edu/smc/forms/compliance-exposure-policy.pdf

**Exposure to Contagious Diseases**

An occupational exposure is considered an urgent medical concern which requires immediate attention for proper medical management.

Residents exposed to, or diagnosed with any of the following diseases, must immediately advise their Program director or their designee:

- Chicken Pox/Herpes Zoster
- Conjunctivitis
- Ebola
- Hepatitis (all types)
- Lice
- Measles
- Mumps
- Pertussis
- Rubella
- Salmonella
- Scabies
- Shigella
- Tuberculosis

Upon assessment of the exposure, the Program director in collaboration with Employee Health (and other medical professionals as appropriate) will advise the resident as to management of the exposure. It is the responsibility of the Program director to:

A. Determine which resident(s) and/or personnel sustained a significant exposure;

B. Notify the Employee Clinic of the resident(s) and/or personnel who sustained significant exposure immediately; and,

C. Instruct the resident and/or personnel to complete Employee Incident Report and call/report the incident to the Employee Clinic for evaluation and management.
POLICY ON SUPERVISION OF RESIDENTS

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements III.B.4. Supervision and Accountability:

The Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional and program-specific policies; and, mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The most important responsibility of any Graduate Medical Education program is to provide an organized educational program with guidance and supervision of the trainees that facilitates professional and personal growth while ensuring safe and appropriate patient care. A trainee will be expected to assume progressively greater responsibility through the course of a training program, consistent with individual growth in clinical experience, knowledge and skill.

Training programs at NSU give trainees significant but appropriately supervised latitude in the management of patients and provides a comprehensive experience in their specialty area in order for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

POLICY:
The education of physician trainees relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. During training, all patient care and educational activities are to be under Program Faculty supervision. Each patient must have an identifiable, appropriately credentialed, and privileged attending physician or approved licensed independent practitioner who is ultimately responsible for their care. A patient’s responsible Supervising Physician or licensed practitioner should be identified to trainees, faculty members and patients.

Trainees and faculty members should inform patients of their respective roles in each patient's care. The appropriate level of supervision depends on the individual trainee’s level of competency as determined by their knowledge, skill and attitudes. The appropriate level of Program Faculty supervision for each trainee is determined by the responsible Program Faculty and Program Director (Program Leadership).
The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of trainee supervision, including oversight of levels of trainee supervision inconsistent with this GME Policy.

PROCEDURE:
The quality of a trainee’s GME experience involves a proper balance between educational quality and the quality of patient care. In all Programs and instances, the level of trainee supervision must ensure the highest quality, safety and effectiveness of patient care. Appropriate levels of trainee supervision during educational and patient care activities include the following guidelines:

A. Level of Supervision

a. The level of trainee supervision must be consistent with the educational needs of the trainee. This also includes supervision of activities that may influence learner safety (i.e., duty hour limitations, stress).

b. The level of supervision must be appropriate for the individual trainee’s progressive responsibility as determined by the trainee’s level of education, competence, and experience. All programs must demonstrate that the appropriate level of supervision is in place for all trainees.

c. The ACGME has also defined certain other applicable Common and specialty/subspecialty-specific Program Requirements that relate to appropriate levels of trainee supervision. Levels of trainee supervision must be in compliance with these Requirements.

d. PGY-1 trainees should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY-1 trainees can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME Program Requirements.

B. Determination of Progressive Responsibility

a. There are multiple layers of supervision of trainee educational and patient care activities, including supervision by an advanced-level trainee. Advanced-level trainee supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director.

b. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility.

c. The privilege of progressive authority and responsibility, conditional independence,
and a supervisory role in patient care delegated to each trainee must be assigned by the program director and faculty members. The program director must evaluate each trainee’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

d. Faculty members functioning as supervising physicians should delegate portions of care to trainees based on the needs of the patient and the skills of the trainees.

e. Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

C. Communication with Supervising Faculty

a. Programs must set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members.

b. An integral part of the supervision of trainee educational and patient care activities includes the availability and access to communication with Program Faculty at all times (24 hours per day, 365 days annually)

D. Feedback

a. The formative evaluation of trainee activities as dictated by the ACGME Program Requirements is an important component of appropriate trainee supervision.

b. The review of trainee documentation of patient care is an important aspect of trainee supervision.

c. Any concerns about inadequate or inappropriate levels of supervision should be addressed by the Program Leadership, with involvement of the GME Office and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about trainee supervision to the attention of the GME Leadership.

E. Classification Levels of Supervision

a. Direct Supervision: the supervising physician is physically present with the trainee and patient

b. 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

c. 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

d. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
POLICY ON PROMOTION, APPOINTMENT RENEWAL AND NON-RENEWAL/DISMISSAL

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.C. Promotion, Appointment Renewal, and Dismissal:

The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. IV.C.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
Graduate Medical Education is based on the principle of graduated and increasing levels of responsibility. As the trainee gains knowledge, clinical competence, and skill it is anticipated that the trainee will progress toward greater independence. This process is known as progress responsibility. The ultimate goal of residency training is for the trainee to develop into an independent practitioner.

Trainees are advanced to the higher levels of responsibility upon successful completion of the program's goals and objectives in the core competencies. These are defined by the ACGME specialty milestones, evaluated by faculty members, determined by the Clinical Competency Committee (CCC) for each program. The CCC then reports their recommendations for promotion and/or higher levels of responsibility to the Program Director.

POLICY:

A. Promotion Criteria

a. The faculty members of each program must develop and agree to a set of criteria which will allow a trainee to progress from year to year (promote).

b. Programs must utilize ACGME milestones as part of their promotion criteria.

c. Each program must distribute these criteria for promotion to the trainees at the beginning of each year and ensure that they are informed of these expectations.

d. Programs must periodically review the appropriateness of these competency-based criteria. This review happens as part of the Annual Program Evaluation
(APE) process which is conducted by the individual Program Evaluation Committee (PEC).

B. **Trainee advisement and semi-annual review**

   a. Each program must develop a process for trainee review and advisement regarding their academic progress. This review must happen at least twice annually but may be more frequent.

   b. Any concerns about academic performance should be reviewed with the trainee and documented at these meetings. Underperforming trainees should be given notice of their deficiencies, a process for improvement in their performance, and a date for re-review of their performance.

C. **Non-Promotion**

   a. If a program determines that a trainee cannot meet the competency-based criteria and is not capable of proceeding to the next level of progressive responsibility but must repeat a portion of the training program, the program director must notify the resident in writing of his/her deficiencies and of the reason for not being promoted.

   b. Non-promotion decisions should be made by the Clinical Competency Committee and conveyed to the Program Director and the trainee in writing.

D. **Non-renewal**

   a. Continuation in the program is contingent upon satisfactory academic and professional performance by the trainee. There are instances in which a trainee's performance is far below the expected standard and they are not able to meet the promotion criteria. In this case, the Clinical Competency Committee may determine and recommend to the Program Director that a trainee not be allowed to continue in the program in subsequent years. This could happen after a trainee receives remediation or probation, after a notice of non-promotion with or without repeating all or a portion of training, or on the recommendation of the Program leadership or other faculty members.

   b. It is the intent of NSUGME to provide adequate opportunity for the trainees to seek other training avenues, whether that be at another institution or at another program within the institution.

**PROCEDURE:**

A. **Promotion criteria**
a. The Program Evaluation Committee (PEC) must review and approve promotion criteria as part of the Annual Program Evaluation (APE).

b. Program Director (PD) must provide the promotion criteria to all trainees at the beginning of each academic year. PD should document that each trainee received a copy of the criteria and that the criteria were discussed.

