

# GRADUATE MEDICAL EDUCATION POLICIES

Effective 03.20.2025



**FSU**

**OFFICE OF GRADUATE  
MEDICAL EDUCATION**

# TABLE OF CONTENTS

Appearance, Dress Attire, and Hygiene .....	3
Clinical and Education Work Hours .....	5
Closures and Reductions .....	9
Corrective Action, Discipline and Due Process .....	11
Grievance Procedures .....	20
Health and Disability Insurance.....	23
Moonlighting .....	25
Non – Competition .....	29
Professional Conduct – Resident .....	30
Professional Liability Insurance .....	36
Promotion, Renewal and Dismissal of Residents and Fellows .....	40
Resident Eligibility, Recruitment, Selection, and Appointment .....	44
Resident/Fellow Agreement .....	49
Resident/Fellow Transfer .....	51
Resident Services and Well – Being .....	55
Special Review Protocol .....	64
Substantial Disruptions and Disaster .....	68
Supervision and Accountability – Institutional .....	71
Transitions of Care (“Handovers”) .....	76
USMLE/COMLEX Completion .....	79
Vacation and Leave .....	81
Vendor Relations .....	85

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> New Policy
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 3.2.f; 3.2.f.4.
<b>POLICY DESCRIPTION:</b> Appearance, Dress Attire, and Hygiene	<b>COMMON PROGRAM REQUIREMENTS:</b> 4.3; 4.3.g; 6.12; 6.12.d.

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide a policy of oversight regarding resident/fellow appearance, dress attire and hygiene.

### **POLICY:**

The Sponsoring Institution shall enforce that all Residents/Fellows are expected to maintain high professional standards of dress, appearance, conduct, and hygiene. Residents/Fellows are always required to wear their Identification (ID) badge in a visible location above the waist.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

### **DESCRIPTION/PROCEDURES/RESPONSIBILITIES**

1. **GENERAL APPEARANCE/ATTIRE** – Every Resident is expected to present a clean, neat appearance and should dress according to the requirements of the position. Residents representing the facility in the workplace, and outside the facility while conducting business, should consider the following guidelines for proper attire:
  - a. Clothing should be clean, neatly pressed, in good repair, and appropriate size
  - b. Clothing should be in keeping with the professional environment. No clothing shall be worn in the workplace that is disruptive to the workplace or reflects negatively on the hospital's image and service to our customers
  - c. Clothing that is faded, torn or tight fitting is unacceptable and inappropriate for the professional work environment. Appropriate undergarments are required and should not be visible under outer attire.
  - d. Revealing attire such as crop tops, tank tops, and clothing made of see-through materials are not acceptable in the workplace. Other examples of prohibited clothing are t-shirts, tight-fitting clothes or pants, coveralls, spandex-type leggings, jogging suits, athletic gear, jeans and shorts

- e. Shoes in patient care areas must be safe, clean and in good condition. For safety reasons, certain types of shoes such as open toe shoes may not be appropriate.
  - f. Skirts should be moderate in length (must be no shorter than two (2) inches above the knee)
  - g. Department approved jackets are permitted
  - h. Hoodies, athletic gear, and sweatshirts are prohibited in the clinical setting
  - i. Hair including facial hair should be neat, clean and well maintained. Hair accessories should be conservative (conservative means moderate in size and subdued colors)
  - j. Hair of unnatural tone (e.g. green, blue, purple, etc.) or eccentric style is not permitted
  - k. Extreme hair styles are not permitted. Hair longer than shoulder length must be tied back in patient care areas
  - l. Male employees choosing to wear beards and/or mustaches may do so, providing they are close cropped, clean and well-groomed
  - m. Jewelry in patient care areas should be consistent with maintaining the safety of patients and staff
  - n. Fingernails should be kept clean, well-groomed and the length should be commensurate with the work performed
  - o. Perfumes, aftershaves and cosmetics should be used conservatively
  - p. Visible body piercing other than ears is prohibited unless dictated by religious practice or issued or approved by the hospital for professional/clinical guidelines
  - q. Tattoos should be concealed by clothing, where possible
  - r. Hats, caps and head coverings may not be worn unless dictated by religious practice or issued or approved by the hospital for professional/clinical guidelines
  - s. Headsets are not acceptable for safety reasons
2. **SCRUBS** – Scrubs must be worn in accordance with hospital policy. Further:
- a. Hospital issued scrubs may not be worn and/or taken from hospital property
  - b. Scrub suits are the property of the hospital. Removing scrubs from hospital grounds constitutes theft and may result in disciplinary action up to and including termination
  - c. Scrubs may be worn at the direction of the Program Director.
  - d. Some programs (e.g. emergency medicine) issue personalized scrubs for on-duty work. These scrubs are permitted.
3. **WHITE LAB COATS** – If a Resident is wearing a white lab coat in the clinical setting, the following is required:
- a. ID badges are required to be worn on the white lab coat and prominently displayed
  - b. White lab coats shall be clean and neat
4. **IDENTIFICATION (ID) BADGES** – Residents are required to wear their ID badges while working. The ID badge must be prominently displayed *above the waist* with the name and title visible. Badge Buddies must be present on all ID badges.
5. **ACTION** – Failure to comply with any part of this policy may result in disciplinary action up to and including termination.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 3.2e.; 4.11.
<b>POLICY DESCRIPTION:</b> Clinical and Education Work Hours	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.15.; 6.17.; 6.20. – 6.28.a.

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To establish guidelines in accordance with ACGME requirements for the monitoring of work hours of the clinical and educational work environment

### **POLICY:**

The Sponsoring Institution must maintain a policy that establishes guidelines for residency/fellowship program clinical and education work hour requirements

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**AT-HOME CALL** – call taken outside the assigned institution

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**GOVERNING BODY** – the single entity that maintains authority over the responsibility for the Sponsoring Institution and each of its ACGME – accredited programs

**IN-HOUSE CALL** – work hours beyond the normal workday when Residents are required to be immediately available in the assigned institution. The applies to Residents at the PGY2 level and above

**ONE – DAY** – one continuous 24-hour period free from all clinical, educational, and administrative duties

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

**WORK HOURS** – all academic and clinical activities related to the residency/fellowship program (i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences. Work hours include all hours spent moonlighting. Work hours do not include reading and preparation time spent away from the duty site.

### **PROCEDURES/RESPONSIBILITIES:**

The SI 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. All must adhere to the following:

1. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all:
  - a. In-house clinical and educational activities
  - b. Clinical work done from home
  - c. Moonlighting
2. Residents must be provided with one (1) day in seven (7) free from all educational and clinical responsibilities averaged over a four-week period, inclusive of all call. At home call cannot be assigned on these free days.
3. Programs must schedule Residents for fewer than 80 hours weekly to accommodate need for flexibility for responding to patient care and to ensure compliance with the 80-hour maximum.
4. Adequate time for rest and personal activities must be provided. Residents should have eight (8) hours off between scheduled clinical work and education periods. There may be circumstances when a Resident chooses to stay to care for their patients or return to the hospital with fewer than eight (8) hours free of clinical experience and education. This must occur within the content of the 80-hour and the one-day-off in-seven requirements.
5. Residents must have at least fourteen (14) hours free of clinical work and education after 24-hour in-house call

### **MAXIMUM CLINICAL WORK AND EDUCATION PERIOD LENGTH**

1. Clinical and education work periods for Residents must not exceed 24 hours of continuous scheduled clinical assignments.
2. Up to four (4) hours of additional time may be used to participate in:
  - a. Didactic activities related to resident education.
  - b. Activities related to patient safety, such as providing effective transitions of care.
  - c. To maintain continuity of medical and surgical care as defines in Specialty and Subspecialty Program Requirements.
3. Additional patient care responsibilities must not be assigned to a Resident during this time

**CLINICAL AND EDUCATIONAL WORK HOUR EXCEPTIONS**

1. In rare circumstances, after handing over all other responsibilities, a Resident, on their own initiative, may elect to remain or return to the clinical site under the following circumstances:
  - a. To provide care to a single severely ill or unstable patient.
  - b. Humanistic attention to the needs of a patient or family.
  - c. To attend unique educational events.
2. These additional hours must be counted towards the 80-hour weekly limit.
3. The Program should develop a specific policy or guidelines as it relates to these exceptions.

**ON-CALL ACTIVITIES**

All Residents must adhere to the following:

1. In-House Night Float
  - a. Must occur within the context of the 80-hour work rule
  - b. Must have one-day-off-in-seven
2. Maximum In-House On-Call Frequency
  - a. Must occur no more than every third night
  - b. Averaged over a four-week period
3. At-Home Call
  - a. Frequency of at-home call is not subject to every third night limitation, but must satisfy the requirement of one-day-in-seven free of clinical work and education, averaged over four weeks.
  - b. At-home call must not be so frequent or taxing as to preclude rest and reasonable personal time for each Resident.
  - c. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.
  - d. The Program Director and faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**PERSONAL APPOINTMENTS**

1. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those during scheduled work hours.
2. The Resident must provide satisfactory notice to their Program Director regarding a scheduled appointment.
3. The appointment should be approved in advance to provide for proper clinical coverage while the Resident is attending their appointment.



## **FATIGUE AWARENESS AND MITIGATION**

1. In addition to specific work hours, Residents and faculty must be cognizant and concerned about fatigue.
2. Any fatigue concerns should be addressed with the Chief Resident or supervising attending.
3. Fatigue concerns may also be raised to Program leadership or the GME Office.
4. Strategic naps are encouraged.
5. Call rooms are provided for all Residents.

## **WORK HOURS AND WELL-BEING**

1. Programs must pay attention to scheduling, work intensity and work compression that impacts Resident well-being.
2. All Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interest of the patient may be served by transitioning that patient's care to another qualified and rested provider.

## **WORK HOUR MONITORING**

1. It is everyone's responsibility to abide and work with this policy.
2. Faculty must remain vigilant of Residents under their supervision and frequently monitor the Resident's activities.
3. Residents must stay within the work hours and notify chief/senior Resident, faculty, Program leadership, and/or the GME Office if they are having difficulties in meeting daily or weekly work hour requirements.
4. Residents should notify their Program Director and/or Associate Dean/DIO if their assigned hours are not in compliance with this policy and the ACGME requirements.
5. Moonlighting – see Moonlighting policy.
6. The GMEC requires that all Program Directors monitor and assess compliance for their program and Residents in the Resident electronic management system ("New Innovations").
7. Residents must document their work hours accurately, honestly, and in a timely manner.
  - a. Documentation of work hours should never exceed a two (2) week timeframe.
  - b. Residents are prohibited from documenting their colleagues (other Residents) work hours.
  - c. Program Coordinators are prohibited from documenting their Resident's work hours except under extreme circumstances and with the written approval of the Program Director. The GME Office must be notified if this is authorized.
  - d. Residents are subject to disciplinary action up to and including termination for failure to accurately, honestly and timely documentation of their work hours.
8. The GMEC will monitor all programs for work hour compliance.



<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 1.12.f.; 4.15 – 4.15.b.
<b>POLICY DESCRIPTION:</b> Closures and Reductions	<b>COMMON PROGRAM REQUIREMENTS:</b> (if applicable)

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

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.

### **POLICY:**

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.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**GOVERNING BODY** – the single entity that maintains authority over the responsibility for the Sponsoring Institution and each of its ACGME – accredited programs.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner's office, a consortium, or an education foundation).

## **PROCEDURES/RESPONSIBILITIES:**

If the Sponsoring Institution and healthcare partner chooses to reduce and/or close a residency/fellowship program, the following must occur:

1. The Sponsoring Institution must inform the Graduate Medical Education Committee (GMEC), DIO, and affected Residents as soon as possible when it intends to reduce the size of one or more ACGME – accredited programs, or when the Sponsoring Institution intends to close, and
2. The Sponsoring Institution must allow Residents already in an affected program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an) other program(s) in which they can continue their education.
3. The GMEC will discuss and consider the impact a reduction of Residents or closure will have on services provided by the residency with the Program Director and healthcare partner.
4. The GMEC must approve the reduction and/or closure of a program.
5. The GMEC Chair will formally notify the healthcare partner leadership and the Dean of the medical school of the decision.
6. The GMEC will notify the Program Director of the decision to reduce and/or close the program at least nine (9) months (or as soon as known) prior to the NRMP Match.
7. The GMEC will provide the Program Director with the necessary resources to graduate Residents under contract.
8. If a Resident desires to transfer to another residency/fellowship program, the Program Director, healthcare partner, and the Office of Graduate Medical Education will assist the Resident in identifying a new program.
9. Should the Resident identify and be accepted into another program, the Resident will be released from their contract with a 30 – day written notice.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> 4/28/2022
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.4.b.
<b>POLICY DESCRIPTION:</b> Corrective Action, Discipline and Due Process	<b>COMMON PROGRAM REQUIREMENTS:</b> 2.6.h.

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

The purpose of this policy is to provide guidance regarding corrective action, discipline and due process.

### **POLICY:**

This policy establishes a uniform process and procedures for all Residents enrolled in a graduate medical education program sponsored by the Florida State University College of Medicine related to corrective action, discipline, and due process.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**ACGME RESIDENCY REVIEW COMMITTEE (RRC)** – group comprised of volunteers that sets accreditation standards (requirements), provides peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with the applicable published accreditation requirements, and confers an accreditation status on each Sponsoring Institution or program with regard to substantial compliance with those requirements. There are three types of Review Committees: specialty Review Committee, Transitional Year Review Committee, and Institutional Review Committee.

**ADVERSE ACTION** – A decision by the Program Director or Designated Institutional Official (DIO) to institute a formal disciplinary action against a Resident.

**CLINICAL COMPETENCY COMMITTEE (CCC)** - A required body comprising three or more members of the active teaching faculty that is advisory to the program director and reviews the progress of all Residents in the program.

**COMPETENCIES** - Specific knowledge, skills, behaviors, and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)** – A committee chaired by the DIO or designee and is composed of GME administrators, Program Directors and other faculty, and Residents. The GMEC is responsible for overseeing i) ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs, ii) the quality of the GME clinical learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites, iii) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements, iv) the ACGME-accredited Programs' annual evaluation and improvement activities, and v) processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution. The GMEC provides institutional oversight for all graduate medical education programs throughout the Sponsoring Institution. The GMEC is charged with the responsibility for assuring that fair policies and procedures are established for Adverse Actions and disciplinary actions. The GMEC and the Programs will collaborate as needed with Human Resources ("HR") and Legal when disciplinary actions, primarily dismissal or performance issues involving the violation of established Sponsoring Institution policies, are involved.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

**PROGRAM DIRECTOR** – The individual designated with authority and accountability for the operation of a Program.

**REMEDICATION** – a plan developed by the Program Director, with recommendations from the Clinical Competency Committee, to correct deficiencies identified in a Resident's academic, clinical and/or professional performance.

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

**RESIDENT APPEALS COMMITTEE (RAC)** – the primary mechanism by which Residents can appeal an Adverse Action.

**SPONSORING INSTITUTION** - The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME and other accrediting bodies Institutional Requirements. 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, or an educational foundation).

## **RESIDENT RESPONSIBILITIES**

Over the course of training in graduate medical education, a Resident is expected to acquire progressive and increasing competence and responsibility in the knowledge, skills, attitudes, and judgment of the specialty in which he/she is training. It is expected that a Resident who qualifies for a training program can progress satisfactorily through the program. However, when performance and/or progress are unsatisfactory, actions of a disciplinary or adverse nature will be initiated. An Adverse Action may be taken as a consequence of a deficiency being identified.