B. Promotion/Non-Promotion Decision

a. The Clinical Competency Committee (CCC) must review each trainee (at least) semi-annually. The CCC will review each trainee in light of the promotion criteria and make a recommendation to the Program Director in regard to promotion.

b. If a program determines that a trainee cannot meet the competency-based criteria, the Program Director must notify the trainee in writing of his/her deficiencies and of the reason for not being promoted.

c. Trainees may appeal this decision in writing to the DIO.

C. Non-renewal

a. The Clinical Competency Committee (CCC) must review each trainee (at least) semi-annually. The CCC will review each trainee in light of the promotion criteria and make a recommendation to the Program Director in regard to non-promotion and non-renewal.

b. In the event that a program determines that a trainee’s participation in the program is not going to be renewed, NSU GME shall provide the trainee with a written notice of intent not to renew no later than four (4) months prior to the end of the contract term, which is generally the end of the academic year (June 30th).

c. No prior notice is required in the case of non-renewal due to termination for disciplinary reasons.

d. The Program Director must notify the trainee in writing of his/her deficiencies and of the reason for non-renewal.

e. Trainees may appeal this decision in writing to the DIO.

f. In the event the primary reason for non-renewal occurs within the four (4) months prior to the expiration of the term, NSU GME shall provide trainee with written notice of its intent not to renew as soon as possible.

For NSU related policy statements, see:

- NSU Academic Affairs – Non-Renewal, Corrective Action and Employment
Termination, found at nova.edu/portal/academic-affairs/faculty-policy-manual/non-renewal-corrective-action-termination.html.

- NSU Employee Policy Manual – Formal Grievance Hearing Policy, found at nova.edu/portal/hr/policies/formal-grievance-hearing.html.
- NSU Employee Policy Manual – Corrective Action Policy, found at nova.edu/portal/hr/policies/corrective-action.html.
- NSU Employee Policy Manual – Guidelines for Appropriate Conduct and Ethical Behavior for Employees, found at nova.edu/portal/hr/policies/conduct-ethical-behavior.html.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
CLINICAL COMPETENCY COMMITTEE

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements V.A. Resident Evaluation:
V.A.3. A Clinical Competency Committee must be appointed by the program director.

At a minimum, the Clinical Competency Committee (CCC) must be composed of three members of the program faculty. The program director may appoint additional members of the CCC. These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s residents in patient care and other health care settings. Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the CCC. There must be a written description of the responsibilities of the CCC.

The Clinical Competency Committee should:

a. review all resident evaluations semi-annually;
b. determine each resident’s progress on achievement of the specialty-specific Milestones; and,
c. meet prior to the residents’ semi-annual evaluations and advise the program director regarding each resident’s progress.

DEFINITIONS:
Semi-Annual Reviews: written summary performance reviews given in person to residents at least twice per year. This review includes a review of the resident’s experience in the milestones, competence in performing clinical procedures, overall progress in meeting program requirements, and a review of progress in meeting board certification requirements.

Promotion Reviews: an annual review of residents to determine their ability to progress on to the next level of training.

BACKGROUND:
The program director has primary responsibility for monitoring the competence and professionalism of residents/fellows for the purposes of recommending promotion and certification as well as for initial counseling, probation or other remedial or adverse action. The CCC has responsibility for corrective action, remediation and graduation, promotion, and disciplinary actions for residents in the Training Program.

POLICY:

Committee Charge:

The Clinical Competence Committee of the Residency Program is charged with monitoring resident performance and making appropriate academic and disciplinary decisions and
recommendations to the program director. At all times, the procedures and policies of the CCC will comply with those of NSU-COM and the GMEC.

**Responsibilities of the Clinical Competency Committee:**

1. Residents will be evaluated using the Core Competencies and specialty-specific milestones. The CCC will review all assessment data (end of rotation faculty evaluations; peer evaluations; procedural simulation; self-assessments; case logs; etc.).

   In addition to global assessments, the CCC will review all other evaluation tools used by the program (e.g. OSCE, CEX, in-training exams, medical record audits, multisource, case logs, etc.). The CCC will take data from these evaluations and apply them to the milestones to mark the progress of a resident.

2. Residents will also be accountable for compliance with program and hospital policies, which include but are not limited to:
   - computer ethics,
   - sexual harassment,
   - conflict of interest,
   - intellectual property,
   - Medicare compliance rules,
   - moonlighting,
   - infection control,
   - drug free workplace,
   - pre-employment drug testing, and
   - completion of medical records.

3. The CCC will provide a group narrative summary for each resident’s progress and will assist in early identification of areas of needed improvement.

4. The CCC will use data from evaluation tools to prepare and assure the reporting of the milestone evaluations of each resident semi-annually to the ACGME system.

   Where circumstances warrant, the members of the committee may be required to excuse themselves to avoid a potential conflict of interest or to protect the privacy of a resident.

**PROCEDURE**

A. **Membership:**

1. The CCC for any program must be composed of at least three members of the program faculty. All members of the CCC are appointed by the Program Director.
2. The Chair of the CCC is appointed by the Program Director.

3. Members of the Committee must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s residents in patient care and other health care settings.

4. Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the CCC.

5. CCC membership is reviewed and updated annually at the beginning of each academic year. Advisors should be present during discussions pertaining to their advisee.

6. Program coordinators are not members. However, they may attend and participate in discussions, but do not have a vote.

B. Attendance:

1. Committee members are expected to attend 75% of all meetings.

2. The NSU-COM Office of Graduate Medical Education will provide yearly education for all members of the CCC.

3. Members are expected to attend all regularly scheduled and ad hoc meetings, unless their schedule prevents them from doing so. Faculty who will NOT be able to attend, are expected to contact their chair or another committee member to provide input regarding a resident’s performance.

C. Structure

1. A quorum (>50% of members) must be present in order to conduct official business and allow voting.

2. Prior to the meeting, members of the Committee may seek opinions and counsel from other program faculty regarding the performance of residents who are listed on the planned agenda. These discussions provide valuable contextual data to the Committee’s deliberations.

3. A faculty member will be asked to review and present each resident. This will be followed by a discussion and feedback from others.

4. All members of the Committee must keep resident, program performance data, and discussion strictly confidential and anonymous. Members of the Committee must not discuss other Committee members’ opinions or comments with residents or other faculty members.
5. In addition to semi-annual performance reviews, at each meeting the Committee will review progress of residents, who are currently on a Corrective Action Plan or remediation and make recommendations to the Program Director regarding continuance or cessation. Residents previously on remediation may be continually discussed to ensure maintenance of performance expectations. All praise and early concern notes received in the period between meetings will be reviewed at each meeting.

6. The Coordinator will keep detailed minutes of all meetings. The minutes and decisions of the CCC must be kept in the Residency Program office with a copy to the Office of Graduate Medical Education.

D. **Types of Performance Reviews**

1. **Routine Semi-Annual Reviews:**

   The Program must provide written summary to residents at least semi-annually. The review includes the resident’s experience in the milestones, competence in performing clinical procedures, and overall progress in meeting program requirements. A review of the resident's progress in meeting board certification and program requirements must also be performed at this time.

   Summary performance reviews may be written by the Program Director or members of the CCC. The resident must acknowledge receipt of the summary performance review in writing.

2. **Promotion Review:**

   Those residents who have achieved competency in the requirements for a specific level of training may be promoted to the next higher level of responsibility.

   No resident can remain at the same level of training for more than 24 months (exclusive of leave). A resident with satisfactory performance based on the milestone criteria may advance until the completion of the program/certification requirements. Promotion or graduation decisions require a recommendation by the Program Director and a majority vote by the CCC.

   Residents Must Meet the Following Promotion Standards:

   a. The resident must exhibit clinical academic performance and competence consistent with the curricular standards and the level of training undergone.

   b. The resident must satisfactorily complete all assigned rotations, as supported by evaluation documentation, in each Post Graduate Year (PGY).
c. 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.

2.1 The Program Director and the CCC must certify that the resident has fulfilled all criteria, to move to the next level in the program.

Upon a resident’s successful completion of the criteria listed above, the Program Director will certify by placing the semi-annual evaluations and the promotion document into the resident’s file indicating that the resident has successfully met the 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 file.

3. **Special Review**

A resident may be brought up for discussion by the CCC for any of the following reasons:

a) Recommendation by the Program Director for any reason;
b) Consistently low or unsatisfactory evaluation scores;
c) Consistent lack of adherence to program requirements; or
d) A specific incident that requires review by the CCC for possible probation or dismissal.

Faculty members who wish to initiate an additional review may request this from the Program Director.

4. **Follow-up Reviews**

At each meeting, the Committee will review progress of residents who are currently on a performance improvement plan, remediation or probation, and decide to lift or continue the probation.

Residents previously on probation may be reviewed for clinical and programmatic performance.
POLICY ON GRIEVANCES

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements II.A.4.a)(11):
This policy must ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The NSU Office of Graduate Medical Education is committed to ensure an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. To this end, NSU provides an organizational system to hear and address residents' concerns and grievances.

POLICY:
All GME programs at NSU will promote fair, reasonable, efficient and equitable resolution of concerns that may arise in the course of residency or fellowship training.

NSU prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this policy.

PROCEDURE:

Formal Grievances
Formal grievances cover dismissal, suspension without pay, demotion, non-renewal, non-promotion, or any other adverse employment action resulting in less pay (Note: This procedure does not apply to grievances regarding claims of perceived discrimination or sexual harassment. Refer to the Nondiscrimination and Anti-harassment Policy regarding claims of discrimination or sexual harassment).

All Formal Grievances will be subject to the Formal Grievance Hearing Policy in the NSU Employee Policy Manual – nova.edu/portal/hr/policies/formal-grievance-hearing.html.

Issues that do not rise to the level of Formal Grievances:

In order to provide a mechanism for communicating substantive issues and concerns between residents, the administration of Graduate Medical Education programs, and NSU, without fear of retribution, the following procedures should be followed for issues that do not rise to the level of Formal Grievances:

A. Program Directors have the primary responsibility for receiving, evaluating and
addressing concerns and complaints about any aspect of their program. Residents should raise issues related to their working environment and educational programs through the programs’ chief resident(s) and Program Director.

B. When residents wish to communicate concerns without disclosure of names and do not wish to speak directly to their Program Directors, they should make use of the Residents’ Forum.

C. For concerns that resist resolution via these mechanisms, residents should initiate a confidential communication with the Designated Institutional Official who will try to resolve the issue in an appropriately confidential manner.

D. If such concerns are not appropriate for resolution in the manner set forth in items A-C above, the Designated Institutional Official may appoint a grievance subcommittee of the Graduate Medical Education Committee (GMEC) composed of two members of the Medical Staff (one of whom shall be designated by the chairperson of the GMEC to be chairperson of the subcommittee), one peer-selected resident or fellow from a different program and not associated with the grievance in any way, and one member of administration. This grievance subcommittee will make recommendations for review and final decision by GMEC.

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Second Approval by GMEC on June 26, 2018
APPENDIX A: THE RESIDENT FORUM

PURPOSE: This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements II.C. Resident/Fellow Forum:

The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution’s ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment.

II.C.1. Any resident/fellow must have the opportunity to raise a concern to the forum,
II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present,
II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC.

DEFINITIONS:
See the NSU Graduate Medical Education Glossary of Terms dated June 2017; the ACGME Glossary of Terms dated July 1, 2013; as well as the Common Acronyms/Abbreviations Used in Graduate Medical Education last updated July 1, 2013.

BACKGROUND:
The ACGME Institutional Requirements require the sponsoring institution to have a written policy that addresses the opportunity for Residents and Fellows to gather and address issues in a confidential manner.

POLICY:
Nova Southeastern University, and the Office of Graduate Medical Education, is committed to a policy to ensure that Residents and Fellows are afforded a confidential forum whereby concerns and issues can be raised and discussed without the presence of the DIO and respective Program Director present.

PROCEDURE:
In order to assure these requirements are met, the Office of Graduate Medical Education has established a Resident Forum that meets ~10 times a year to allow residents from all NSU KPCOM GME programs to gather and address issues in a confidential manner. These meetings may be held face-to-face or electronically.

The structure for these meetings is as follows:

The resident forum is comprised of all residents. Every effort will be made to schedule meetings at a time that has the least impact on patient care and other training responsibilities. The GMEC fully supports the resident association and encourages all program directors to provide protected time for resident representatives to attend these meetings.
A. At the start of each academic year, the resident forum will elect a President, Vice-President, and Secretary, and the

B. At the start of each academic year, the resident forum will identify two peer-selected residents who will sit on the GMEC. These may be the President, Vice-President, and/or Secretary. These peer-selected residents are voting members of the GMEC and provide an oral report of the most recent meetings and any areas of concern or requests upon which the GMEC would vote or provide further information or guidance.

C. Prior to each meeting, the President or Vice-President, or their designee, will call for agenda items.

D. The Vice-President, in the absence of the President, shall preside over the meeting.

E. The Secretary shall record the minutes.

The GME Office provides support in scheduling meetings and assisting with communication as requested by the President. The President and Vice-President of the Resident Forum are responsible for meeting communication, the meeting agenda, and maintenance of the minutes.
APPENDIX B: WRITTEN STATEMENT OF INSTITUTIONAL COMMITMENT

 Statement of Commitment to Graduate Medical Education and Graduate Medical Education Programs

Nova Southeastern University’s Dr. Kiran C. Patel College of Osteopathic Medicine is committed to Graduate Medical Education (GME) in order to enhance the educational opportunities and experiences of our current and future medical students and our current and future learners in our residency programs, to optimize the quality of these programs for future learners, and to develop additional residency programs to meet increasing health care needs regionally and nationally.

To this end, Nova Southeastern University’s Dr. Kiran C. Patel College of Osteopathic Medicine is committed to institutional sponsorship of Accreditation Council for Graduate Medical Education (ACGME) accredited GME programs by providing administrative authority and responsibility for GME programs. The College is committed to providing educational, financial, and human resources in support of GME programs. This commitment is demonstrated through the provision of leadership, an organizational structure, and resources necessary for the institution to achieve compliance with the ACGME Institutional Requirements, and for the ACGME-accredited programs to achieve compliance with the ACGME Program Requirements.

As the Sponsoring Institution, Nova Southeastern University’s Dr. Kiran C. Patel College of Osteopathic Medicine is committed to ensuring that the Designated Institutional Official has sufficient financial support and protected time to effectively carry out her educational, administrative, and leadership responsibilities to the sponsoring institution and that the program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs. The institution is committed to assuring that faculty and residents have ready access to adequate communication resources and technological support and that resident have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format (e.g. electronic medical literature databases with search capabilities are available).

In addition, Nova Southeastern University’s Dr. Kiran C. Patel College of Osteopathic Medicine and its ACGME-accredited programs are committed to providing a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate.

The college as the sponsoring institution, in partnership with its affiliated hospitals and clinical training sites, is committed to promoting safe and appropriate patient care and providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents’ work environment, scholarly activity, personal development and the general competencies, can be met. The responsibility of the college as the sponsoring institution extends to resident assignments at all participating sites. The regular

3200 South University Drive • Fort Lauderdale, Florida 33328-2618 • (954) 262-1100
Dr. Kiran C. Patel College of Osteopathic Medicine • College of Pharmacy • College of Optometry • Dr. Patel Patel College of Health Care Sciences College of Medical Sciences • College of Dental Medicine • College of Nursing • College of Naturopathic Medicine

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assessment of the quality of the educational programs, the performance of its residents, the supervision of its residents, and the use of outcome assessment results for the program improvement are essential components of the institution’s commitment to GME.