## **ADVERSE ACTIONS**

It is the duty of the Program Director of each residency program to establish a mechanism for assessing and evaluating the performance of each Resident including, but not limited to, written progress reports. In the event a Resident's academic, clinical or professional performance is identified to be unsatisfactory, the Program Director, with recommendations from the Clinical Competency Committee as applicable, shall meet with the Resident at the earliest possible date, outline in writing the deficiencies, specify how they are to be remediated and indicate the period of time in which correction or improvement is to occur, and complete a Disciplinary Action Report (DAR) for submission to the GME Office.

If, after a specified amount of time, progress has not been demonstrated, the Resident may be placed on a more progressive Adverse Action. A range of Adverse Actions is available to the Program Director. Adverse Actions are classified as Academic, Clinical, and/or Professional Performance or Disciplinary Adverse Actions. Each circumstance is unique and will be managed with professionalism and discretion.

Adverse Actions initiated against a Resident may have serious professional consequences. The Resident's activities are subject to repeated review and inquiry by medical staff credentialing committees, certification boards, licensing agencies and others. The residency program must report Adverse Actions when proper inquiry is made. Prior to the graduation of any Resident for whom an Adverse Action has been taken, the Program Director must compose a formal statement with exact wording of what will be reported when formal inquiry is made by an outside party/organization. Both the Program Director and the DIO will use this statement to ensure consistency in reporting. A copy of the official statement of Adverse Action must be supplied to the Resident prior to graduation from the program so that all parties are fully aware of how and what information will be reported after graduation. In instances where a Resident is dismissed or voluntarily leaves the program prior to graduation, this formal statement will be composed and communicated to the Resident upon leaving the program.

## **GROUNDINGS FOR ADVERSE ACTIONS**

Subject to the procedures provided herein, the Sponsoring Institution reserves the right, at the discretion of the Program Director or their designee, upon recommendation of the Clinical Competency Committee for ACGME programs, to take all Adverse Actions deemed necessary, including but not limited to written warnings, probation, suspension, or dismissal. Conduct necessitating Adverse Actions may include, but is not limited to:

1. Failure to meet the standards of patient care.
2. Failure to complete and maintain medical records in accordance with Institution and/or accreditation body requirements.
3. Failure to maintain "duty hours" in accordance with Institution guidelines.
4. Inappropriate or illegal use of medications, drugs, or alcohol.
5. Failure to take and pass USMLE STEP III/COMLEX Level III as set forth by Institution or Program policy.
6. Failure to maintain any and all appropriate licensure necessary to participate in the Program.
7. Failure to maintain satisfactory academic, clinical, and professional progress based on training level.
8. Failure to comply with applicable bylaws, policies, procedures, rules or regulations of the Institution and/or accreditation bodies.
9. Failure to meet visa requirements for Residents that are non-US citizens.
10. Violation of the Resident training agreement.
11. Any other conduct, behavior or actions deemed contrary or detrimental to the Program or Institution.
12. Failure to successfully remediate.

## INFORMAL COUNSELING

Programs have the discretion to engage in informal counseling of Residents. Informal counseling is an essential component of medical training, offering guidance, feedback, and support in a less structured and more personal setting compared to formal evaluations.

Informal counseling refers to the spontaneous, unplanned interactions between a medical Resident and their supervisor or mentor. These interactions are characterized by their flexibility, openness, and the absence of formal documentation. The primary aim of informal counseling is to provide immediate feedback, address concerns, and offer support in real-time. This process fosters a nurturing environment, enabling Residents to grow both professionally and personally.

### IMPORTANCE OF INFORMAL COUNSELING

The informal counseling process is crucial for several reasons:

1. **IMMEDIATE FEEDBACK:** Unlike formal evaluations, which occur at scheduled intervals, informal counseling allows for instant feedback. This immediacy helps Residents correct mistakes and improve their skills promptly.
2. **PERSONALIZED GUIDANCE:** Informal counseling sessions are tailored to the specific needs and concerns of the Resident. This personalized approach ensures that the guidance provided is relevant and impactful.
3. **BUILDING TRUST:** Regular informal interactions help build a strong rapport between the Resident and their supervisor. This trust fosters open communication and creates a supportive environment.
4. **STRESS MANAGEMENT:** The demanding nature of medical training can lead to significant stress. Informal counseling provides a platform for Residents to discuss their concerns and receive emotional support.

### COMPONENTS OF INFORMAL COUNSELING

1. **OBSERVATION AND FEEDBACK:** Supervisors often observe Residents during their daily activities, such as patient rounds, surgeries, and consultations. These observations form the basis for providing constructive feedback. The feedback is delivered in a conversational manner, focusing on specific actions and behaviors that need improvement.
2. **MENTORSHIP:** Informal counseling often involves mentorship, where experienced physicians guide Residents through their training. Mentors share their knowledge, experiences, and insights, helping Residents navigate the complexities of medical practice. This mentorship relationship is built on mutual respect and trust.
3. **PROBLEM-SOLVING:** Residents frequently encounter challenging situations that require quick decision-making. Informal counseling sessions provide an opportunity to discuss these challenges with supervisors, who can offer advice and solutions based on their expertise.
4. **EMOTIONAL SUPPORT:** The emotional well-being of Residents is a critical aspect of their overall performance. Informal counseling sessions allow Residents to express their feelings and concerns in a safe and confidential environment. Supervisors can offer reassurance, empathy, and coping strategies to help Residents manage their stress.
5. **CAREER GUIDANCE:** Informal counseling also encompasses career guidance, where supervisors help Residents set career goals and develop strategies to achieve them. This guidance includes advice on specialty selection, fellowship opportunities, and long-term career planning.

## **TYPES OF ADVERSE ACTION**

The actions listed below are not sequential and do not have to be employed in a specific order. A Program Director, upon recommendation of its Clinical Competency Committee, may elect to combine actions together (i.e. warning and suspension). Egregious circumstances may mandate severe action that includes immediate termination. Types of Adverse Action include, but are not limited to, i) verbal, written, and final written warnings, ii) suspension with or without pay, iii) probation, iv) a recommendation for non-renewal of the Resident training agreement, and/or v) dismissal. When implementing disciplinary action against a Resident, each Program Director shall complete a Disciplinary Action Report. Prior to initiating any Adverse Actions, the Program Director must complete a Disciplinary Action Report (DAR) and consult, discuss and forward the DAR to the DIO for formal review. No disciplinary action may be initiated against a Resident until the DIO consultation is complete.

### **1. WARNING (VERBAL, WRITTEN AND FINAL)**

- a. The Program Director may recommend that a Resident receive a warning for unsatisfactory academic, clinical and/or professionalism or conduct.
- b. The Program Director shall specify in writing the areas deemed unsatisfactory and state with specificity the reasons for the warning and provide a copy of the recommendation for warning to the Resident.
- c. Warnings are not subject to appeal.

### **2. PROBATION**

- a. Where a Resident's performance fails to meet the standards set by the Program, the Resident may be placed on probation by the Program Director.
- b. Probation occurs when a Resident is notified that his/her academic, clinical, and/or professional development or conduct is such that continuation in the program is at risk.
- c. **NOTICE -**
  - i. The Program Director shall notify the Resident in writing regarding the probation, outline the reasons for the action, establish a time frame for the probation, provide a specific remedial plan with deadlines, and conduct a follow-up probation evaluation at the designated time, or sooner, if necessary.
  - ii. Notice of probation may be delivered to the Resident by certified mail, Return Receipt Requested, at his/her last known address, or hand-delivered to the Resident with written acknowledgement of delivery, and/or via email attachment with read/receipt notation.
  - iii. Unless precluded by special circumstances, the Program Director must meet in person with the Resident to discuss the probation.
- d. **REMEDIATION -**
  - i. As a rule, no more than 60 calendar days will be permitted for the Resident to correct or remediate the identified deficiency or conduct. However, some probationary periods may be shorter or for an extended period.
  - ii. If at the end of or during the probationary period the Program Director, with feedback from the Clinical Competency Committee, determines that the Resident has not corrected or remediated the identified deficiency or conduct, the Resident may be dismissed from the program. However, probation is not necessarily a prerequisite for dismissal if circumstances dictate otherwise.
  - iii. If at the end of or during the probationary period the Program Director elects to dismiss the Resident, the dismissal procedures shall be utilized.



e. **LIFTING OF PROBATION -**

- i. If the Program Director is satisfied that the Resident has corrected or remediated the identified deficiency or conduct, along with any other deficiency that may have arisen during the probationary period, the Resident will then be notified in writing that the probationary status has been lifted.
- ii. The Resident may be placed on future probation should the conduct/deficiency occur again.

f. **PROBATION MAY NOT BE APPEALED.** However, if a Resident is dismissed at the end of the probationary period, the dismissal may be appealed in accordance with the procedures outlined in Sponsoring Institution policy.

g. **REAPPOINTMENT FOLLOWED BY PROBATION.** If a Resident is placed on probation or suspended after notice that a new Resident training agreement has been or will be extended, but prior to beginning a new training year, the offer for re- appointment shall be automatically deemed abated until all requirements relating to probation are fully resolved. At the discretion of the Program Director, the Resident training agreement abated during the referenced probationary period may be declared null and void.

h. **REAPPOINTMENT DURING PERIOD OF DISCIPLINARY ACTION.** A Resident may be placed on probation at any time but all attempts at remediation should occur first. At the discretion of the Program Director, the decision regarding whether or not to extend a new Resident training agreement to a Resident on probation or suspension may be deferred until the end of the probationary period.

### 3. **SUSPENSION**

- a. Where a Resident's performance fails to meet the standards set by the program, the Resident may be placed on suspension by the Program Director upon recommendation of the Clinical Competency Committee.
- b. Suspension occurs when a Resident is notified that his/her progress, academic, clinical and/or professional development or conduct is such that continuation in the program is at risk.
- c. Criteria may include but are not limited to:
  - i. Situation where a serious charge is brought against a Resident.
  - ii. Concerns exist that the Resident's academic, clinical and/or professional performance of his/her duties is seriously compromised or may constitute a danger to patients, self or others.
- d. **NOTICE -**
  - i. The Program Director shall notify the Resident in writing regarding the suspension, outline the reasons for the action, establish a time frame for the suspension, provide a specific remedial plan with deadlines, and conduct a follow-up suspension evaluation at the designated time, or sooner, if necessary.
  - ii. Suspension can be either paid or unpaid.
  - iii. Suspension with pay cannot be appealed.
  - iv. Suspension without pay is subject to appeal.
  - v. Notice of suspension may be delivered to the Resident by certified mail, Return Receipt Requested, at his/her last known address, or hand-delivered to the Resident with written acknowledgement of delivery, and/or via email attachment with read/receipt notation.
  - vi. An investigation will be initiated to determine the facts.
  - vii. Unless precluded by special circumstances, the Program Director must meet in person with the Resident to discuss the suspension.

**e. REMEDIATION -**

- i. As a rule, no more than 60 calendar days will be permitted for the Resident to remediate the identified deficiency or conduct identified in the suspension.
  - ii. If, at the end of or during the suspension period the Program Director and Clinical Competency Committee determines that the Resident has not corrected or remediated the identified deficiency or conduct, the Resident may be subject to progressive disciplinary action up to and including dismissal.
  - iii. Probation is not necessarily a prerequisite to dismissal if circumstances dictate otherwise.
  - iv. If at the end of or during the suspension period the Program Director elects to dismiss the Resident, the dismissal procedures must be utilized.
- f. LIFTING OF SUSPENSION** - If the Program Director is satisfied that the Resident has corrected or remediated the identified deficiency or conduct, along with any other deficiency that may have arisen during the suspension period, the Resident will then be notified in writing that the suspension status has been lifted.

**4. NON-RENEWAL**

- a. The Program Director, upon recommendation of the Clinical Competency Committee, may recommend that a Resident's training agreement not be renewed for unsatisfactory academic, clinical and/or performance issues during the term of his/her Resident training agreement.
- b. The Program Director shall specify in writing the areas deemed unsatisfactory and state with specificity the reasons for the non-renewal and provide a copy of the recommendation for dismissal to the Resident.
- c. The Resident will be provided with written notice as soon as possible and prior to the end of the Resident's current training agreement, whenever possible. However, if the decision for the non-renewal occurs within four months prior to the end of the agreement, the Resident will be provided with as much written notice of the intent to non-renew as the circumstances will reasonably allow, prior to the end of the agreement.
- d. Non-renewal may be appealed per Sponsoring Institution policy.

**5. DISMISSAL**

- a. The Program Director, upon recommendation of the Clinical Competency Committee, may recommend that a Resident be dismissed for unsatisfactory academic, clinical and/or performance.
- b. The Program Director shall specify in writing the areas deemed unsatisfactory and state with specificity the reasons for the dismissal and provide a copy of the recommendation for dismissal to the Resident.
- c. Dismissal may be appealed per Sponsoring Institution policy.

**APPEALS FROM ADVERSE ACTIONS**

The following procedure outlines the appeals process for Residents when an Adverse Action of suspension, non-renewal, or dismissal is initiated. Adverse Actions involving warnings, and probation are not appealable.

1. **RESIDENT APPEALS COMMITTEE (“RAC”)** — A Resident Appeals Committee (“RAC”) shall be convened at the request of a Resident to review an Adverse Action against the Resident. The RAC is an ad hoc Committee. The convening of a RAC is considered an academic proceeding, not a legal proceeding. No legal counsel shall be present. The purpose of the RAC is: (1) to determine if the process leading up to Adverse Action was in conformity with the Institutional Guidelines for Resident Evaluation, Promotion, Remediation and Discipline discussed in this document; and (2) to determine if the Adverse Action(s) taken by the Program Director were reasonable. A Program Director may consult with the DIO at any time during the course of the Resident appeals process. The DIO will inform the Resident in writing of their right to a hearing.

In instances where an Adverse Action is initiated at the Sponsoring Institution level via the DIO for violation of Sponsoring Institutional or Participating Site policies, a departmental RAC will not be convened. The Program Director will participate in the disciplinary process in conjunction with the DIO and/or Human Resources (as needed).

- a. RAC Members. The RAC shall be composed of at least three (3) individuals and should include the following:
    - i. A Program Director from another program within the Sponsoring Institution.
    - ii. At least one (1) member of the faculty from another program.
    - iii. A Resident from another program.
  - b. No CCC member of the Resident’s program may serve on the RAC.
  - c. The DIO or designee may serve as Chair or identify a designee (moderator).
  - d. The DIO will appoint all ad hoc faculty.
2. Committee Procedures
  - a. Resident may request a Resident Appeals Committee review of an Adverse Action taken or proposed against said Resident within five (5) business days of the date of written notification of the Adverse Action.
  - b. The appeal must be made in writing to the Program Director who will forward the appeal to the DIO within five (5) business days of receipt of the Resident’s request.
  - c. The written appeal must state the basis of the appeal describing, if the Resident is contesting the determination of fact, the decision rendered, the Adverse Action taken, or challenging the fairness of the process.
  - d. A RAC shall be established and convened within no more than fifteen (15) business days upon receipt of a written request for appeal by a Resident. This time frame is intended to ensure timely review of appeals. In the event the RAC is unable to convene within this time frame, it shall inform the Resident and Program Director of the reasons for the delay and the approximate date on which it expects to convene.
  - e. The Program Director shall make all relevant documentation available to RAC members for its meeting.
  - f. The RAC meeting shall be conducted in a manner as determined by the RAC Chair (moderator).
  - g. The RAC meeting shall include verbal and/or written statements by the Program Director and the Resident.
  - h. The RAC Chair may request additional material and/or information from the Resident, Program Director, or any other individual it deems necessary to render a decision.