The Dean of the Dr. Kiran C. Patel College of Osteopathic Medicine at Nova Southeastern University, with the support of the Nova Southeastern University Board of Trustees and the executive leadership of the university, will serve as the governing body for the sponsoring institution and appoints the Designated Institutional Official. The Designated Institutional Official serves as the chair of the Graduate Medical Education Committee and, with that body, has the authority for oversight and administration of the GME programs and ensures compliance with the ACGME Institutional, Common, and specialty/subspecialty specific Program Requirements.

President / Chief Executive Officer
Nova Southeastern University

Dean
Dr. Kiran C. Patel College of Osteopathic Medicine
Nova Southeastern University

Designated Institutional Official
Assistant Dean of Graduate Medical Education
Dr. Kiran C. Patel College of Osteopathic Medicine
Nova Southeastern University

Date: 6/29/18
Date: 6/22/18
Date: 5/16/18
APPENDIX C: SAMPLE CONTRACT

GRADUATE MEDICAL EDUCATION RESIDENT AGREEMENT

This Graduate Medical Education Resident Agreement ("Agreement") made and entered into this ___ day of ________________, 20__ by and between __________________________________ ("Resident") and Nova Southeastern University, Inc. on behalf of its Dr. Kiran C. Patel College of Osteopathic Medicine ("NSU").

In consideration of the promises and mutual covenants and agreements contained herein, the parties agree as follows:

1. APPOINTMENT AND TERM

Resident is hereby appointed to participate in the NSU post graduate year one ("PGY-1") training program in the specialty area of __________ (the "Program"). NSU agrees to provide Resident with clinical, practical and educational experiences that, if successfully completed by the Resident, will lead to an annual reappointment and promotion to a subsequent PGY level. Additionally, upon successful Program completion, Resident will be provided with a NSU Dr. Kiran C. Patel College of Osteopathic Medicine ("NSU-KPCOM") Certificate of Completion of the Residency and the ability to sit for either the American Osteopathic Association ("AOA") or the American Board of Medical Specialties ("ABMS") board examination in the specialty area of __________.

The term of this Agreement shall be one (1) year commencing on July 1, 2019 and ending on June 30, 2020, unless earlier terminated as provided for herein. Resident shall maintain a current license or a current registration as an unlicensed physician with the State of Florida, Department of Health, Board of Medicine (the "Board").

2. COMPENSATION AND BENEFITS

NSU shall provide the Resident with employment benefits which include:

- Salary support of __________ for the 2019-2020 academic year
- Health and disability insurance for the resident/fellow and eligible dependents, in accordance with NSU policies
- Disability insurance for resident/fellow in accordance with NSU policies
- Paid vacation, parental, sick, and other leaves in accordance with the NSU policies

NOTE: A full description of these employment benefits are attached and can be found in the NSU-KPCOM Graduate Medical Education Policies and Procedures Handbook ("GME Handbook"), which is updated annually.
NSU shall provide the Resident with professional liability insurance in amounts of no less than $1,000,000 per claim/$3,000,000 annual aggregate during the residency Program while the Resident is on official duty and acting within the scope of this Agreement. Resident shall not be covered under NSU’s professional liability coverage while moonlighting.

Resident agrees to fully cooperate with NSU with respect to any litigation arising out of actions which occurred during the term of this Agreement (including claims made or investigations or proceedings on-going after termination of this Agreement). Such cooperation will include, but not be limited to, assistance with trial preparation, attendance at depositions and trial, and any other reasonable requests by NSU, at no charge to NSU and will survive the termination of this Agreement.

3. RESIDENT PHYSICIAN RESPONSIBILITIES

Resident agrees to:

A. Perform satisfactorily and to the best of his or her ability the customary responsibilities of Residents.
B. Abide by the policies, procedures, laws, rules, regulations, and protocols of work facilities and GME Handbook. In connection therewith, NSU shall provide to and orient Resident to its applicable policies and protocols.
C. Follow the schedule provided to him/her and to timely attend all classes, clinics, lecture, rotations or other assigned activities.
D. If assigned outside of NSU or the training facility, Resident’s activities will be governed by NSU in conjunction with the outside institution.
E. Follow all institutional and Program policies regarding duty hours and moonlighting as contained herein and specified in the GME Handbook.
F. Be responsible to the Program Director, Assigned Rotation Preceptor, Site Director, and member(s) of Hospital/Clinic Staff under whose supervision Resident may from time to time serve, and to the Program’s Chief Resident.
G. Conduct himself/herself in compliance with all rules, regulations and bylaws of NSU and the rotating institution, its Medical Staff, all applicable Service, Departmental and Divisional Rules and Regulations, as well as all applicable policies, both personnel and operational, and such specific rules and regulations as from time to time may be established for residents. Resident agrees not to engage in any activities that interfere with or detract from Resident's duties to NSU or to the orderly and effective operation of NSU, the educational program or the rotating institution.

Additionally, Resident understands that his or her position of resident physician entails provision of care commensurate with the resident physician's level of advancement and competence, under the general supervision of appropriately privileged attending staff. Specifically, Resident is expected to:

(i) Read, become familiar with, and abide by the policies and procedures set forth in the GME Handbook and the rotating institution’s resident handbook, when assigned to institutions outside of NSU. Resident is also responsible for reviewing and abiding by any updates to NSU’s or rotating institution’s policies and procedures.
(ii) Develop a personal program of self-study and professional growth with guidance from the teaching staff.
(iii) Participate in safe, effective and compassionate patient care under supervision.
(iv) Participate completely in the educational activities of the program and, as required, assume responsibility for teaching and supervising other resident physicians and medical students.
(v) Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
(vi) Participate in institutional committees and councils, especially those that relate to patient care review activities.
(vii) Develop an understanding of ethical, socioeconomic and medical/legal issues that affect health care practice and of how to apply cost containment measures in the provision of patient care.
(viii) Work harmoniously with other members of the health care team.
(ix) Complete in a timely manner all responsibilities with respect to medical records and maintain the confidentiality of patient records and information as required by law.
(x) Submit to the Program Director or to the Designated Institutional Official, at least annually, confidential, written evaluations of the program faculty and the educational experiences.
(xi) Achieve standards set by the Program Director in the six education competencies: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems Based Practice.
(xii) Resident shall abide by NSU's or the rotating institution's dress code for all employees as set forth in GME Handbook.

4. OFFICIAL REPRESENTATIVES

For NSU-KPCOM: Name: Janet Hamstra, Ed.D.  
Title: Designated Institutional Officer
For Program: Name: 
Title: Program Director  
Program: ____________ Residency
For Resident / Fellow: Name: ________________________

5. MOONLIGHTING POLICY

Resident may not engage in outside employment (moonlighting) except where prior written approval from NSU has been obtained. NSU shall have sole discretion when deciding whether to approve Resident’s outside employment. PGY-1 residents are not permitted to moonlight under any circumstances. For further information, please see the Moonlighting Policy in the GME Handbook.

6. DUTY HOURS POLICY

Each Program's formal written policies governing resident duty hours are designed to foster resident education and facilitate the care of patients. Duty hours will be set to be consistent with the ACGME's Institutional and Common Program Requirements of the specialties and subspecialties that apply to each program. Resident duty hours and on-call time periods will not be excessive. The
structuring of duty hours and on-call schedules will be designed to focus on the needs of the patient, continuity of care, resident well-being, and the educational needs of the residents. These duty hour policies will apply to all institutions to which a resident rotates. For further information, please see the Duty Hours Policy in the GME Handbook.

7. SUBSTANCE ABUSE POLICY

All resident physician candidates offered employment will be screened for the presence of non-prescribed substances/alcohol. Those candidates testing positive for same in the initial and confirmatory testing will not be employed at NSU in the absence of a reasonable explanation acceptable to NSU. Where a resident physician voluntarily reveals a current chemical dependency, rehabilitation may be offered.

Employed resident physicians reasonably suspected of substance abuse are required to submit to drug screening and those employed resident physicians who test positive for same on the initial and confirmatory tests and/or have in their possession illegal drugs or alcohol will be subject to disciplinary action up to and including immediate dismissal or be offered rehabilitation if NSU believes it is warranted by the circumstances. Retention of the resident physician will depend on successful participation in a rehabilitation program to continue until completion of the residency program. For further information, please see NSU's Drug and Alcohol-Free Workplace Policy in the NSU Employee Handbook and the Physician Impairment Policy in the GME Handbook.

8. GRIEVANCE POLICY

NSU is committed to ensure an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Resident may request the resolution of a concern or dispute regarding his or her clinical and educational performance, conduct, and eligibility to continue in the Program through NSU’s Grievance Procedure. The Grievance Procedure can be found in the GME Handbook.

9. RENEWAL AND PROMOTION

Once accepted to the Program, Resident will remain within the Program for the duration of the term of this Agreement, unless removed for failure to satisfactorily perform or otherwise physically unable to continue in the Program as a result of illness, accident, approved medical or family leave, or any other approved leave or discontinuance.

Upon successful completion of the Program during the term of this Agreement, Resident shall be promoted to the subsequent PGY level and a subsequent contract may be offered.

If Resident is not to be renewed for another year of training after the expiration date of this Agreement, NSU will notify him or her no later than four (4) months prior to the expiration date of this Agreement. However, if the primary reason for non-renewal occurs within the four (4) months prior to the end of this Agreement, NSU will provide Resident with as much written notice of the intent not to renew training as the circumstances will reasonably allow.

No prior notice to Resident is required if he or she will not be renewed for another year of training.
due to termination for disciplinary reasons

If Resident is not to be promoted to the subsequent PGY level because Resident has failed to meet the competency-based criteria, the Program Director must notify the Resident in writing of his or her deficiencies and the reasons why he or she is not being promoted.

The Resident may appeal decisions not to renew, not to promote or to terminate from the Program in writing to the Designated Institutional Official. Decisions of the Designated Institutional Official may be appealed in accordance with Grievance Policy in the GME Handbook.

For further information, please refer to the Policy on Promotion, Appointment Renewal, and Non-Renewal/Dismissal in the GME Handbook.

**10. EXCLUDED PROVIDER**

Resident understands and acknowledges that he or she may not participate in NSU’s graduate medical education training program if he or she has now or has ever been 1) convicted of a criminal offense related to healthcare fraud or 2) excluded, debarred, sanctioned, or otherwise ineligible for participation in a “Federal Health Care Program” as defined at 42 U.S.C. 1320a-7b(f) or in any other government payment program.

**11. INSTITUTION CLOSURE OR RESIDENCY REDUCTION/CLOSURE**

In the event NSU intends to reduce the size of or close a residency program, or close the institution, the Graduate Medical Education Committee (“GMEC”), the Designated Institutional Official and Resident will be notified as soon as possible. In these circumstances, NSU will make every reasonable effort to fulfill the terms of this Agreement, which may include placement of Resident at an alternative site for the remainder of the current academic year. For further information, please refer to the Program Closures and Reductions Policy in the GME Handbook.

**12. HARASSMENT-FREE WORK ENVIRONMENT**

NSU is committed to providing an Equal Employment Opportunity (EEO) to all its employees, including residents. Discrimination on the basis of race, religion, national origin, age, disability, veteran status, marital status, sex, sexual orientation, gender identification or any other basis protected by federal, state or local law, including verbal or physical harassment on the basis of any of the above characteristics, is prohibited and will not be tolerated. Such prohibited harassment consists of unwelcome sexual advances or comments; ethnic jokes; ethnic, racial, religious or age-related slurs; and similar conduct. This policy is in accordance with the NSU’s Equal Employment and Nondiscrimination Policies and its Sexual Harassment Policy and in all instances will adhere to the terms and procedures of those policies.

The Director of Human Resources is NSU’s Equal Employment Opportunity Officer. If Resident feel as if he or she has been discriminated against or observes an act which may be interpreted to be discriminatory, has an absolute and unqualified duty to report it to the Director of Human Resources or his or her designee immediately. The Designated Institutional Official will be
notified in each case.

13. ACCOMMODATION FOR DISABILITIES

Resident may request accommodation for disability by following the procedure outlined in the NSU's policy for disability accommodation.

14. RESTRICTIVE COVENANTS

Neither the UNIVERSITY nor its programs may require residents to sign a non-competition guarantee or restrictive covenant, as set forth in the UNIVERSITY’s policy on restrictive covenants.

15. INTERPRETATION OF AGREEMENT

Questions regarding the terms and conditions of this Agreement shall be submitted in writing to the Designated Institutional Official for review. A final and binding written response will be rendered by NSU within thirty (30) days from the date the request was received by the Designated Institutional Official.

16. TERMINATION OF THE AGREEMENT

This Agreement may be terminated for the following reasons:

Death or Disability. Resident’s appointment shall immediately terminate upon death or if Resident is or becomes disabled and unable to perform the essential functions of his or her duties with or without reasonable accommodation.

Termination of Appointment. The Program Director may terminate or suspend Resident’s appointment and continued participation in the Program at any time during the term of this Agreement due to personal or professional misconduct (non-academic) and/or academic reasons as set forth in the GME Handbook or dismiss Resident from the Program. Resident will be advised in writing of the basis for the disciplinary action. If Resident’s appointment is suspended or terminated, or Resident is dismissed from the Program, Resident has the right to appeal the decision through NSU’s Grievance Procedure.

Resignation. Resident may terminate his or her appointment hereunder upon ninety (90) days written notice or such shorter notice period as the Program Director shall approve. In the event that Resident is unable or unwilling to return to duty on the agreed upon date after an approved medical or family leave, or other approved leave or discontinuance, such action shall be deemed to be Resident’s resignation from the residency Program and this Agreement shall terminate immediately.

Upon termination of this Agreement for reasons cited herein, the only obligation of NSU shall to be to pay Resident's stipend earnings which may have accrued hereunder up to the date of such termination or suspension. The final clearance procedure as outlined in the GME Handbook must
be adhered to prior to termination of employment.

17. MISCELLANEOUS

This Agreement and its accompanying attachments (listed below) represent the entire understanding of the parties with respect to the matters covered herein, and supersedes all prior or contemporaneous agreements, discussions, negotiations, and representations, whether written or oral. This Agreement may only be altered, amended, or modified by a writing duly signed by the parties.

This Agreement shall be construed in accordance with the laws of the State of Florida. With respect to any action arising out of this Agreement, the parties accept the exclusive jurisdiction of the state courts in Florida and agree that venue shall lie exclusively in Broward County, Florida.

If any term or provision of the Agreement is found to be illegal or unenforceable by a court or competent jurisdiction, the remainder of the Agreement shall remain in full force and effect to the maximum extent permitted by law.

A waiver by either party or any breach of this Agreement shall not be deemed a waiver of any subsequent breach of the same provision or the breach of any other provision. All waivers must be in writing and executed by the waiving party.

Termination of the Agreement will not affect the parties’ rights or obligations that, by their nature and context, are intended to survive termination of the Agreement.