- i. The RAC shall have ten (10) business days after all statements are heard and materials reviewed to consider the matter, to collect additional information if necessary, and to render an opinion on the Resident's appeal. This time frame is intended to serve as guideline and, as such, shall not be deemed to create any right for the Resident and/or Program Director to have the RAC make a final determination within such a time period. In the event the RAC is unable to make its final determination within this time frame, it shall inform the Resident and Program Director of the reasons for the delay and the approximate date that it expects to make a final determination and render an opinion.
- j. At the conclusion of all deliberations, the RAC will provide the Program Director with its written decision to uphold, modify or repeal the Adverse Action taken, which shall be binding on the Program Director.
- k. The Program Director will review the RAC's recommendation and notify the Resident in writing of any additional action.

### **SUBSEQUENT APPEALS; FINAL AGENCY ACTION**

- 1. If the decision is to uphold a suspension, the decision of the RAC is the final agency action of Florida State University College of Medicine.
- 2. If the decision is to uphold the non-renewal or dismissal, the Resident may file a written appeal within five (5) business days to the Associate Dean/DIO, setting forth with specificity the basis of the appeal including why the RAC decision is believed to be in error. The Associate Dean/DIO will review and render a written decision within ten (10) business days. The written decision will be provided to the Resident. The Resident may appeal the Associate Dean/DIO decision to the Dean of the College of Medicine.
- 3. If the decision is to uphold the non-renewal or dismissal, the Resident may file a written appeal within five (5) business days to the Dean of the College of Medicine, setting forth with specificity the basis of the appeal including why the RAC decision is believed to be in error.
- 4. Failure to file such an appeal within five (5) business days will render the decision of the RAC the final agency action of the University.
- 5. The DIO will provide the Dean all relevant RAC and other documents related to the disciplinary action. The Dean will appoint a special committee that consists of three College of Medicine faculty who have not been involved in the Resident's disciplinary or appeal process.
- 6. The Special Committee must meet and provide a recommendation to the Dean within ten (10) business days.
- 7. The Dean will review the available documentation and materials relative to the Adverse Action and the recommendation of the Special Committee and make a final decision regarding the appeal. The Dean may grant or deny the appeal, and/or affirm or modify the RAC decision.
- 8. The Dean or designee will notify the Resident of the decision within five (5) business days. Failure to do so within this time frame is not grounds for reversal of the decision.
- 9. The decision of the Dean in all appeals is final and will constitute final agency action, unless the University Provost or designee agrees to hear a further appeal. The Resident must notify the Dean and submit the written appeal to the Provost's Office within ten (10) working days after receiving notification decision regarding appeal from the Dean of the College of Medicine.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> 4/28/2022
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.5
<b>POLICY DESCRIPTION:</b> Grievance Procedures	<b>COMMON PROGRAM REQUIREMENTS:</b> (if applicable)

### SCOPE:

Graduate Medical Education

### PURPOSE:

To provide guidance for residents/fellows regarding grievance procedures.

### POLICY:

The purpose of this policy is to establish and maintain a uniform process for all Residents and Fellows enrolled in a graduate medical education ("GME") program sponsored by the Florida State University College of Medicine to file a grievance. The ACGME requires that the Sponsoring Institution must have a policy that outlines the procedures for submitting and processing Resident grievances at the program and institutional level and that minimizes conflicts of interest.

### SUPPLEMENTAL POLICY COMPLIANCE:

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### DEFINITIONS:

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** — the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**GRIEVANCE** - Dissatisfaction that occurs when a Resident believes that any decision, act or condition affecting his/her participation in a Program is arbitrary, illegal, unjust or creates unnecessary hardship. Such Grievance may concern, but is not limited to, the following: academic progress; mistreatment by any peer, staff, or faculty member; records errors; discipline (other than suspension, non-renewal or dismissal) and discrimination because of race, creed, color, gender, religion, national origin, age, disability, veteran's or marital status, or any other protected group status.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

**PROGRAM DIRECTOR** – The individual designated with authority and accountability for the operation of a Program.

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

**SPONSORING INSTITUTION** - The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. 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, or an educational foundation).

## **RESIDENT RESPONSIBILITIES**

A Resident who wishes to address a grievance related to his/her clinical work environment may utilize the procedure outlined below. This grievance procedure does not cover: (1) controversies or complaints related to adverse actions, discipline or due process; (2) sexual misconduct/sexual harassment; (3) alleged violation of the Americans with Disabilities Act; or (4) alleged discrimination.

A grievance shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used by a Resident who believes that a rule, procedure, or policy has not been followed or has been applied in an inequitable manner. An action may not form the basis of a grievance if the resident merely challenges the judgment of the faculty as medical educators in evaluating the performance of the Resident. Only Residents currently training in a residency or fellowship program may utilize the Grievance Procedures. A former Resident is not eligible to utilize this Grievance Procedure. Once a Resident has utilized the process outlined in the procedure, he/she cannot re-initiate the process for the same issue.

Residents and program directors are encouraged to resolve differences through collegial discussion and negotiation. However, the procedure as set forth provides for those instances in which assistance in resolving conflict is needed.

Florida State University College of Medicine prohibits retaliation against any individual who, in good faith, reports a grievance or participates in the review or resolution of a grievance under this policy.

## **ADDRESSING A GRIEVANCE**

A Resident who has a grievance shall:

### **STEP 1:**

The grievance letter must be presented to the program director within one (1) month of the event giving rise to the grievance, and include the following information:

- A factual description of the grievance, the policy or procedure that may have been violated, the date on which the grievant(s) first became aware of the alleged violation, and the remedy sought.
  - The Program Director will meet with the Resident at a mutually agreeable time within fourteen (14) calendar days of the receipt of the grievance letter.
  - The Program Director will provide a comprehensive review, consider the matter, and provide the Resident with a written decision to the Resident within ten (10) calendar days. The Program Director will provide a copy to the DIO.
- If the Resident is not comfortable presenting the grievance letter to the Program Director, the grievance letter can be sent to the GME Director and the GME Director will review for accuracy and completeness and forward to the DIO for review and disposition. In such an instance, the grievance letter must provide specifics describing the reason(s) why the grievance letter was not presented to the Program Director.

**STEP 2:**

The grievance letter must be presented to the program director within one (1) month of the event giving rise to the grievance, and include the following information:

- If the Resident does not believe the grievance has been satisfactorily resolved in Step 1, the Resident may submit a grievance letter directly to the DIO within seven (7) calendar days of receipt of the Program Director's decision.
- The DIO (or his/her designees) may meet with the Resident at a mutually agreeable time within fourteen (14) calendar days of receipt of the grievance letter.
- The DIO will review and consider the case and issue a written decision within ten (10) calendar days to the Resident regarding the grievance. The DIO will provide a copy to the Program Director.
- The decision of the DIO is final.

**METHOD OF TRANSMISSION**

1. Grievance letters may be delivered to the Program Director or the DIO via electronic mail.
2. Written decision may likewise be delivered to the Resident via electronic mail.
3. Resident may also hand deliver the grievance letter.
4. Verbal grievance requests are not accepted by the Program Director or DIO.



<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> 4/28/2022
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.7. - 4.7.b.1
<b>POLICY DESCRIPTION:</b> Health and Disability Insurance	<b>COMMON PROGRAM REQUIREMENTS:</b>

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance, oversight, and support regarding health and disability insurance for Residents.

### **POLICY:**

The Sponsoring Institution (SI) must ensure that Residents are provided with health insurance benefits for Residents and their eligible dependents beginning on the first day of insurance eligibility.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

**PROCEDURES/RESPONSIBILITIES:****HEALTH INSURANCE**

1. The healthcare partner provides all Residents and their eligible dependents with health insurance benefits on the first day of insurance eligibility in accordance with ACGME and ECFMG policy. Residents are responsible for all applicable premiums and all related costs.
2. If the first day of health insurance eligibility is not the first day that Residents are required to report, then the Residents will be provided with advanced access to information regarding interim coverage so that they can purchase coverage if desired.
3. Residents are responsible for electing, enrolling and re-enrolling in their health insurance plan annually.
4. Residents are responsible and accountable to reenroll during the eligible open enrollment period each year.
5. Residents who fail to reenroll may purchase their own health insurance until the following open enrollment period.

**DISABILITY INSURANCE**

1. The healthcare partner provides disability insurance benefits for Residents on the first day of disability insurance eligibility.
2. If the first day of disability insurance eligibility is not the first day that the Residents are required to report, then the Residents must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.
3. Residents are responsible for electing, enrolling and re-enrolling in their disability insurance plan.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> 2/13/2020
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.3.a.12.; 4.11.a – 4.11.a.4.
<b>POLICY DESCRIPTION:</b> Moonlighting	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.20.; 6.25 – 6.25.b;

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide oversight regarding resident/fellow moonlighting.

### **POLICY:**

The Sponsoring Institution must maintain a policy on moonlighting that includes the following: (1) residents/fellows must not be required to engage in moonlighting; (2) residents/fellows must have written permission from their program director to moonlight; (3) 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, (4) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**CLINICAL AND EDUCATIONAL WORK HOURS (“DUTY HOURS”)** – duty hours are defined as all academic and clinical 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.

**EXTERNAL MOONLIGHTING** – voluntary, compensated, medically-related work performed outside of the institution where the Resident is in training or at any site 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

**PROCEDURES/RESPONSIBILITIES:****1. A RESIDENT MUST HAVE THE FOLLOWING TO PARTICIPATE IN EXTERNAL MOONLIGHTING:**

- a. An unrestricted, permanent license to practice medicine in each state where he/she moonlights. A permanent license is different from a training license and Residents are not legally allowed to moonlight under a training license.
- b. A federal DEA number.
- c. Individual Professional Liability insurance.
  - i. Residents are not covered by their State Insurance Program (SIP) professional liability insurance when moonlighting.
  - ii. Residents must purchase, at their own expense, professional liability coverage when moonlighting, regardless of the site (i.e., internal, or external moonlighting). It is the Resident's responsibility to determine what level of coverage is "adequate."
- d. No disciplinary action within the last 12 months
- e. Be a Resident in "Good Standing" as evidenced by a letter from the Chair or Program Director
- f. Maintain appropriate level Milestone evaluations as it relates to their training year.

**2. ALL APPROVALS FOR MOONLIGHTING:**

- a. Shall remain in force for the current academic year unless terminated by the Program Director and/or the Florida State University College of Medicine GME Office.
- b. Shall automatically expire on June 30 of a given academic year.
- c. Renewal requests for the next academic year must be processed and approved before undertaking additional moonlighting activities

**3. PROGRAM DIRECTOR RESPONSIBILITIES**

- a. Prospective written approval from the Program Director and the Florida State University College of Medicine Associate Dean/Designated Institutional Official (DIO) is required for all moonlighting activity.
- b. The Program must maintain a copy of the completed Moonlighting Request form as part of the Resident's personnel file.
- c. All verifications of training must be conducted by the respective program and provided to Florida State University College of Medicine GME.
- d. The Central GME Office and the Program will verify Resident training records for moonlighting purposes.
- e. The Program Director is ultimately responsible for assuring that moonlighting activities do not interfere with the ability of the Resident to meet the goals, objectives, assigned duties, and responsibilities of the educational program. They are expected to monitor all moonlighting activities in their program on an ongoing basis.
- f. The Program Director may withdraw permission to moonlight if, at any time, moonlighting activities are seen as producing adverse effects on the Resident's performance in the program.

**4. RESIDENT RESPONSIBILITIES**

- a. All Residents participating in moonlighting must first complete a Moonlighting Request form and obtain approval and signature by their Program Director and the Florida State University College of Medicine Associate Dean/Designated Institutional Official (DIO) prior to undertaking such activity.
- b. It is the sole responsibility of the Resident to:
  - i. Complete the necessary Florida State University College of Medicine and hospital partner Moonlighting forms.
  - ii. Provide all required documentation.
  - iii. Complete a new form for each site you wish to moonlight.
  - iv. Apply for and obtain a permanent license to practice medicine to support any moonlighting activities
  - v. Apply for and obtain their own Federal DEA number to support any moonlighting activities. This is not required for "Internal Moonlighting."
  - vi. Apply for and obtain individual Professional Liability Insurance. It is the responsibility of the Resident to maintain up-to-date Professional Liability Insurance.
  - vii. The Resident must report any changes to their Program and the Office of Academic Affairs, Department of Graduate Medical Education.
  - viii. Duty Hour logs must be up to date.
  - ix. Medical records documentation must be up to date.
  - x. Residents must write an attestation in each medical record where care was provided during moonlighting services stating the Trainee is licensed to practice medicine, by the state in which the services are performed, and that the service was performed outside of their approved GME program.

**5. DUTY HOUR REPORTING**

- a. All moonlighting activities, internal and external, must be reported by the Resident as duty hours within the Electronic Residency Management System (ERMS).
- b. All moonlighting (internal and external) must be counted toward the 80-hour weekly limit on duty hours.
- c. Residents who fail to timely document (within 10 days) their duty hours will have their moonlighting immediately terminated.
- d. Violation of these moonlighting rules and procedures by the Resident may lead to disciplinary action up to and including termination.

**6. MOONLIGHTING PROHIBITIONS**

- a. PGY-1 Residents are prohibited from moonlighting.
- b. Residents employed under a J-1 Visa are strictly prohibited by law from participating in moonlighting activities (see ECFMG "Employment Outside of the Approved Training Program ("Moonlighting")" directive dated July 25, 2017.
- c. Residents identified as moonlighting without written approval will be immediately terminated. The decision is final, and the Resident may not appeal the termination.
- d. Programs are prohibited from requiring Residents to engage in moonlighting activities.

## **7. GME OFFICE RESPONSIBILITIES**

- a. The GME Office encourages Residents to focus on their core education as a Resident.
- b. The GME Office must maintain a copy of the completed Moonlighting Request form as part of the Resident's personnel file until the Resident graduates their program.
- c. The GME Office will work closely with programs regarding moonlighting activities.
- d. The GME Office will conduct random checks to ensure Resident moonlighting has been approved.
- e. The GME Office may terminate a Resident's moonlighting privilege.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.13
<b>POLICY DESCRIPTION:</b> Non – Competition	<b>COMMON PROGRAM REQUIREMENTS:</b> 3.1

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance regarding non – competition.

### **POLICY:**

The Sponsoring Institution must maintain a policy that addresses non – competition and restrictive covenant

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**GOVERNING BODY** – the single entity that maintains authority over the responsibility for the Sponsoring Institution and each of its ACGME – accredited programs.

**NONCOMPETE** – an agreement where one party promises not to engage in conduct that would increase competition for the other party for a specific period of time.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**RESTRICTIVE COVENANT** – a clause in an agreement that restricts, limits, prohibits, or prevents the actions of someone named in an enforceable agreement.

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

### **PROCEDURES/RESPONSIBILITIES:**

Neither the SI nor healthcare partner or any of its programs may require a Resident to sign a non – competition guarantee or restrictive covenant.



<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> New Policy
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 3.2.f - 3.2.f.4.a.
<b>POLICY DESCRIPTION:</b> Professional Conduct – Resident	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.12. – 6.12.g.