18. ATTACHMENTS

The following NSU policies are attached to and made a part of this Agreement:

- Promotion, Appointment Renewal, and Non-Renewal/Dismissal Policy
- Grievance Policy
- 2019-2020 Summary of Resident Benefits
- Health and Disability Policy
- Vacation and Leaves of Absence Policy (including notification of effect of leave on program completion)
- Clinical and Educational Work Hours Policy
- Moonlighting Policy
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be effective as of the date and year first written above.

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<tr>
<th>Resident / Fellow</th>
<th>Dr. Kiran C. Patel College of Osteopathic Medicine ACGME Sponsoring Institution</th>
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<th>Nova Southeastern University, Inc. on behalf of its Dr. Kiran C. Patel College of Osteopathic Medicine</th>
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<td>BY:</td>
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<td>NAME: Janet Hamstra, Ed.D.</td>
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<td>TITLE: Designated Institutional Officer</td>
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<th>Elaine Wallace, D.O.</th>
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APPENDIX D: ORGANIZATIONAL CHARTS

NSU Organizational Chart 1 - Position of GMEC

NSU Board of Trustees

NSU President

Dean, College of Osteopathic Medicine

Designated Institutional Official / Assistant Dean of Graduate Medical Education

GMEC

Residents' Forum

Psychiatry Residency Program

Program Director

Assistant Program Director

Clinical Competency Committee

Program Coordinator

Program Evaluation Committee

CFBH-based Faculty

Orlando VA-based Faculty

FL Dept. of Corr. - Lake Correctional*

Residents

CFBH = Central Florida Behavioral Hospital
Orlando VA = Orlando VA Medical Center
FL Dept of Corr. - Lake Correctional = Lake Correctional Facility of the Florida Department of Corrections

* still determining if learning and educational environment is sufficient at Lake Correctional
APPENDIX E: KPCOM GRADUATE MEDICAL EDUCATION GLOSSARY OF TERMS

Benefit Eligible Employee: Employees scheduled to work a minimum of 19.2 hours per week are eligible for all regular, full-time employee benefits.

Clinical Supervision: A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.

Closure: A residency or fellowship training program that is no longer accepting, training, or graduating residents/fellows.

Disability: Under applicable disability laws, an individual with a disability is a person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. Temporary, non-chronic impairments that do not last for a long time and that have little to no long-term impact usually are not disabilities. The determination of whether an impairment is a disability is made on a case-by-case basis.

Disaster: an event or set of events (natural or man-made) causing significant alteration to the training experience at one or more residency programs.

Discrimination: Conduct that adversely impacts the terms and conditions of employment based on prohibited factors.

Discrimination Actions: This means regular and repeated actions or things displayed around the workplace that unreasonably interfere with job performance or create an intimidating, hostile or offensive work environment. A hostile environment may include:
   a. Sexual pictures, calendars, graffiti or objects.
   b. Offensive language, jokes, gestures or comments.

Duty hours: all clinical and academic activities related to the program i.e. patient care, administrative duties relative to patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the residency program.

Exempt – Professional Employee: An employee whose primary duty is the performance of work requiring knowledge of an advanced type in the field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction; or requiring invention, imagination, originality or talent in a recognized field of artistic or creative endeavor. Includes those who teach, tutor, instruct, or lecture in the activity of imparting knowledge; and who are employed and engaged in this activity as teachers in an educational establishment. Classification of GME trainees as NSU employees.

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.

**Grievance**: an expression of dissatisfaction regarding:
- resident’s written contract;
- duties assigned to a resident;
- application of policies, or
- a question regarding the probation, suspension, or termination/nonrenewal of an appointment

**Harassment**: Any conduct (words or acts) – whether intentional or unintentional – or a product of disregard for the safety, rights, or welfare of others, which causes physical, verbal, or emotional harm. Harassment is any conduct that intimidates, degrades, demeans, threatens, hazes, or otherwise interferes with another person’s rights to comfort and right to be free from a hostile environment. This includes, but is not limited to, loud or aggressive behavior; behavior that disrupts the orderly functioning of the university or hospital; behavior that disturbs the peace and/or comfort of person(s) on the university campus or hospital grounds; and behavior that creates an intimidating, hostile, or offensive environment. It also includes any conduct (words or act) in which the university or hospital can determine a threat exists to the educational process or to the health or safety of a member of the community.

**Sexual Harassment**: Unwelcome sexual advances (either verbal or physical), requests for favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
  a. Submission to such conduct is either an explicit or implicit term or condition of employment (e.g., promotion, training, timekeeping or overtime, assignments, etc.); or
  b. Submission to or rejection of the conduct is used as a basis for making employment decisions; or
  c. The conduct has the purpose or effect of substantially interfering with an individual’s work performance, or creating an intimidating, hostile or offensive work environment.

**Impaired Trainee**: An impaired trainee is one who is unable to practice medicine with reasonable skill and safety due to physical, behavioral or mental illness or excessive use or abuse of drugs or alcohol. An impaired trainee is unable to participate effectively in educational activities.

**Moonlighting**: any extracurricular provision of medical services outside the requirements of the residency/fellowship program, in which an individual performs duties as a fully licensed physician and receives direct financial remuneration.

**External Moonlighting**: voluntary, compensated, medically related work performed outside the institution where the resident is in training or at any of its related participating sites.
**Internal Moonlighting:** voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

**National Matching Service:** The AOA Intern/Resident Registration Program is a matching program that places students into osteopathic graduate medical education positions in the United States. The Intern/Resident Registration Program (the "Match") is sponsored and supervised by the American Osteopathic Association (AOA). The Match is administered on behalf of the AOA by National Matching Services Inc.

**Good Standing:** maintaining consistent attendance at academic conferences, demonstrating proficiency on the In-training Examination by obtaining a score above the national mean, and meeting acceptable standards during the monthly faculty evaluation process.

**Non-Compete:** a restriction that keeps a physician from practicing in a certain area, often included as a component of an employment contract.

**Professional Liability Insurance:** a form of insurance protecting individuals and companies related to covered claims made by patients, pertaining to the rendering of, or failure to render, medical professional services.

**Program Faculty:** Any individuals who have received a formal assignment to teach resident physicians.

**Promotion:** the process by which a resident progresses from one year of training to the next.

**Progressive responsibility:** increasing levels of competency in residents leading to greater levels of independence in clinical practice and increasing levels of responsibility for patient care and I or the supervision of more junior residents and medical students.

**Reduction:** A decrease in the number of trainees what are accepted into a program or a decrease in the total number of trainees in a program.

**Resident physician:** Any physician in an accredited graduate medical education program, including interns, residents, and fellows.

**Rotation:** An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

**Supervising Physician:** A physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

**Trainees:** Interns, Residents, or Fellows in a Graduate Medical Education program.
**Train Out:** A process of closing a program during which those trainees already in a program are allowed to complete their training. No new trainees are accepted into the program during the “train out” process. Once all trainees have completed the training program, the program closes.

**Vendor:** Any individual, P.A., or entity that provides goods or services to the university or hospital, including all professional services (medical, legal, financial, etc.); construction and renovation; and insurance and consulting activities. These entities may include but are not limited to pharmaceutical companies, device manufacturing companies, and other health-related companies.

For all other terms, see the *ACGME Glossary.*
ACGME GLOSSARY OF TERMS

Academic Appointment: An appointment to a faculty category (e.g. professor, Associate Professor, Adjunct Clinical Instructor, etc.) of a degree-granting (e.g. BS, BA, MA, MD, DO, PhD, etc.) school, college, or university.

Accreditation: A voluntary process of evaluation and review based on published standards and following a prescribed process, performed by a non-governmental agency of peers.