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance and direction related to the professional conduct of Residents.

### **POLICY:**

The Sponsoring Institution, health care partner, and clinical site must provide a culture of professionalism that supports patient safety and personal responsibility.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**ACCOUNTABILITY** – accepting responsibility for individual and group performance. This acceptance includes accountability to patients, peers, society, and the healthcare profession. Accountability includes freely accepting a commitment to service, accepting consequences of one’s behavior, admitting mistakes, and learning from mistakes. Examples of this dimension include understanding personal responsibility and self-awareness.

**ASPIRING TO EXCELLENCE** – working hard to complete tasks by setting high standards, setting goals for personal improvement, and striving to continuously learn and share products of that learning with others. Examples of this dimension include work commitment and motivation to learn.

**CONSCIENTIOUSNESS** – demonstrating a high degree of reliability by following through on commitments, approaching work methodically, and completing tasks thoroughly and systematically. Examples of this dimension are dependability, strong organizational skills, and thoroughness.

**EQUANIMITY** – the ability to project calmness, composure and an even temper, particularly during challenging interactions and difficult situations. Examples of this dimension include situational awareness, interpersonal tolerance, and effective decision making.

**INTEGRITY** – showing consistency among principles, values, and behaviors and includes choosing an ethical course of action in an attempt to do the right thing, being truthful and direct, maintaining confidentiality, remaining free from substance abuse, avoiding conflicts of interest and obeying school, university, and health system policies. Examples of this dimension include trustworthiness, academic honesty, discretion, personal conduct, and organizational citizenship

**PATIENT – CENTEREDNESS** – the focused effort of discovering, respecting, and meeting patient needs, handling challenging situations effectively, and promoting and striving to create an environment that presents and values diversity of people and ideas. Examples of this dimension include comparison, patient – advocacy, and respect for diversity.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**TEAMWORK** – collaborating and coordinating with others to achieve a common goal, showing concern for and providing assistance and support to others, interacting respectfully, and creating a desire for team accomplishment. Examples of this dimension include cooperation, respectful interaction, and team building.

## **PROCEDURES/RESPONSIBILITIES:**

### **INTRODUCTION**

Residents are responsible for demonstrating and abiding by the following professionalism principles and guidelines. Residents must develop habits of conduct that are perceived by patients and peers as signs of trust. Every resident must demonstrate sensitivity, compassion, integrity, respect, and professionalism and must maintain patient confidentiality and privacy. A patient’s dignity and respect must always be maintained. Under all circumstances, response to patient needs shall supersede self-interest.

### **PROFESSIONALISM EDUCATION**

1. During orientation, the Florida State University College of Medicine Central GME provides a workshop on “Professionalism in the Clinical Setting.”
2. Programs are encouraged to provide ongoing and annual educational opportunities related to the topic of professionalism

### **EMAIL USE**

1. Residents must use their institutional email and/or hospital partner email for all work-related matters. The use of commercial accounts (e.g. Gmail, yahoo, etc.) are prohibited for use in the work-setting and may not be used to disseminate institutional, patient or other work-related material.
2. Any communication involving HIPAA information or patient-related matters must be conducted exclusively through hospital partner approved, HIPAA-compliant communication platforms. The use of an institutional email for information exchange regarding any and all aspects of patient care is strictly prohibited.
3. Residents are to view, review and respond daily to their institutional and hospital partner emails/communications and must respond to faculty leadership timely.
4. The Central GME Office will only utilize (med.fsu.edu or fsu.edu) emails as the primary method to disseminate information.
5. Personal use of technology, including personal communication via text message or email, is strictly prohibited during patient care or educational activities

**PROFESSIONALISM IN THE ACADEMIC SETTING**

Residents are responsible for completing hospital, program, and GME educational and administrative assignments by given deadlines that include:

1. Promptly arriving for educational, administrative, and service activities.
2. Timely completion of evaluations and program documentation.
3. Logging work hours, cases, procedures and experiences.

**PROFESSIONALISM IN THE CLINICAL SETTING**

1. Residents consistently demonstrate respect for patients by his/her performance, behavior, attitude, and appearance. Commitment to carrying out professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors:
  - a. Promptly arrive for all patient care and work obligations
  - b. Respect patient privacy and confidentiality
  - c. Knock on the door before entering a patient's room
  - d. Appropriately drape a patient during an examination
  - e. Do not discuss patient information in public areas, including elevators and cafeterias
2. Respect patient self-autonomy and the right of a patient and family to be involved in care decisions.
  - a. Introduce yourself to the patient and his/her family members and explain roles in patient care.
  - b. Clearly identify yourself as a Resident.
  - c. Prominently display your ID Badge with your name and title clearly visible (See "Appearance, Dress Attire and Hygiene" policy).
  - d. Take the time to ensure the patient's and his/her family members' understanding and informed consent of medical decisions and progress.
3. Respect the sanctity of the healing relationship.
  - a. Exhibit compassion, integrity and respect for others.
  - b. Ensure continuity of care when a patient is discharged by documenting who will provide that care and informing the patient of how the caregiver can be reached.
  - c. Respond promptly per program policy to phone messages, pages, email, and other correspondence.
  - d. Provide reliable coverage through colleagues when not available.
  - e. Maintain and promote physician/patient boundaries.
4. Respect individual patient concerns and perceptions.
  - a. Comply with accepted standards of dress (See "Appearance, Dress Attire and Hygiene" policy).
  - b. Arrive promptly for patient appointments.
  - c. Remain sensitive and responsive to a diverse staff, family, and patient population, including but not limited to diversity in gender, age, culture, race, religions, disabilities, and sexual orientation.

5. Respect the systems in place to improve quality and safety of patient care.
  - a. Report all adverse events in a timely fashion.
  - b. Improve systems and quality of care through critical self-examination of care patterns.
6. Residents consistently demonstrate respect for peers and other members of the healthcare delivery team.
  - a. Demonstrate respect for colleagues by maintaining effective communication.
  - b. Inform primary care providers of patient admission, the hospital content and discharge plan.
  - c. Provide consulting physicians all data needed to provide a consultation.
  - d. Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.
  - e. Inform all members of the care team, including non-physician professionals, of patient plans and progress.
  - f. Provide continued verbal and written communication to referring physicians.
  - g. Understand a referring physician's needs and concerns about his/her patients.
  - h. Provide all appropriate supervision needed for those that one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe transitions of care ("handoffs") to colleagues who provide patient coverage
  - i. Acknowledge, promote, and maintain the dignity and respect of all healthcare providers.
7. Residents consistently demonstrate respect for diversity of opinion, gender, and ethnicity in the workplace.
  - a. Maintain a work environment that is free of harassment, fear, retaliation, unprofessional behavior, including mistreatment, abuse and/or coercion of any sort.
  - b. Respect the opinions of all healthcare professionals involved in the care of a patient.
  - c. Encourage team-based care.
  - d. In addition, professionals are held accountable to specialty-specific board and/or society codes of medical professionalism.
8. Dress Code (See "Appearance, Dress Attire and Hygiene" policy).

## **SOCIAL MEDIA GUIDELINES**

1. Social media often blurs the line between personal voice and institutional voice. These guidelines are created to clarify how best to protect personal and professional reputations when participating in social media.
2. In both professional and institutional roles, Residents need to adopt a commonsense approach and follow the same behavioral standards online as they would in real life. Residents are responsible for anything they post on social media sites either professionally or personally.
3. For these purposes, social media includes but is not limited to social networking sites, collaborative projects such as wikis, blogs, and other microblogs, content communities, and virtual communities.

4. Residents shall adopt best practices for all social media sites, including personal sites:
  - e. **THINK BEFORE POSTING** – there is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your program, and on the institution.
  - f. Search engine databases store posts for years after they are published, so posts could be found even if they are deleted; and comments may be forwarded or copied.
  - g. **BE ACCURATE** – verify your information for accuracy, spelling, and grammatical errors before posting. If an error or omission ends up being posted, post a correction as soon as possible.
  - h. **BE RESPECTFUL** – the goal of social media is to engage your audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way not to alienate, harm, or provoke.
  - i. **REMEMBER YOUR AUDIENCE** – though you may have a target audience, be aware that anything posted on your social media account is available to the public at large.
  - j. **BE A VALUABLE MEMBER** – contribute valuable insights in your posts and comments. Self-promoting behavior is viewed negatively and can lead to you being banned from a website or group in which you are trying to participate.
  - k. **ENSURE YOUR ACCOUNT'S SECURITY** – a compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were yours. Follow best practices in selecting and protecting your passwords.
  
5. Guidelines for all social media sites, including personal sites:
  - a. Protect confidential and proprietary information.
    - i. Do not post confidential information about the institution, peers, faculty, staff, patients or alumni.
    - ii. Do not post information that is proprietary to an entity other than yourself.
    - iii. Residents must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA. Failure to do so comes at the risk of disciplinary action up to and including termination.
    - iv. Residents may not publish any content related to patients and patient care and must maintain strict adherence to all laws and policies related to a patient's personal health information. This includes, but not limited to patient name, photos, diagnostic testing results/images, case information, or any information that may lead a reasonable person to be able to identify a patient.
  - b. Respect copyright and fair use.
    - i. When posting, be aware of the copyright and intellectual property rights of others, and the institution.
    - ii. Refer to the institution policies on copyright and intellectual property for more information/guidance.
  - c. Do not imply endorsement.
    - i. The logo, word mark, iconography, or other imagery shall not be used on personal social media channels.
    - ii. The institution name shall not be used to promote a product, cause, political party, or candidate.

**FACULTY RESPONSIBILITIES**

1. Faculty members are responsible for educating, monitoring, and providing positive examples of professionalism to Residents.
2. Faculty members should document unprofessional behavior and report same to the Program Director for intervention and disposition.
3. Faculty members may also directly report incidents to the GME Office and must comply with hospital partner reporting guidelines.
4. Faculty are to comply with all of the Residents guidelines.

**REPORTING AND DISPOSITION OF UNPROFESSIONAL CONDUCT**

1. Report any unprofessional contact with or by a patient and/or family member to the Program Director or their designee
2. Direct all questions regarding the appropriateness of relationships or conduct with patients, and family members to the Program Director or their designee
3. Confidential reporting, investigating, monitoring, and addressing such concerns is a collaborative effort between the program and the Office of Graduate Medical Education
4. After an investigation is complete, the Program and GME Office will collaboratively determine the disposition of the incident. This may include disciplinary action up to and including termination.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b>
<b>POLICY DESCRIPTION:</b> Professional Liability Insurance	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.12. – 6.12.g.

**SCOPE:**

Graduate Medical Education

**PURPOSE:**

To delineate the professional liability coverage provided to Residents.

**POLICY:**

The Sponsoring Institution must ensure that Residents are provided with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in ACGME – accredited programs, or after completion of the program(s) if the alleged actions or omissions of a Resident are within the scope of the program(s).

**SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

**DEFINITIONS:**

**ACTS OR OMISSIONS** – a legal term encompassing both actions someone takes (“acts”) and failures to act (“omissions”), essentially meaning any action or inaction that could potentially leads to legal consequences. Aspiring to Excellence – working hard to complete tasks by setting high standards, setting goals for personal improvement, and striving to continuously learn and share products of that learning with others. Examples of this dimension include work commitment and motivation to learn.

**FLORIDA SELF INSURANCE PROGRAM (“SIP”)** – is a self – insurance program that protects health care providers and Residents. The program is operated by the Florida Board of Governors.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

**TAIL COVERAGE** – also known as extended reporting period, is an insurance endorsement that allows claims to be filed after a policy expires or is cancelled.



**PROCEDURES/RESPONSIBILITIES:**

1. As a member of the Florida State University College of Medicine, Residents are provided professional liability coverage. All Residents are provided with legal defense and protection for any non-criminal action brought against them and/or Florida State University College of Medicine regarding their care of a patient in the course and scope of the residency.
2. Residents must obtain their own professional liability coverage during moonlighting activities.
3. This coverage is claims made coverage and extends beyond the time period of the residency
4. It provides protection to Residents for claims brought after the residency arising out of professional services rendered in connection with residency at Florida State University College of Medicine. With claims made coverage, tail coverage is unnecessary at the conclusion of your residency.
5. If applicable, Florida State University College of Medicine Residents are theoretically protected from liability by the doctrine of sovereign immunity. The doctrine of sovereign immunity provides that a University physician is an agent of the state and can only be sued in a lawsuit through the University Board of Trustees ("BOT") unless a Resident acts with "willful, wanton or reckless disregard" for the safety of a patient. § 768.28, Florida Statutes. Thus, in those instances where sovereign immunity protects a Resident from liability, the claim should be against Florida State University College of Medicine BOT, not the Resident personally. Despite the fact that individual physicians should not be named in lawsuits, physicians are often still named as parties to lawsuits. However, if that occurs, counsel assigned by SIP will work diligently to get a physician dismissed from a lawsuit as expeditiously as possible. [Please note that each claim in which a Resident's care of a patient is at issue will appear on the Resident's "claims history," whether or not the Resident is formally named in a lawsuit.
6. If applicable and in connection with the protection provided by SIP, Residents have certain significant responsibilities, including full compliance with the SIP staff and SIP committee in the investigation, defense, and settlement of claims. It is essential to the proper operation of SIP that Residents give immediate notice when they become aware of any event which may expose themselves and SIP to any loss or when they become aware of a claim or lawsuit against them. Timely notice enables the SIP to gather information while it is still "fresh" and arrive at an early determination of the merits of the claim or possible claim. If early notification to SIP occurs, steps can be taken immediately to prevent a future claim. Often, that opportunity is lost if SIP does not learn about adverse events until they become the subject of a claim.

**ACCEPTANCE OF DOCUMENTS**

1. Residents and program administrators may be personally served with various legal documents, including summons and complaints (lawsuits) or personal subpoenas which are related to house staff activities.
2. Notify your Program Director or their designee immediately.
3. Contact the Florida State University College of Medicine Central GME Office for further instructions.

**RESIDENT RESPONSIBILITIES**

1. Provide prompt notice of a reportable incident to the SIP Office and your Program Director

2. SIP should be contacted immediately if:
  - a. You are served with a summons and Complaint in a lawsuit involving medical negligence or if you receive a "Notice of Intent to Initiate Litigation."
  - b. You are served with or otherwise receive any notice of a claim or potential claim.
  - c. You have received a subpoena to give testimony at a deposition, trial or hearing.
  - d. You believe there could be a potential claim against you based on a bad outcome or other information, such as a patient telling you he or she intends to sue you.
  - e. You are served with or otherwise receive a NICA petition or other document related to NICA (Florida's Birth Related Neurological Injury Compensation Plan).
  - f. You receive any notification regarding impending action or investigation by the Florida Department of Health or Board of Medicine.
3. Notification to SIP is imperative so that SIP can appoint counsel to protect both the Resident and the University's interests.
4. Additionally, the following are considered "reportable" and should be reported to the Program Director and to the SIP office, even if the Resident feels he or she did nothing wrong while caring for the patient:
  - a. Death – unexpected or unexplained.
  - b. Paralysis, paraplegia or quadriplegia.
  - c. Spinal cord injury.
  - d. Nerve injury or neurological deficit.
  - e. Brain damage.
  - f. Total or partial loss of limb, or loss of the use of a limb.
  - g. Sensory organ or reproductive organ loss or impairment.
  - h. Injury which results in disability or disfigurement.
  - i. Any injury to the mother or baby associated with birth.
  - j. Any patient injury resulting from defective or malfunctioning medical paraphernalia.
  - k. Any injury to anatomy not undergoing treatment.
  - l. Any claim by a patient or family member that a patient has been medically injured.
  - m. Any assertion by a patient or family that no consent for treatment was given.
  - n. Any increase in morbidity due to misdiagnosis.
  - o. An unanticipated iatrogenic injury.

## **SIP OFFICE RESPONSIBILITIES**

1. Establishes incident reporting procedures.
2. Reviews all incidents for the purpose of evaluating the loss potential of each. Upon a determination that an incident exposes the SIP to a potential loss, establishes an investigation file and initiates an investigation.
3. Establishes a Claims Management Committee to review all potential and active claims protected under the SIP.
4. Establishes a claims file for all incidents which expose the SIP to an indemnity or expense loss. Posts a provisional reserve for presentation to the SIP Council for approval or revision

5. Ensures Claims Management Committee reviews all claims for the purpose of identifying risk factors which may be subject to avoidance or reduction by the appropriate risk management techniques and makes recommendations to eliminate or reduce the frequency of patient injury incidents.
6. Contracts with an attorney or attorneys to provide legal defense for parties and risk protected by the SIP in accordance with the SIP's Memorandum of Protection.

### **CENTRAL GME OFFICE RESPONSIBILITIES**

1. Coordinates all activities with SIP Office.
2. Coordinates all activities with Florida State University College of Medicine Legal Department.
3. Maintains contact with Program Director and Resident.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.4 – 4.4.b.
<b>POLICY DESCRIPTION:</b> Promotion, Renewal and Dismissal of Residents and Fellows	<b>COMMON PROGRAM REQUIREMENTS:</b>

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To establish a standardized approach to the promotion, appointment, renewal and/or dismissal of a resident/fellow.

### **POLICY:**

The Sponsoring Institution must have a policy that requires each of its programs to determine the criteria for promotion, renewal and/or dismissal of a resident/fellow.

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 the resident/fellow will be dismissed.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

**PROGRESSIVE RESPONSIBILITY** – increasing levels of competency in residents/fellows leading to greater levels of independence in clinical practice and increasing levels of responsibility for patient care and/or the supervision of more junior residents/fellows and medical students.

**PROMOTION** – the process by which a resident/fellow progresses from one training year to the next Resident/Fellow – any physician in an accredited or non-accredited graduate medical education program. The term “Resident” will be used in the policy to define both a Resident and a Fellow.

### **PROCEDURES/RESPONSIBILITIES:**

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

Residents 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 and/or other national accrediting body specialty criteria and Milestones, evaluated by faculty members, determined by the Clinical Competency Committee (CCC) for each program. The CCC then reports their recommendations to the Program Director.

**PROMOTION CRITERIA**

1. The faculty members of each program must develop and agree to a set of standards, competency-based criteria which will allow a resident/fellow to progress from year to year ("promote").
2. The Program Evaluation Committee ("PEC") must review and approve the promotion criteria as part of the Program's Annual Performance Evaluation ("APE").
3. Programs must utilize ACGME Milestones as part of their promotion criteria.
4. For promotion from PGY1 to PGY2, the USMLE STEP 3/COMLEX LEVEL 3 policy will apply.
5. The in-training examination may not be used as the single source to deny the promotion of a resident/fellow.
6. Each program must distribute these criteria for promotion to the Residents at the beginning of each academic year and ensure that they are informed of these expectations. The program must document that each resident received a copy of the criteria and that the criteria was discussed.
7. Programs must periodically review the appropriateness of these competency-based criteria. This review occurs as part of the APE process which is conducted by the (PEC).

**RESIDENT ADVISEMENT AND SEMI-ANNUAL REVIEW**

1. Each program must develop a process for resident review and advisement regarding their academic progress. This must occur at least twice annually, but may be more frequent
2. Any concerns about academic performance must be reviewed with the Resident and documented at these meetings. Underperforming Residents must be provided notice of their deficiencies, a process for improvement in their performance, and a date for re-review of their performance

**NON – PROMOTION**

1. If a program determines that a Resident 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 their training program, the Program Director must notify the Resident in writing of their deficiencies and the reason(s) for not being promoted.
2. Non-promotion decisions should be made by the Program Director with the recommendation of the Clinical Competency Committee (CCC) and conveyed to the resident in writing within five (5) business days.
3. The Program Director must notify the DIO within five (5) business days of the CCC recommendation to discuss, collaborate and jointly determine what action(s) will be taken.
4. The Resident may appeal this decision in writing as per the Adverse Actions and Grievance policy.

**NON – RENEWAL**

1. Continuation in the residency/fellowship program is contingent upon satisfactory academic, clinical and professional performance of the Resident.
2. There are instances that a Resident's performance fails to meet the expected standard(s) and they are not able to meet the promotion criteria.
3. The CCC may determine and recommend to the Program Director that a Resident not be permitted to continue in the program based on the Resident's academic, clinical and/or professional performance. This could occur after a Resident receives remediation, suspension 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 Director and/or other faculty members.

4. The Program Director must notify the DIO within five (5) business days of the CCC recommendation to discuss, collaborate and jointly determine what action(s) will be taken.
5. The decision of non-renewal must be made as early as possible and communicated to the Resident in writing.
6. The Resident may appeal this decision in writing as per the Adverse Actions and Grievance policy.
7. It is the intent of the Sponsoring Institution to provide adequate opportunity for the resident to seek other training avenues, whether that be at another institution or at another program within the same Sponsoring Institution.

## **DISMISSAL**

1. The CCC may determine and recommend to the Program Director that a Resident be dismissed from the program based on the Resident's academic, clinical and/or professional performance. This could occur after a Resident receives remediation, suspension 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 Director and/or other faculty members.
2. The Program Director and/or a faculty member may make a recommendation to dismiss a Resident.
3. The Program Director must notify the DIO within five (5) business days of the CCC recommendation to discuss, collaborate and jointly determine whether to approve the dismissal recommendation.
4. The decision to dismiss must be made as early as possible as communicated to the Resident in writing
5. The Resident may appeal this decision in writing as per the Adverse Actions and Grievance policy
6. Examples for dismissal include, but are not limited to, the following:
  - a. Failure to satisfy the academic and clinical requirements of the training program;
  - b. Professional incompetence, misconduct or conduct inconsistent with or harmful to patient care or safety;
  - c. Consistently substandard performance; conduct that calls into question the professional qualification, ethics or judgment of the Resident;
  - d. Inappropriate or unprofessional behavior toward other Residents, employees, medical staff, patients, patients' families, volunteers or visitors of the participating institution(s) to which the Resident is assigned and/or the Sponsoring Institution's clinics;
  - e. Violation of the bylaws, rules, policies, and/or procedures of the Florida State University College of Medicine or healthcare partner, the medical staff, participating institution(s), or applicable department, division or program(s);
  - f. Scientific misconduct as it relates to research and scholarly activity;
  - g. Violation of local, state or federal law;
  - h. Forgery, alteration or misuse of sponsoring and/or participating institution documents or records, including but not limited to residency/fellowship application, time and attendance reports, medical records, and other reports and records;
  - i. Illegal use, possession and/or illegal sale of drug, narcotic or other controlled substances
  - j. Alcohol or chemical substance abuse, dependency or addiction and refusal of treatment for same;
  - k. Job abandonment or excessive tardiness/absenteeism;
  - l. Fraud and/or abuse involving any billing, administrative, or regulatory procedures including but not limited to Medicare, Medicaid, and other governmental programs as well as private pay and other third party reimbursement programs;

- m. Failure to report and/or detect suspected fraud and/or abuse involving any billing, administrative or regulatory procedures, including but not limited to, Medicare, Medicaid, and other governmental programs as well as private pay and other third party reimbursement programs;
  - n. Harassment, including physical, verbal, and/or sexual, of any individual associated with the Florida State University College of Medicine or healthcare partner, or a participating institution, including but not limited to, any patient, visitor, or employee
  - o. Failure to maintain up-to-date immunizations;
  - p. Failure to comply with mandatory training;
  - q. Failure to hold a valid Florida Medical Training License;
  - r. Failure to maintain valid work authorization to work in the United States through loss of appropriate visa status or other U.S. Department of Citizenship and Immigration Services (CIS) work authorization, or failure to demonstrate ECFMG certification or certification from other similar authoritative bodies;
  - s. Unauthorized possession of property of the Florida State University College of Medicine or healthcare partner, or a participating institution, or property of employee, patient or visitor of such institutions;
  - t. Assault or fighting on property of the Florida State University College of Medicine or healthcare partner, or a participating institution;
  - u. Possession of firearms, dangerous weapons, or explosives on the Florida State University College of Medicine or healthcare partner property;
  - v. Gross negligence or willful indifference that jeopardizes the life and/or welfare of another individual or produces significant financial loss to the Florida State University College of Medicine or healthcare partner;
  - w. Disclosing information of a confidential nature to unauthorized persons, or any action that is a breach of professional ethics;
  - x. Actions that directly violate any of the terms of the Resident/Fellow Agreement; or,
  - y. Other circumstances deemed significant by the Program Director, Faculty or DIO.
7. The recommendation for dismissal shall be made in writing within five (5) business days to the resident/fellow by the Program Director and cite, in detail, the reason(s) for the recommendation with attachment of any relevant documentation. A copy must be placed in the Resident's permanent file.
  8. With the exception of an egregious act, the Program Director must demonstrate through documentation to the DIO that progressive efforts were made to remediate the Resident in addition to progressive disciplinary efforts.
  9. The Program Director must consult with the DIO, Human Resources and Legal to obtain approval for the dismissal of a Resident.
  10. A recommendation for dismissal is considered an adverse action and is subject to appeal as specified in the Corrective Action and/or Grievances Policy.



<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 1.13.o.; 3.2.g.6.; 4.2. – 4.2.b.3.; 4.3
<b>POLICY DESCRIPTION:</b> Resident Eligibility, Recruitment, Selection, and Appointment	<b>COMMON PROGRAM REQUIREMENTS:</b> 1.7; 2.6; 3.2-3.3.b.2.

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide oversight, administration, and support as it relates to Resident eligibility, recruitment, selection, and appointment.

### **POLICY:**

The Sponsoring Institution must have written policies and procedures for Residents recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME – accredited, other accredited body, and non – ACGME accredited programs for compliance.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

**PROGRESSIVE RESPONSIBILITY** – increasing levels of competency in residents/fellows leading to greater levels of independence in clinical practice and increasing levels of responsibility for patient care and/or the supervision of more junior residents/fellows and medical students.

**PROMOTION** – the process by which a resident/fellow progresses from one training year to the next Resident/Fellow – any physician in an accredited or non-accredited graduate medical education program. The term “Resident” will be used in the policy to define both a Resident and a Fellow.

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

### **PROCEDURES/RESPONSIBILITIES:**

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

Residents 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 and/or other national accrediting body specialty criteria and Milestones, evaluated by faculty members, and determined by the Clinical Competency Committee (CCC) for each program. The CCC then reports their recommendations to the Program Director.

## **APPOINTMENT ELIGIBILITY**

Program directors must comply with the criteria for Resident eligibility for appointment to Florida State University College of Medicine GME programs as defined by this policy, ACGME Institutional and Common program requirements and American Board of Medical Specialties ("ABMS") certification requirements as applicable.

### **APPOINTMENT ELIGIBILITY CRITERIA INCLUDE:**

1. Graduate from one of the following:
  - a. United States medical school accredited by the Liaison Committee on Medical Education (LCME).
  - b. United States college of osteopathic medicine accredited by the American Osteopathic Association (AOA).
  - c. Medical school outside the United States with a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Have a passing score for Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE) or COMLEX 1 and 2.
3. Incoming Fellows must hold a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the program is located.
4. Be a U.S. citizen, a legal permanent resident, or hold a visa which provides eligibility to work in the U.S. The Florida State University College of Medicine accepts J1 visas under the sponsorship of ECFMG.
5. Meet Florida Board of Medicine licensure requirements <https://flboardofmedicine.gov>
6. Florida State University College of Medicine GME does not accept H1 – B visas.
7. All applicants must also meet program eligibility requirements as defined by the ACGME's respective Review Committee (for accredited programs) or the board or accrediting body requirements that will allow a resident to practice within the program's scope of practice (for non- accredited programs).
8. Individuals who graduate from Canadian medical schools on or after July 1, 2025 will be considered international medical graduates (IMGs) for the purpose of entry into graduate medical education (GME) programs in the United States, and, in order for these graduates to enter ACGME-accredited residency programs, the ACGME will require that they either obtain ECFMG Certification or hold a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which the ACGME-accredited program is located.

### **FELLOWSHIP ELIGIBILITY EXCEPTION:**

1. An ACGME Review Committee may allow exceptions to the fellowship eligibility requirements (Eligibility Decisions by Review Committee).
2. Exceptionally qualified applicants may also be eligible for appointment in non-standard or non-accredited programs.
3. Exceptionally qualified applicants are only accepted into programs with a pathway for board eligibility.

4. In addition to items above, exceptionally qualified applicants must meet all the following additional qualifications and conditions:
  - a. Evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and
  - b. Submission of required documents to GMEC with GMEC review and approval of the applicant's qualifications that meet exceptionally qualified applicant qualifications; and
  - c. Satisfactory completion of the USMLE Steps 1, 2, and 3, and;
  - d. Verification of current, valid ECFMG certification.

In the first year of the program, applicants accepted through this exception will be given an initial contract that is only for the duration of 12 weeks to align with the ACGME-required 12-week evaluation. Programs can elect to extend the duration of the contract for the full academic year if the initial evaluation by the Clinical Competency Committee attests that the applicant has demonstrated the knowledge, skills, and attitudes expected of a person who has prerequisite training to enter the program.

#### **PRIOR ACGME-I ACCREDITED TRAINING:**

1. Residents who have completed, or are currently enrolled in, an ACGME-I accredited residency or fellowship training program may be eligible for appointment provided they meet the following criteria:
  - a. The applicant must provide documentation verifying that their prior training program is accredited by ACGME-I at the time of their enrollment or completion.
  - b. Applicants must have successfully completed the full scope of training required by the ACGME-I accredited program for their respective specialty.
2. Applicants from ACGME-I accredited programs will be evaluated using the same program- specific criteria applied to domestic candidates.
3. Program directors and fellowship selection committees must assess the applicant's suitability for the program based on prior training, faculty evaluations, and performance in their ACGME-I accredited program.
4. It is important to note that the completion of an ACGME-accredited fellowship program does not automatically grant board eligibility for those who completed an ACGME-I residency. Eligibility for board certification is determined by the specific requirements set forth by the specialty board. Applicants are responsible for reviewing and meeting the criteria established by their specialty board to qualify for certification.

#### **RECRUITMENT AND SELECTION**

**SELECTION:** Programs select eligible applicants based on program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs will not discriminate regarding race, color, religion, national origin, sex, age, gender identity or expression, sexual orientation, disability, genetic information or protected veteran status. Programs must abide by applicable the Florida State University College of Medicine and healthcare partner hiring policies.

**Program Application:** All Programs are required to use the Electronic Residency Application Service (ERAS®) or other centralized application service if available in their specialty to receive and accept applications to the Program. Programs in disciplines that do not use a centralized service may have applicants apply directly to the program using the latest approved application form on the Florida State University College of Medicine GME website or other similar application document.