Accreditation Data System (ADS): The Web ADS is an online service of ACGME that allows authorized program directors of accredited graduated medical education programs to input limited amounts of Program Information data to servers' maintained by the ACGME or on its behalf.

Applicant: An M.D. or D.O. invited to interview with a GME program.

Assessment: An ongoing process of gathering and interpreting information about a learner's knowledge, skills, and/or behavior.

At-Home Call: Same as Pager Call. A call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).

Categorical Resident (also see “Graduate Year 1”): A resident who enters a program with the objective of completing the entire program.

Certification: A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in a particular specialty.

Chief Resident: Typically, a position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics).

Citation: A finding of a Review Committee that a program or an institution is failing to comply substantially with a particular accreditation standard or ACGME policy or procedure.

Clarifying Information: A Review Committee may request clarifying information that specifies information to be provided, including a due date for the clarifying information.

Clinical: Refers to the practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and prevent disease using their
expert judgment. It also refers to physicians who contribute to the care of patients by providing clinical decision support and information systems, laboratory, imaging, or related studies.

**Clinical Competency Committee:** A required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

**Clinical Learning Environment Review (CLER):** The ACGME Clinical Learning Environment (CLER) provides the profession and the public a broad view of sponsoring institution’s initiatives to enhance the safety of the learning environment and to determine how residents are engaged in the patient safety and quality improvement activities.

**Clinical Responsibility/Workload Limits:** Reasonable maximum levels of assigned work for residents/fellows consistent with ensuring both patient safety and a quality educational experience. Such workloads, and their levels of intensity, are specialty-specific and must be thoroughly examined by the RRCs before inclusion in their respective program requirements.

**Clinical Supervision:** A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.

**Combined Specialty Programs:** Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty. Each combined specialty program is made up of two or three programs, accredited separately by the ACGME at the same institution.

**Common Program Requirements:** The set of ACGME requirements that apply to all specialties and subspecialties.

**Competencies:** Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs. These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

**Complement:** The maximum number of residents or fellows approved by a Residency Review Committee per year and/or per program based upon availability of adequate resources.

**Compliance:** A program’s or institution’s adherence to a set of prescribed requirements.

**Conditional independence:** Graded, progressive responsibility for patient care with defined oversight.

**Confidential:** Information intended to be disclosed only to an authorized person;
that an evaluation is deemed confidential does not imply that the source of the evaluation is anonymous.

Consortium: An association of two or more organizations, hospitals, or institutions that have come together to pursue common objectives (e.g., GME).

Continued Accreditation: A status of “Continued Accreditation” is conferred when a Review Committee determines that a program or sponsoring institution has demonstrated substantial compliance with the requirements.

Continuity clinic: Setting for a longitudinal experience in which residents develop a continuous, long-term therapeutic relationship with a panel of patients.

Continuous time on duty: The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident’s (or fellow’s) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

Core Faculty: All physician faculty who have a significant role in the education of resident/fellows and who have documented qualifications to instruct and supervise. Core faculty devote at least 15 hours per week to resident education and administration. All core faculty should evaluate the competency domains; work closely with and support the program director; assist in developing and implementing evaluation systems; and teach and advise residents.

Core Program: See “Specialty Program”

Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.

Didactic: A kind of systematic instruction by means of planned learning experiences, such as conferences or grand rounds.

Duty Hours: Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

ECFMG Number: The identification number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who receives a certification from ECFMG.

Elective: An educational experience approved for inclusion in the program curriculum and selected by the resident in consultation with the program director.
**Essential:** (See "Must")

**External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

**Extraordinary Circumstances:** A circumstance that significantly alters the ability of a sponsor and its programs to support resident education.

**Extreme Emergent Situation:** A local event (such as a hospital-declared disaster for an epidemic) that affect resident education or the work environment but does not rise to the level of an extraordinary circumstance as defined in the ACGME Policies and Procedures, Section 20.00.

**Faculty:** Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites, appointment to the medical staff of the hospital constitutes appointment to the faculty.

**Fatigue management:** Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of appropriate countermeasures to mitigate the fatigue.

**Fellow:** A physician in a program of graduate medical education accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. The term “subspecialty residents” is also applied to such physicians. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.

**Fellowship:** see “subspecialty program”

**Fifth Pathway:** One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The fifth pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical undergraduate abroad, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate.

**Fitness for duty:** Mentally and physically able to effectively perform required duties and promote patient safety.

**Focused Site Visit:** A focused site visit assesses selected aspects of a program or sponsoring institution identified by a Review Committee (see ACGME Policies and Procedures, Section 17.30).
Formative Evaluation: Assessment of a resident/fellow with the primary purpose of providing feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score.

Full Site Visit: A full site visit addresses and assesses compliance with all applicable standards and encompasses all aspects of a program or sponsoring institution (see ACGME Policies and Procedures, Section 17.30).

Graduate Medical Education: The period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education. The term “graduate medical education’ also applies to the period of didactic and clinical education in a medical subspecialty which follows the completion of education in a recognized medical specialty and which prepares physicians for the independent practice of medicine in that subspecialty.

Graduate-Year Level: Refers to a resident’s current year of accredited GME. This designation may or may not correspond to the resident’s particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics.) Also referred to as ‘post graduate year’ or ‘PGY”.

In-House Call: Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Initial Accreditation: A status of “Initial Accreditation” is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

Innovation: Experimentation initiated at the program level which may involve an individual program, a group of residents (e.g., PGY1 residents) or an individual resident (e.g., chief resident).

Institutional Review: The process undertaken by the ACGME to determine whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Integrated: A site may be considered integrated when the program director a) appoints the members of the faculty and is involved in the appointment of the chief of service at the integrated site, b) determines all rotations and assignments of residents, and c) is responsible for the overall conduct of the educational program in the integrated site. There must be a written agreement between the sponsoring institution and the integrated site stating that these provisions are in effect. This definition does not apply to
all specialties. (See specific Program Requirements)

**Intern:** Historically, a designation for individuals in the first year of GME. This term is no longer used by the ACGME.

**Internal Moonlighting:** Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

**International Medical Graduate (IMG):** A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities. All IMGs should undertake residency education in the United States before they can obtain a license to practice medicine in the United States even if they were fully educated, licensed, and practicing in another country.

**In-Training Examination:** Formative examinations developed to evaluate resident/fellow progress in meeting the educational objectives of a residency/fellowship program. These examinations may be offered by certification boards or specialty societies.

**Joint Commission (TJC):** Formerly known as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO, which evaluates and accredits health care organizations in the United States.

**LCME:** Liaison Committee on Medical Education, which accredits programs of medical education leading to the M.D. in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

**Letter of Notification:** The official communication from a Review Committee that states the action taken by the Review Committee.

**Master Affiliation Agreement:** A written document that addresses GME responsibilities between a sponsoring institution and a major participating site.

**Medical School Affiliation:** A formal relationship between a medical school and a sponsoring institution.

**Must:** A term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement.

**National Resident Matching Program (NRMP):** A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American
Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies.

Night Float: Rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

Notable Practice: A process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. Notable practices do not create additional requirements for programs or institutions.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Ownership of Institution: Refers to the governance, control, or type of ownership of the institution.

Pager Call: A call taken from outside the assigned site.

PDSA (Plan-Do-Study-Act): A four part method for discovering and correcting assignable causes to improve the quality of processes; the method may be applied to individual learning, courses, programs, institutions, and systems, in repeated cycles.

Pilot: An ACGME-approved project, which is initiated by the Review Committee and involves several residency/fellowship programs that elect to participate.

Designated Positions: Positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty (see Program Requirements for Surgery).

Non-Designated Positions: Positions for residents who at the time of admission to a program have not been accepted into any specialty (see Program Requirements for Surgery).

Primary Clinical Site: If the sponsoring institution is a hospital, it is by definition the principal or primary teaching hospital for the residency/fellowship program. If the sponsoring institution is a medical school, university, or consortium of hospitals, the hospital that is used most commonly in the residency/fellowship program is recognized as the primary clinical site.

Probationary Accreditation: An accreditation status is conferred when the Review
Committee determines that a program or sponsoring institution that has failed to demonstrate substantial compliance with the requirements.

**Program**: A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty/subspecialty, the satisfactory completion of which may result in eligibility for board certification.

**Program Director**: The one physician designated with authority and accountability for the operation of the residency/fellowship program.

**Program Evaluation**: Systematic collection and analysis of information related to the design, implementation, and outcomes of a resident education program, for the purpose of monitoring and improving the quality and effectiveness of the program.

**Progress Report**: A Review Committee may request a progress report that specifies information to be provided, including a due date for the report. The progress report must be reviewed by the sponsoring institution’s Graduate Medical Education Committee, and must be signed by the designated institutional official prior to submission to the Review Committee.

**Program Letter of Agreement (PLA)**: A written document that addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education.

**Program Merger**: Two or more programs that combine to create a single program. One program may maintain continued accreditation while accreditation is voluntarily withdrawn from the other program or programs. Alternatively, both programs may be withdrawn and a new program may be established.

**Program Year**: Refers to the current year of education within a specific program; this designation may or may not correspond to the resident’s graduate year level.

**Required**: Educational experiences within a residency/fellowship program designated for completion by all residents/fellows.

**Resident**: Any physician in an accredited graduate medical education program, including interns, residents, and fellows.

**Residency**: A program accredited to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.

**Review Committee Executive Director**: Appointed by the ACGME Chief Executive Officer, is a chief staff person for a Review Committee and is responsible for all administrative matters of the Review Committee.
Review Committee, Residency Review Committee: The function of a Review Committee is to set accreditation standards and to provide a peer evaluation of residency programs and fellowships (or, in the case of the Institutional Review Committee, to set accreditation standards and to provide a peer evaluation of sponsoring institutions).

Rotation: An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

Scheduled duty periods: Assigned duty within the institution encompassing hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Scholarly Activity: An opportunity for residents/fellows and faculty to participate in research, as well as organized clinical discussions, rounds, journal clubs, and conferences. In addition, some members of the faculty should also demonstrate scholarship through one or more of the following: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations. (See Common Program Requirements)

Shall: (See must)

Should: A term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term ‘should’.

Site: An organization providing educational experiences or educational assignments/rotations for residents/fellows.

Major Participating Site: A Review Committee-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a major participating site in a two-year program, all residents must spend at least four months in a single required rotation or a combination of required rotations across both years of the program. In programs of three years or longer, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the program. The term “major participating site” does not apply to sites providing required rotations in one-year programs. (see “Master Affiliation Agreement”)

Participating Site: An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a public health agency, an organized health care delivery system, a health maintenance organization
(HMO), a medical examiner’s office, a consortium or an educational foundation.

**Specialty Program:** A structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the Program Requirements of a particular specialty; also known as ‘core’ programs.

**Sponsoring Institution:** The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).

Clarification: When the sponsoring institution is a non-rotation site the major associated hospital is the participating rotation site. Additionally, for multiple ambulatory medical sites under separate ownership from the sponsoring institution one central or corporate site (and address) must represent the satellite clinics (that are located within 10 miles of the main site).

**Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**Subspecialty Program:** A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty.

**Dependent Subspecialty Program:** A program that is required to function in conjunction with an accredited specialty/core program, usually reviewed conjointly with the specialty program, usually sponsored by the same sponsoring institution, and geographically proximate. The continued accreditation of the subspecialty program is dependent on the specialty program maintaining its accreditation.

**Suggested:** A term along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or program will not be cited for failing to do something that is suggested or strongly suggested.

**Summative Evaluation:** Assessment with the primary purpose of establishing whether or not performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

**Transfer resident:** Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical
school). Before accepting a transfer resident, the program director of the ‘receiving program’ must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term ‘transfer resident’ and the 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.

**Transitional-Year Program:** A one-year educational experience in GME, which is structured to provide a program of multiple clinical disciplines; its design to facilitate the choice of and/or preparation for a specialty. The transitional year is not a complete graduate education program in preparation for the practice of medicine.

**Transitions of care:** The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

**Unannounced Site Visit:** A site visit that is unannounced due to the urgency of an issue(s) that needs immediate review. A program may receive up to three weeks’ notice of unannounced site visits.

**Withdrawal of Accreditation:** A Review Committee determines that a program or sponsoring institution has failed to demonstrate substantial compliance with the requirements.

**Warning:** If a program or sponsoring institution does not demonstrate substantial compliance, a Review Committee may warn a program or sponsoring institution if it determines areas of non-compliance may jeopardize its accreditation status.
## APPENDIX G: COMMON ACRONYMS/ABBREVIATIONS USED IN GRADUATE MEDICAL EDUCATION

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
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<tr>
<td>ABMS</td>
<td>American Board of Medical Specialties</td>
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<tr>
<td>ACCME</td>
<td>Accreditation Council for Continuing Medical Education</td>
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<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
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<tr>
<td>ADS</td>
<td>Accreditation Data System</td>
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<td>AHA</td>
<td>American Hospital Association</td>
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<tr>
<td>AMA</td>
<td>American Medical Association</td>
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<tr>
<td>AMA-CME</td>
<td>American Medical Association – Council on Medical Education</td>
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<tr>
<td>CAAR</td>
<td>Computer Assisted Accreditation Review</td>
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<td>CCC</td>
<td>Clinical Competency Committee</td>
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<td>CBE</td>
<td>Competency-Based Education</td>
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<td>CLER</td>
<td>Clinical Learning Environment Review</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<td>CMSS</td>
<td>Council of Medical Specialty Societies</td>
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<td>CRCC</td>
<td>Council of Review Committee Chairs</td>
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<td>CRCR</td>
<td>Council of Review Committee Residents</td>
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<td>DIO</td>
<td>Designated Institutional Official</td>
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<td>ECFMG</td>
<td>Educational Commission for Foreign Medical Graduates</td>
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<td>ERAS</td>
<td>Electronic Residency Application Service</td>
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<td>FREIDA</td>
<td>Fellowship and Residency Interactive Database (AMA)</td>
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<td>FS</td>
<td>Accreditation Field Staff</td>
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<tr>
<td>FSMB</td>
<td>Federation of State Medical Boards</td>
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<td>GME</td>
<td>Graduate Medical Education</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>IRC</td>
<td>Institutional Review Committee</td>
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<td>IRD</td>
<td>Institutional Review Document</td>
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<td>JC</td>
<td>Joint Commission on Accreditation of Healthcare Organizations</td>
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<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
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<td>LON</td>
<td>Letter of Notification</td>
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<td>NBME</td>
<td>National Board of Medical Examiners</td>
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<td>PD</td>
<td>Program Director</td>
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<td>PDF</td>
<td>Portable Document Format</td>
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<tr>
<td>PGY</td>
<td>Post Graduate Year</td>
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<tr>
<td>PLA</td>
<td>Program Letter of Agreement (for residency and fellowship program)</td>
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<td>NRMP</td>
<td>National Resident Matching Program</td>
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<td>RC</td>
<td>Review Committee</td>
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<td>RQ</td>
<td>Resident Questionnaire (used in Internal Medicine)</td>
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<td>RRC</td>
<td>Residency Review Committee</td>
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<td>SV</td>
<td>Site Visitor</td>
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<td>SSV</td>
<td>Specialist Site Visitor</td>
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<td>TYRC</td>
<td>Transitional Year Review Committee</td>
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<tr>
<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
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