**NOTIFICATION OF TERMS, CONDITIONS, BENEFITS AND PROGRAM AIMS:** Programs must ensure each interviewed applicant is informed in writing, by hard copy, or by electronic means of the terms, conditions, and benefits of their appointment either in effect at the time of the interview or that will be in effect at the time of the applicant's appointment (including but not limited to: stipend, annual leave time, sick time, and other leave of absences; and professional liability, hospitalization, health, disability and other insurance accessible to Residents and their eligible dependents). The program's aims must also be made available. All terms, conditions, and benefits of appointment are described in the Resident Contract, which is available prior to the start of training. The latest approved attestation form to meet this requirement is located on the Florida State University College of Medicine GME website.

**BOARD & LICENSE ELIGIBILITY:** Programs are further required to provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examinations and requirements for licensure in the State of Florida.

**SELECTIVE SERVICE REGISTRATION (MALE APPLICANTS ONLY):** As part of the Program, a Resident may be required to rotate through a VA hospital for additional learning opportunities. As a federal requirement of working at a federal agency, males must have registered with the Selective Service System when they were between the ages of 18 to 26 years. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. Male for this purpose is defined as those individuals' born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Though exempt from registration, these males are required to request a Status Information Letter issued from the Selective Service office. Failure to meet these requirements may lead to termination of the Resident's contract.

**NRMP MATCH:** Program directors and administrators are required to review the terms and conditions of the Match Participation Agreement each year and comply with applicable Match policies, including the All In Policies for the Main Residency Match and applicable Fellowship Matches and the Waiver and Violations policies.

**TRANSFERS:** In accordance with ACGME Common Program Requirement, before accepting a Resident who is transferring from another Program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring Resident. The Program Director must confirm with the respective ABMS certifying board the amount of credit that can be applied from prior program to the current one.

## **INITIAL APPOINTMENT**

Residents must successfully complete the credentialing and employment processes established by the GME Office prior to commencement of training in the Florida State University College of Medicine GME program. Initial appointment to a Program is conditional and contingent upon successful completion of the credentialing and employment processes and procedures. Residents are responsible for ensuring timely submission of all required documentation to the GME Office prior to commencement of training or appointment renewal.

A Resident's initial or continued appointment will be set at the level and compensation associated with the minimum required experience needed to enter or continue in the program and to align with the program's required scope of practice for each year of training such that all Residents in the program at the same level of training are at the same compensation status. For example, all first-year Gastroenterology fellows start at the PGY-4 level regardless of previous experience. If there are questions as to the appropriate appointment level for a resident, this should be resolved prior to appointment acceptance.

Programs and Residents must also comply with the credentialing and employment requirements of all healthcare partners for the program. Fellowship programs must review milestones from residency training once available from the residency program. Advanced Match specialties must receive proof of successful completion of a prerequisite year of training.

In addition to meeting all eligibility requirements, Residents must meet and/or complete the following prior to program start date.

1. Possess an active State of Florida Board of Medicine unlicensed physician in training or a full and unrestricted license to practice medicine in Florida.
2. Pass background check and drug screen as required.
3. Have current certification in ACLS/PALS/NRP/ATLS, as based upon program and/or healthcare partner requirements.
4. Complete all required onboarding documentation and modules in the electronic Residency Management System, New Innovations.
5. Meet all Florida State University College of Medicine and healthcare partner's Human Resources requirements for employment.
6. All applicants must meet all eligibility requirements of both the Florida State University College of Medicine and the healthcare partner.
7. Complete online and classroom-based training (e.g. - HIPAA, electronic medical record).
8. Residents entering a Fellowship training program – Provide documentation from core residency program director certifying one's ability to progress to the fellowship level.

Additional appointment requirements may be required by specific training programs, the GME Office, or healthcare partner. Communication of additional appointment documentation will come via the GME Office or directly from the program. Complete healthcare partner assignments as required for employment.

The program will provide Resident names and basic demographic information to GME Office or download ERAS applications into the electronic Residency Management System, New Innovations.

## **RESIDENT CONTRACT**

1. It is the policy of the Florida State University College of Medicine that there be a Resident contract in place for each Resident.
2. Residents appointed to a training program will receive a contract specific to that Resident in accordance with ACGME requirements and other accrediting bodies.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.2 – 4.2.b.3.; 4.3 – 4.3.a.12.
<b>POLICY DESCRIPTION:</b> Resident/Fellow Agreement	<b>COMMON PROGRAM REQUIREMENTS:</b>

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance regarding the Resident agreement.

### **POLICY:**

The Sponsoring Institution must maintain a policy that provides guidance on the Resident agreement.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

### **PROCEDURES/RESPONSIBILITIES:**

1. Upon approval of the resident salaries and benefits by the GMEC, each August, the Office of Graduate Medical Education in collaboration with the Sponsoring Institution’s Legal department and in collaboration with the SI healthcare partners will review the Resident agreement for the following academic year. The review is designed to:
  - a. Assess accuracy and completeness.
  - b. Revise any section based on changes in federal, state or national accrediting body rules, regulations and/or laws.
  - c. Revise salary and benefits section as applicable.

- d. Ensure that the agreement maintains language that states 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.
2. The new academic year agreement will be finalized and ready for distribution in February prior to the start of the new academic year.
3. The Office of GME will forward new and renewal agreements to healthcare partners beginning in February.

## **AGREEMENT COMPONENTS**

1. The agreement of appointment must directly contain or provide a reference to the following items:
  - a. Resident responsibilities
  - b. Duration of appointment
  - c. Financial support for Residents
  - d. Conditions for reappointment and promotion to a subsequent PGY level
  - e. Grievance and due process
  - f. Professional liability insurance, including a summary of pertinent information regarding coverage
  - g. Hospital and health insurance benefits for Residents and their eligible dependents.
  - h. Disability insurance for Residents
  - i. Vacation, parental, sick, and other leave(s) for Resident, compliant with applicable laws
  - j. Timely notice of the effect of leave(s) on the ability of Resident to satisfy requirements for program completion
  - k. Information related to eligibility for specialty board examinations; and,
  - l. Institutional policies and procedures regarding Resident clinical and educational work hours and moonlighting



<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> N/A
<b>POLICY DESCRIPTION:</b> Resident/Fellow Transfer	<b>COMMON PROGRAM REQUIREMENTS:</b> 3.5

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance regarding the transfer of a Resident from another institution or who are re-entering training to complete a program, or when Resident transfers out of a Florida State University College of Medicine GME sponsored program.

### **POLICY:**

The Sponsoring Institution sets forth guidelines for programs and related GME staff regarding resident transfers.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

### **PROCEDURES/RESPONSIBILITIES:**

#### **RESIDENT TRANSFER TO FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE SPONSORED PROGRAM PROCESS**

1. Prior to offering a position to a transfer Resident, the Program will solicit appropriate educational and performance background materials as indicated below in the section entitled “Initial Evaluation of Transfer Resident Candidate: Applicant”

2. Once a complete package of required material is collected, the Program will forward the candidate's information to the GME office. GME will review the submitted material and recommend:
  - a. A Letter of Intent to Contract (LIC) be offered to the candidate,
  - b. LIC not be offered, or
  - c. Additional information be collected

*The SI and program may consult with Human Resources and/or Legal regarding its recommendation. Before an LIC is sent to a candidate, GME will collaborate with the Program regarding the letter's content after consultation with Human Resources or Legal, as needed.*

3. If the transfer resident candidate accepts the LIC, he/she must sign and return to the Program. The Program will either forward to GME either a signed copy of the LIC or notification that the candidate did not accept the LIC. GME will execute and send the transfer Resident candidate a Graduate Training Agreement modified for transferring Residents that includes a 90-day provisional employment period mandating both transfer documentation and satisfactory performance evaluation requirements be met prior to removing provisional status and full incorporation as a resident within the training program.

#### **INITIAL EVALUATION OF TRANSFER RESIDENT CANDIDATE: APPLICANT**

Program Directors shall select transfer candidates for evaluation and interview to a position within their Program who meet all eligibility and selection criteria. The transfer candidate must give written permission from the Florida State University College of Medicine Sponsored Program Director to communicate with and request required materials, as required by this policy, of the relevant Program Director(s) of all the candidate's current or prior training program(s) by signing and completing the "Release of Information" form.

#### **OFFICE OF GRADUATE MEDICAL EDUCATION REVIEW**

1. Before a Florida State University College of Medicine Sponsored Program Director offers a LIC to a transfer candidate, the following must be submitted to GME for review and approval:
  - a. Verification of previous educational experiences and a summative competency-based performance evaluation.
  - b. Milestones evaluations.
  - c. The Resident is in good standing in the present academic year and is expected to complete the year satisfactorily and receive full academic credit of the year.
  - d. The Resident candidate completed previous years of training (specifying the years) and received full academic credit for them, as applicable.
  - e. A description of any academic or disciplinary action(s) at the current program with an accompanying explanation for each such action, the outcome and/or current status, as applicable.
  - f. If full academic credit was not received for any previous year of training or it is anticipated that the Resident will not receive full credit for the present year of training, an explanation of each circumstance providing why, how much credit, and whether the credit withheld was associated with a formal adverse academic action and the status of such action.
  - g. If the transfer is to occur during the academic year, the current Program Director will release the Resident from his/her current contract at a time to comport to the job offer from the Florida State University College of Medicine Sponsored Program.

- h. A description of any legal action(s) where the transfer candidate was listed and the present status for each such action. If the candidate's program is unable to provide this list on advice of its legal counsel, the absence of this will not preclude acceptance of the Resident if all other components of the evaluation are satisfactory to the Florida State University College of Medicine Sponsored Program and the Office of Graduate Medical Education.
  - i. A description of any leave of absence(s) during training, specific dates of leave(s) and if it impacted training (i.e. extended the training time period).
  - j. Relevant Board scores and/or in-training examination scores.
  - k. ECFMG certificate, documentation of visa and citizenship, including but not limited to a copy of the passport, if applicable.
2. GME will expeditiously review the transfer candidate's information and provide the Program Director with its recommendation.

#### **LETTER OF INTENT TO CONTRACT AND TRANSFER RESIDENT/FELLOW GRADUATE TRAINING AGREEMENT**

Upon receipt of the LIC from the Program, transfer candidate must sign and return it to the applicable Program Director within five (5) business days via electronically, regular mail and/or in-person. Once the agreement is received, the respective Program must send a request to the GME Office so that a Transfer Resident Graduate Training Agreement can be issued. GME will work with the Legal Department regarding any modifications that may be needed to the Training Agreement. Contract packages will be mailed out by GME in the normal and customary time frame.

#### **NINETY (90) DAY PROVISIONAL PERIOD REQUIREMENTS**

- 1. Transfer Documentation Requirement
  - a. Within thirty (30) days of the transfer resident's start of training at the Florida State University College of Medicine sponsored program, the Program will request post-transfer competency evaluation and training attestations from the sending Program Director for the time period between the resident's acceptance into the Florida State University College of Medicine sponsored program and separation from the sending training program. In accordance with current ACGME Requirements, the Florida State University College of Medicine sponsored program must receive a summative evaluation of rotations and core competencies from the sending Program Director in addition to verification that all training was completed satisfactorily and full training credit granted for training time completed between acceptance into Florida State University College of Medicine sponsored program and separation from the sending training program.
  - b. If Resident is no longer in training at the sending institution prior to acceptance into a Florida State University College of Medicine sponsored program, all transfer competency evaluation and training attestations must be received prior to the start of training at a Florida State University College of Medicine sponsored program.
- 2. Provisional Period Evaluation requirement
  - a. During the provisional period, the Transfer Resident's performance must be evaluated by the relevant Program, at minimum, at the forty-five (45) day and ninety (90) day interval. Evaluation of performance must be documented and communicated to the Transfer Resident in a timely fashion by the Program Director.

- b. At the conclusion of the provisional period, the Program Director may:
  - 1.) determine the Transfer Resident's performance entirely satisfactory, or
  - 2.) determine the Transfer Resident's performance as below expected or unsatisfactory and either:
    - i. place the Resident on formal academic probation with remediation plan;
    - ii. or reserve the right to immediately terminate the Transfer Resident. The Transfer Resident will be given an opportunity to appeal a determination to terminate with the RAC.
    - iii. If the Transfer Resident successfully and satisfactorily completes the requirements of the provisional period, then his/her retention and promotion will be according to the specified residency program's evaluation and promotion policy.

### **POST TRANSFER EVALUATION PROCESS**

Within thirty (30) days of the transfer, Resident's commencement in the applicable Florida State University College of Medicine sponsored Program, the Florida State University College of Medicine sponsored Program Director will solicit an attestation and evaluation of transfer Resident from the sending Program Director. Within ninety (90) days of the transfer Resident commencement in the applicable Florida State University College of Medicine sponsored Program, the Florida State University College of Medicine sponsored Program Director must receive an attestation and evaluation of the transfer Resident from his/her sending program for the training time completed in the Resident's now prior program covering the period of time between the acceptance into the Florida State University College of Medicine sponsored Program and the end of the now prior program training period. If the Florida State University College of Medicine sponsored Program is unable to attain this documentation within the timeframe, the transfer Resident may be removed from clinical duties until such time as documentation is received or terminated from the Florida State University College of Medicine sponsored Program. All Resident transfers must pass USMLE Step 3 or COMLEX 3 within one year of transfer to a Florida State University College of Medicine program.

### **PROCESS FOR A FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE SPONSORED GRADUATE LEAVING FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE SPONSORED PROGRAM PRIOR TO COMPLETION OF TRAINING**

In accordance with current ACGME Requirements, a Florida State University College of Medicine Sponsored Program Director(s) will provide timely verification of training education and summative performance evaluations for a Resident who is leaving a Florida State University College of Medicine Sponsored training program prior to his/her completion to a non- Florida State University College of Medicine Sponsored program(s) that is considering that Florida State University College of Medicine Sponsored Resident for transfer.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 2.6.c; 3.1; 3.2.g. – 3.2.g.5.f; 4.9 – 4.9.e.
<b>POLICY DESCRIPTION:</b> Resident Services and Well – Being	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.13 – 6.14.b.; 6.15 – 6.16

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance, oversight, and support regarding the well – being of Residents and faculty members

### **POLICY:**

The Sponsoring Instruction (SI) must oversee its ACGME – accredited programs fulfillment of responsibility to address the well-being of Residents and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of noncompliance in a timely manner.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**BURNOUT** – *Long-term exhaustion and diminished interest in work.* Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.

**DEPRESSION** – is a mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how you feel, think and behave and can lead to a variety of emotional and physical problems.

**FATIGUE** – extreme tiredness resulting from mental or physical exertion or illness.

**MAJOR LIFE ACTIVITIES** – walking, seeing, speaking, breathing, learning, working, etc. to also include eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, as well as the “operation of a major bodily function.”

**PERSON WITH A DISABILITY** – someone with a physical or mental impairment that substantially limits one or more major life activities.

**PHYSICIAN IMPAIRMENT (“IMPAIRED PRACTITIONER”)** - generally refers to a Resident or faculty who is unable to perform professional duties and to practice medicine at the expected level of skill, competency and safety to patients because of a physical or mental illness, or because of the excessive use or abuse of drugs including alcohol. Impairment also implies a decreased ability and/or willingness on the part of the affected Resident to acknowledge the problem and to seek assistance to recover

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

**REASONABLE ACCOMMODATION** – a modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

**RESILIENCE** – The ability to withstand and recover quickly from difficult conditions or situations. During training, Residents may face difficult patient care, educational or personal events which have the ability to negatively affect their Well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase resilience

**SUICIDE IDEATION** – also known as suicide thinking is the contemplation of ending one’s own life. Thoughts can range from a detailed plan to a fleeting consideration. It does not include the final act of suicide.

## **PROCEDURES/RESPONSIBILITIES:**

### **INTRODUCTION**

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.

Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of Resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behaviors, and prepares Residents with the skills and attitudes needed to thrive throughout their career.

### **SPONSORING INSTITUTION**

1. The Sponsoring Institution must oversee its programs fulfillment of responsibility to address well-being of Residents and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner.
2. The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for:
  - a. Access to food during clinical and educational assignments.
  - b. Safety and security measures for Residents.



**SPONSORING INSTITUTION AND PROGRAM PARTNERSHIP**

The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must:

1. Educate faculty members and Resident in the identification of symptoms of burnout, depression, substance abuse, including those means to assist those who experience these conditions. The responsibility includes educating Residents and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care.
  - a. Residents receive well – being presentations during initial orientation.
  - b. The Sponsoring Institution will provide support to deliver well – being education.
  - c. Programs shall provide well – being education to faculty and Residents throughout the academic year.
2. Additional responsibilities include:
  - a. Efforts to enhance the meaning that each Resident finds in the experience of being a physician.
  - b. Protected time with patients.
  - c. Minimizing non-physician obligations (e.g. patient transport, administrative /clerical duties outside of those normally performed by a physician, allied health responsibilities, etc.)
  - d. Provide administrative support.
  - e. Promote progressive autonomy and flexibility.
  - f. Enhance professional relationships.
  - g. Provide oversight of scheduling, work intensity and work compression that may negatively impact a Resident's and faculty's well-being.
  - h. Evaluate workplace safety data and address the safety of Residents and faculty members.
  - i. Provide the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours.
3. Encourage Residents and faculty members to alert their Program Director, DIO, or other designated personnel or programs when they are concerned that another Resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

**MENTAL HEALTH TOOLS, ACCESS, COUNSELING AND TREATMENT**

1. Provide access to appropriate tools for self-screening
2. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergency care 24 hours a day, seven days a week. This may be satisfied by in-person, telemedicine, telephonic or other electronic means

**RESIDENT AND FACULTY SELF-REFERRAL**

1. A Resident may voluntarily contact the Employee Assistance Program (EAP). Each Resident is provided information on how to access the EAP program. Further, Resident are provided with "crisis cards" (wallet-sized). The card contains the Suicide Prevention Lifeline phone number. The Resident is not required to disclose the self-referral to the Program Director or any faculty member in the program
2. A faculty member may voluntarily contact their employer's Employee Assistance Program (EAP) or other designated program (e.g. Florida Impaired Practitioner's Program) for assistance. The Program Director or DIO may approach a faculty member who appears distressed to suggest a formal referral for counseling services.



**FACULTY, PROGRAM DIRECTOR, GME OFFICE FORMAL REFERRAL**

1. The Program Director, faculty or GME Office staff may approach a Resident who appears distressed to suggest a formal referral to EAP or other counseling services.
2. The Program Director, faculty or GME Office staff may not force the Resident to initiate or complete the referral outside of the mandatory referral pathway.

**WORK ATTENDANCE**

1. There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave.
2. Each program must allow an appropriate length of absence for Residents unable to perform their patient care responsibilities.
3. The program must have policies and procedures in place to ensure coverage of patient care.
4. Policies must be implemented without fear of negative consequences for the Resident who is or was unable to provide the clinical work.

**FATIGUE MITIGATION**

1. Programs must educate all faculty members, residents and fellows to recognize the signs of fatigue and sleep deprivation annually. The Sponsoring Institution provides initial education during orientation.
2. Programs must educate all faculty members and Resident in alertness management and fatigue mitigation processes annually. The Sponsoring Institution provides initial education during orientation.
3. Programs must encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
4. Programs must ensure continuity of care, consistent with the program's policies and procedures, if a Resident may be unable to perform their patient care responsibilities due to excessive fatigue.
5. The program in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for Residents who may be too fatigued to safely return home.
  - a. Any issue/concern related to a facility's sleep facilities should be directed to the Program Director, healthcare partner leadership or the Office of Graduate Medical Education.
  - b. Resident may utilize a Rideshare or taxi service of their choosing if they are too fatigued to drive home. The healthcare partner will reimburse the Resident for the cost of the Rideshare or taxi upon receipt and appropriate verification.

**ACCOMMODATION FOR DISABILITY**

1. All applicants for Residency will be considered based on academic qualifications without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status in accordance with applicable federal laws
2. Qualified applicants may request reasonable accommodations and must be able to perform the essential functions of their chosen medical specialty and must be able to successfully complete all requirements for the specialty-/subspecialty as defined by the ACGME Residency Review Committee (RRC) and the subspecialty board with the approved accommodations
3. Reasonable accommodations apply to three aspects:
  - c. To assure equal opportunity in the application process
  - d. To enable a qualified individual with a disability to perform the essential functions of the job.
  - e. To enable Residents with a disability to enjoy equal benefits and privileges.

4. Reasonable accommodations, when necessary, will be made for current and future activities; however, cannot be made retroactively to remove remediation, probation or termination.
5. While the use of accommodations may enable the Resident to better demonstrate their abilities, accommodations do not guarantee improved performance.
6. The application of this policy to the GME programs and Residents and all matters pertinent to it will be subject to review and determination by Human Resources, Legal and the Graduate Medical Education Committee.

#### **PHYSICIAN IMPAIRMENT (“IMPAIRED PRACTITIONER”)**

1. Any Resident or faculty who has a potential impairment may request assistance, diagnosis, treatment and/or rehabilitation of his/her impairment by making such request known to the Program Director and/or DIO
  - a. Impairment Identification
    - i. If a faculty or Resident’s behavior, deportment, performance or laboratory tests raise concern that he/she is suffering from an emotional disorder including, but not limited to, substance abuses, he/she may be required to undergo clinical and/or drug/alcohol screening. Behaviors which might indicate the necessity for evaluation would include, but not limited to the following:
      1. Dereliction of normal duties
      2. Inability to be aroused while on call and/or persistent tardiness
      3. Disorganized thinking or memory impairment
      4. Unprofessional or otherwise inappropriate behavior with peers, patients and their families, nursing staff, etc.
      5. Demonstration of a disorder of mood such as depression or anxiety of such severity that it places the patient under his/her care at risk
      6. Legal difficulties (e.g. arrest for DUI, etc.)
      7. Changes or difficulties with dexterity, coordination, vision, hearing or speech
      8. Detectable odor of an alcoholic substance or slurred speech
2. The Chair, Chief Medical Officer, Program Director, Human Resources, and DIO will convene and determine if the physician requires intervention and entry into a rehabilitation program.
3. If the need for rehabilitation is determined, the physician will enter into an agreement with the hospital and the Florida’s Impaired Practitioner Program.
  - a. Monitoring and Reinstatement
    - i. The physician must submit to the Program Director and DIO evidence of recovery sufficient to show that he/she can provide safe and high-quality patient care.
    - ii. The physician must present to the Program Director a letter from the Florida Impaired Practitioner Program, which covers the following:
      1. Description of impairment
      2. Current status of impairment
      3. Description of the treatment
      4. Statement of long-term prognosis

- iii. Assuming all information received indicates that the physician is rehabilitated and capable of resuming patient care duties, the DIO must assure the following when reinstating the physician to his/her duties:
  1. Regarding Residents, the Program Director will have the responsibility to ensure the Resident's satisfactory completion of all Program requirements.
  2. The Resident must agree to submit to any alcohol and drug screening test (if applicable) at the request of the DIO and/or Program Director. Refusal to do so will be grounds for dismissal.
  3. The Program Director shall submit periodic evaluations to the DIO
4. Hospital and Program leadership recognizes and respects the confidential nature of the evaluations and any records of a faculty or Resident who is identified as impaired. Confidentiality of these records shall be maintained in accordance with applicable law and hospital policy
5. If clinical and/or substance abuse screening determines that a disorder is present, the following options are available. Depending on the severity of the physician's impairment, the following actions will be taken:
  - a. The physician will be monitored by the Florida Impaired Practitioner Program.
  - b. The physician may be permitted to continue to function with modification(s) in his/her service load and/or supervision as deemed appropriate by his/her Program Director.
  - c. The physician may be suspended or placed on sick leave. The physician may be placed on a formal leave of absence.
  - d. Malfeasance dereliction of duty or lack of compliance with treatment recommendations may lead to disciplinary action up to and including termination.
6. The physician is entitled to due process as set forth in their contracts and/or House Staff manual.
7. A physician with a documented substance abuse problem may be listed in the National Practitioner Data Bank ("NPDB") per NPDB rules.

## **HARASSMENT**

The sponsoring Institution is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, sexual orientation or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee who encounters an incident of alleged sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact the supervisor, the employee should immediately contact the Human Resources Department. Employees may raise concerns and make reports of unlawful harassment without fear of reprisal.

Anyone engaging in sexual or other unlawful harassment will be subject to corrective action, up to and including termination of employment. Sexual misconduct, including sexual harassment, sexual violence (rape, sexual assault, domestic violence, dating violence, & stalking), and all other forms of sex discrimination are violations of Florida State University policy and contrary to the University's values, which recognize the dignity and worth of each person. They are also illegal. Sexual misconduct will not be tolerated by Florida State University, whether by faculty, staff, students, visitors, or others. Florida State University Title IX information can be found at the following website: [\*\*HERE\*\*](#)

**EXAMPLES OF UNLAWFUL SEXUAL HARASSMENT**

1. Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, as well as verbal, visual or physical conduct of a sexual nature where:
2. Submission to such conduct is an implied or expressed condition of employment.
3. Submission to or rejection of such conduct is the basis for employment decisions affecting the individual; or
4. The conduct has the effect of interfering with an individual's work performance or creating intimidating, hostile or offensive work environment.

**REPORTING**

Residents can raise concerns and make a report without fear of reprisal. Residents should report to any of the following:

1. Program leadership and healthcare partner.
2. Office of Graduate Medical Education.
3. Human Resources Department Investigation and Disposition.
1. Program leadership must immediately report instances to the Office of Graduate Medical Education.
2. The Program Director, healthcare partner will contact the Human Resources Department.
3. The Human Resources Department will investigate and a resultant disposition.
4. The disposition will be reported to the Program leadership.

**INVESTIGATION AND DISPOSITION**

1. Program leadership must immediately report instances to the Office of Graduate Medical Education.
2. The Program Director, healthcare partner will contact the Human Resources Department.
3. The Human Resources Department will investigate and a resultant disposition.
4. The disposition will be reported to the Program leadership.

**VIOLENCE IN THE WORKPLACE**

Workplace violence is any intentional conduct which is sufficiently severe, offensive or intimidating to cause an individual to reasonably fear for his or her personal safety or the safety of his or her family, friends and/or property such that employment conditions are altered or a hostile, abusive or intimidating work environment is created.

Workplace violence does not refer to occasional comments of a socially acceptable nature. Such comments may include reference to legitimate sporting activities, popular entertainment or current events. Rather, it refers to behavior that is personally offensive, threatening or intimidating.

When threats are made or acts of violence are committed by a healthcare employee, a judgment will be made by the healthcare partner as to what actions are appropriate, including possible medical evaluation and/or possible corrective action.

Once a threat has been substantiated, it is the healthcare partner's responsibility to put the threat maker on notice that he or she will be held accountable for his or her actions and then follow through with the implementation of response.

Under this policy, decisions may be needed to prevent a threat from being carried out, a violent act from occurring or a life-threatening situation from developing. No existing health care partner policy or procedure should be interpreted in a manner that prevents the above from occurring. The health care partner will make the sole determination of whether, and to what extent, threats or acts of violence will be acted upon by the health care partner. In making this determination, the health care partner may undertake a case- by-case analysis in order to ascertain whether there is a reasonable basis to believe that violation of this policy has occurred. No provision of this policy will alter the at-will nature of employment at the health care partner.

The safety and security of our employees are of vital importance. Acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect health care partner, or which occur on health care partner property, will not be tolerated from anyone. The prohibition against threats and acts of violence applies to all persons involved in the operation of health care partner and its facilities, including, but not limited to health care partner personnel, contract and temporary workers and anyone else on health care partner property. Violations of this policy, by any individual, will result in corrective action, up to and including termination of employment, and/or legal action as appropriate.

### **EXAMPLES OF WORKPLACE VIOLENCE**

1. Examples of workplace violence include, but are not limited to, the following:
  - a. Threats or acts of violence occurring on health care partner premises, regardless of the relationship between the health care partner and the parties involved in the incident.
  - b. Threats or acts of violence occurring off health care partner premises involving someone who is acting in the capacity of a representative of health care partner.
  - c. Threats or acts of violence occurring off health care partner premises involving an employee of the health care partner as a victim if the health care partner determines that the incident may lead to an incident of violence on health care partner premises.
  - d. Threats or acts resulting in the conviction of an employee or agent of health care partner, or of an individual performing service for health care partner a contract or temporary basis, under any criminal code provisions relating to violence or threats of violence which adversely affect the legitimate business interests of health care partner.
2. Specific examples of conduct which may be considered threats or acts of violence under this policy include, but are not limited to the following:
  - a. Threatening physical or aggressive contact directed toward another individual
  - b. Threatening an individual or his/her family, friends, associates or property with physical harm
  - c. The intentional destruction or threat of destruction of health care partner property or another's property
  - d. Harassing or threatening phone calls.
  - e. Surveillance
  - f. Stalking
  - g. Veiled threats of physical harm or like intimidation

## **REPORTING**

Residents can raise concerns and make a report under the Fair Treatment Policy without fear of reprisal. Residents shall report to any of the following:

1. Program leadership and healthcare partner
2. Office of Graduate Medical Education
3. Human Resources Department

## **INVESTIGATION AND DISPOSITION**

1. Program leadership must immediately report instances to the Office of Academic Graduate Medical Education.
2. The Program Director or designee will contact the Human Resources Department.
3. The Human Resources Department will conduct an investigation and a resultant disposition. The disposition will be reported to the Program leadership.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 1.15 - 1.15.a.2.
<b>POLICY DESCRIPTION:</b> Special Review Protocol	<b>COMMON PROGRAM REQUIREMENTS:</b>

### SCOPE:

Graduate Medical Education

### PURPOSE:

To provide oversight of underperforming programs and the process to review these programs

### POLICY:

The Sponsoring Institution must demonstrate effective oversight of underperforming programs through a special review process.

### SUPPLEMENTAL POLICY COMPLIANCE:

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### DEFINITIONS:

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

### PROCEDURES/RESPONSIBILITIES:

The Special Review Process may be triggered by the following events:

1. Program placed on probation, continued accreditation with warning, or receipt of citation(s) considered adverse to the overall well-being of the Resident’s learning and work environment.
2. Identification of persistent trends and/or violations of institutional or program requirements may include, but not limited to:
  - a. Work hour violations – actual and those “near violations” flagged as concerning (e.g. Frequent short break)
  - b. Evidence of inadequate supervision
  - c. Evidence of service over education
  - d. Failure to demonstrate evidence of scholarly activity and participation in patient safety/quality initiatives



- e. Inadequate procedure and/or patient volumes as outlined in Program Requirements and by specialty board requirements
- f. Attrition – Resident and/or program director
- g. Annual Resident and/or faculty survey falling below national benchmarks as identified by ACGME
- h. Failure of program to conduct Resident, faculty, and/or program evaluations/reviews as outlined in Program Requirements
- i. In-training exam average for program below the national average for their specialty
- j. Board pass rate not meeting requirements as outlined in Program Requirements
- k. Evidence of difficulty recruiting; including failure to fill annual complement
- l. Other issues felt to cause concern about program success, patient safety and quality, or professionalism as identified by the GMEC

The Special Review Process may be proposed by the Associate Dean – GME/DIO, governing body, or the GMEC in response to identification of any issue felt to adversely impact the program and/or the institution. The program identified as underperforming will present its evidence and/or perspective to the GMEC but not participate in the vote for initiation of the Special Review Process. The Special Review Process must be endorsed by a majority vote of the voting members of GMEC. If majority vote is not achieved, the GMEC must identify a plan to monitor, and if necessary, act on the identified concern.

#### **SPECIAL REVIEW PROCESS:**

A sub-committee of GMEC will be established to conduct the Special Review. Within 24- hours of the GMEC vote, the DIO will notify the Program Director, in writing and/or email, of the Special Review and outline the required documents. Inability to notify the Program Director will be reported to the GMEC with a plan for notification and/or initiation of the Special Review Process.

Administrative assistance will be assigned from the GME Office and Program to assist with scheduling and compilation of documents.

The sub-committee will consist of no more than five (5) persons, to include the following members, who will select one member to serve as chair of the sub-committee:

1. DIO
2. One (1) Resident member of the GMEC
3. Up to three (3) additional GMEC members –at least one (1) must be a physician. If only one program, the DIO will request a physician member of the Medical Executive Committee to participate in an advisory and voting capacity.

No member of the sub-committee may be from the program under review or associated fellowship programs. Upon receipt of notice of Special Review, the program will provide requested documents within fifteen (15) business days of the date of request. Materials to be used for Special Review may include, but are not limited to:

1. Document(s) or documentation identifying cause of Special Review
2. ACGME Program Requirements, FAQs, and other relevant documents
3. Specialty Board requirements as applicable
4. GMEC or other institutional documentation as applicable
5. Program documents including:
  - a. All correspondence from ACGME Resident Review Committee (RRC) including:
  - b. Most recent accreditation letter

- c. Report or other document identifying concern
- d. All documents specific to accreditation site visits, CLER visits, focused site visits, or other interaction with ACGME as indicated
- e. Correspondence to ACGME specific to reports, citations, progress reports, or other notice of deficiency and program documentation of plan and/or correction of concern through a quality improvement process
- f. Most recent Annual Program Evaluation (APE)
- g. Duty hours policy and reports
- h. Supervision policy and evidence of adherence
- i. Rotation, didactic, inpatient, and outpatient schedules as applicable with evidence of attendance
- j. Evaluations – Resident, faculty, program
- k. Recruitment and promotion policy
- l. Disciplinary and remediation policy
- m. Grievance policy
- n. ACGME annual survey(s) – Residents and/or faculty
- o. Aggregate in-training exam scores and board pass rates
- p. Procedure logs and patient volume determinants as applicable
- q. Documentation of faculty development
- r. Evidence of scholarly activity and/or patient safety and quality participation
- s. Transition of care – evidence of education and adherence to policy
- t. Other documents as deemed necessary to the Special Review Process

## **CONDUCT OF INQUIRY**

1. **WITHIN FIFTEEN (15) BUSINESS DAYS** of receiving documents from program, the sub-committee will convene and conduct confidential group interviews of those persons relevant to inquiry of identified issue. No member of the committee may conduct informal inquiry or convene interviews independently without written authority of the GMEC. These interviews will include, but may not be limited to:
  - a. Program Director
  - b. Faculty – APD, core faculty, and/or sub-specialty faculty
  - c. Peer selected Resident(s) from each post graduate year
  - d. Other hospital and/or clinic personnel as applicable to issue
2. **WITHIN FIVE (5) BUSINESS DAYS** of concluding interviews, the sub-committee will convene to:
  - a. Review findings of inquiry and make disposition of program performance
  - b. Determine recommendations to the GMEC to include:
    1. Findings relevant to underperformance of program
    2. Identification of quality improvement goals
    3. Identification of corrective actions and time frame for achievement of improvement or resolution
    4. Monitoring of program to ensure sustained improvement and compliance with requirements

3. **WITHIN TEN (10) BUSINESS DAYS** of concluding the inquiry, the sub-committee will prepare a report of findings and recommendations to be forwarded to the Associate Dean – GME/DIO and Program Director. DIO will add the review to the next GMEC meeting or conduct a special meeting of the GMEC if determined necessary.
  - a. The report will include:
    1. Summary and issue to include sub-committee members, dates/times of formal meetings, categories of persons interviewed, and documents used as evidence of issues
    2. Findings of document review and formal inquiry
    3. Disposition of the sub-committee as to evidence of underperformance
    4. Identification of quality improvement goals
    5. Recommendations for corrective actions and time frame for achievement
    6. Recommendations for monitoring improvement and compliance
4. **AT THE DESIGNATED GMEC MEETING:**
  - a. The Special Review Report and recommendations will be presented to the GMEC by the Associate Dean – GME/DIO and chair of subcommittee.
  - b. The Program Director will address identified issues and recommendations as appropriate.
  - c. GMEC will review and make disposition on the findings and recommendations, including identification of timelines for correction and ongoing monitoring to ensure sustained improvement. If GMEC does not have adequate information to make final disposition on the program issue, GMEC may vote to undertake additional inquiry.
  - d. GMEC will outline reporting requirements of issue for subsequent GMEC meetings.
5. **FOLLOWING GMEC:**
  - a. The Associate Dean – GME/DIO will meet routinely with the Program Director to determine additional needs and resources required to achieve outcomes as well as to determine compliance with GMEC requirements.
  - b. The Program Director will provide an Action Plan to the GMEC for each of the recommendations on the final report.
  - c. The Program Director will provide action Plan updates at each GMEC meeting.
  - d. The Special Review Committee will continually monitor the program throughout the process and until it is determined that the program is performing at an acceptable level.
  - e. The Associate Dean – GME/DIO and/or members of the Special Review Committee will report any concerns regarding achievement of outcomes to the GMEC as appropriate.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.14. - 4.14.a.
<b>POLICY DESCRIPTION:</b> Substantial Disruptions and Disaster	<b>COMMON PROGRAM REQUIREMENTS:</b>

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance, oversight, and support regarding the substantial disruption and/or disaster of the Sponsoring Institution or a healthcare partner

### **POLICY:**

The Sponsoring Institution (SI) must maintain a policy consistent with ACGME policies and Procedures that addresses support for each ACGME – accredited, other accredited-body, and non-ACGME-accredited programs and Residents in the event of a disaster or other substantial disruption in patient care or education.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**DISASTER** – an event or set of events causing significant alteration to the residency experience at one or more residency programs. This policy and procedure document acknowledges that there are multiple strata or types of disaster: acute disaster with little or no warning (e.g., tornado or bombing), intermediate, with some lead-time and warning (e.g., hurricane), and the insidious disruption or disaster (e.g., pandemics). This document will address disaster in the broadest terms.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

**SUBSTANTIAL DISRUPTION** – an event or set of events causing significant alteration to the residency experience in one or more Florida State University College of Medicine GME sponsored programs. A substantial disruption may or may not result in disruption of the provision of patient care within a residency program or throughout multiple residency programs and hospital departments.

**PROCEDURES/RESPONSIBILITIES:**

Florida State University College of Medicine and its healthcare partners strive to provide a stable employment and educational environment. In the event of a disaster that causes significant alternation to one or more of the residency programs, the Office of Graduate Medical Education (GME) in collaboration with its healthcare partners will take the following steps:

**DIO RESPONSIBILITIES**

1. Gather data/information from programs regarding the extent of damage and the impact of the disaster on the short – term (days/weeks) and long – term (weeks/months) function of individual programs and/or sites of training.
2. Work directly with program directors and healthcare partner leadership to determine the short and long – term impact on clinical operations caused by the disaster.
3. Work directly with program leadership and healthcare partner leadership to develop an action plan that addresses the provisions of the Residents to provide critical clinical services during the disaster period.
4. Notify and maintain contact with the ACGME regarding the disaster status.

**GMEC RESPONSIBILITIES**

1. Hold an emergency meeting as soon as possible to review the available information regarding the impact of the disaster on clinical operations and training programs.
2. Meet regularly to continue to assess the situation and make decisions regarding the programs and how best to support both the educational needs of the Residents and the critical clinical operations of the facility.

**AREAS OF ASSESSMENT AND REVIEW BY PROGRAM DIRECTOR, DIO AND GMEC**

1. Patient safety
2. Safety of Residents, program leadership and staff, faculty, GME staff
3. Supply of available faculty and Residents for clinical and educational duties
4. Extent/impact of damage to physical plant/facilities (infrastructure)
5. Extent/impact of damage to communication technology and clinical information systems
6. Changes on the volume of patient activity in the short and long – term
7. Other areas as determined by extent of disaster

**RELOCATION OF RESIDENTS**

1. If the SI and healthcare partner cannot provide an adequate educational experience for the Residents due to the disaster, both the individual program(s) and the Office of Graduate Medical Education will work to temporarily relocate a Resident(s) to a site within the state of Florida.
2. If the SI and healthcare partner are unable to identify programs within the state of Florida, an effort will be made to place the Resident in the closest geographical program.

## **DISASTER RESULTING IN PERMANENT DESTRUCTION OF THE SPONSORING INSTITUTION OR HEALTHCARE PARTNER**

If the SI or healthcare partner is permanently destroyed, the SI and healthcare partner will make every effort to permanently place Residents in geographically adjacent and nonimpacted programs to ensure continuity of education.

## **FINANCIAL SUPPORT AND RESOURCES**

### **RESIDENT SALARY AND BENEFITS**

1. Residents will continue to receive their salary and benefits throughout the disaster from the healthcare partner.
2. If Residents are permanently placed into another Sponsoring Institution's program, the new SI will assume all salary and benefits of the orphaned Residents.

### **CMS FUNDING**

The Sponsoring Institution and the healthcare partners will work within the Center for Medicare and Medicaid Services (CMS) guidelines related to Resident funding

### **RESTORATION OF FULL SERVICES**

The healthcare partner will make every effort to restore clinical services and educational resources to the normal pre-disaster status to reinstitute Resident training

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 3.2.d-3.2.d.1; 4.10 – 4.10.a
<b>POLICY DESCRIPTION:</b> Supervision and Accountability – Institutional	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.5-6.11.

### SCOPE:

Graduate Medical Education

### PURPOSE:

To provide guidance regarding oversight, supervision, and accountability of Residents.

### POLICY:

The Sponsoring Institution and healthcare partners must oversee supervision of Residents and provide a mechanism by which Residents can report inadequate supervision and accountability in a protected manner that is free from reprisal.

### SUPPLEMENTAL POLICY COMPLIANCE:

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### DEFINITIONS:

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**LEVELS OF SUPERVISION** - To promote oversight of Resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

1. **DIRECT SUPERVISION:** The supervising physician is physically present with the Resident and patient.
2. **INDIRECT SUPERVISION:**
  - a. *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.
  - b. *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.
3. **OVERSIGHT:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.



**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**SPONSORING INSTITUTION (SI)** – The organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements, or other accredited body requirements. The SI has the primary purpose of providing educational programs and/or health care services (e.g. university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized healthcare delivery system, a medical examiner’s office, a consortium, or an education foundation).

## **PROCEDURES/RESPONSIBILITIES:**

### **INTRODUCTION**

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions and healthcare partner, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each Resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

### **PROCEDURES/REQUIREMENTS:**

1. Each Program Director shall establish a written policy describing Resident supervision for each Post Graduate Year (PGY) level. The policies must be maintained in the Program Manual and reviewed annually.
2. The requirements for on-site supervision will be established by the Program Director for each Residency in accordance with ACGME guidelines and should be monitored through periodic department reviews, with institutional oversight by the GMEC, and annually through the Annual Institutional Review (AIR).
3. Communication between Resident and faculty will occur at the time patient care decisions are being made. The faculty will facilitate communication with the Resident regarding care decisions.
4. All clinical activity will be documented in the medical record in accordance with the Bylaws and/or Rules and Regulations of the Institution and/or Participating Site. At no time will a Resident document in the clinical record, or sign the medical record, using the faculty’s user ID, password, or pin.
5. Each member of the care team has specific responsibilities as outlined below:

#### **RESIDENT**

- a. Supervised and held accountable by faculty
- b. Responsible for being aware of their limitations, roles, and responsibilities within the course of patient clinical care
- c. Supervised in a manner consistent with national standards of supervision as defined by the ACGME
- d. Provided responsibility in a manner consistent with national standards of progressive responsibility and conditional independence as defined by the ACGME
- e. Expected to know the level of supervision required for their level of training and not practice outside of that scope of service
- f. Expected to communicate effectively with faculty and other members of the health care team
- g. Required to inform patients of their respective role in each patient’s care

**PROGRAM DIRECTOR (PD)**

- a. Defines guidelines that establish roles and responsibilities appropriate for each level of training and/or milestone utilizing the recommendations of the Clinical Competency Committee.
- b. Demonstrate that the appropriate level of supervision is in place for all Residents based on each Resident and upon recommendations from the Clinical Competency Committee.
- c. Resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.
- d. Communicates with Resident, faculty, clinical, and operational leadership to ensure that all guidelines and policies are understood.
- e. E.Monitors adherence to these guidelines.

**FACULTY**

- a. Provides the appropriate level of supervision based upon the nature of a patient's condition, complexity of care, and level of competence of the Resident being supervised
- b. Exercises oversight and delineation of duties and progressive responsibilities for care provided by all members of any service team caring for a patient.

**CLINICAL COMPETENCY COMMITTEE**

- a. Meet semiannually to review Residents and make recommendations to the program director. Included in these reviews are the following:
    - i. Review all resident evaluations at least semi-annually
    - ii. Determine each resident's progress on achievement of milestones
    - iii. Advise the PD on recommendations prior to their semi-annual and end of year reviews.
  - b. CCC may also meet between semi-annual meetings (ad hoc) to discuss new resident concerns or follow-up on issues or recommendations from semi-annual meetings. (ex. – to follow-up on progress on learning or other disciplinary plans).
6. Institutional and Program supervision policies will be reviewed and endorsed by GMEC.
  7. The supervision and accountability policies of the Institution and the Program, and role of Resident, program director, and faculty will be published and available for reference by hospital personnel
  8. The GMEC and Institution will assess that each program has a program and specialty/sub- specialty specific supervision policy consistent with the Institutional Supervision Policy, ACGME Program Requirements, and national standards of supervision. These policies will ensure:
    - c. The provision of safe, effective, and high-quality patient care.
    - d. A uniform structure for Resident supervision within all Programs that is consistent with national standards of supervision and graduated responsibility as defined by the ACGME.
    - e. Educational needs of all Residents are attained in a structured environment that provides appropriate supervision and progressive responsibility appropriate to the Residents level of education, competence and experience.
    - f. All training environments promote the development of health care providers who are competent to deliver patient care independently upon completion of their training.
  9. To ensure consistent understanding and education specific to Resident supervision, all ACGME-accredited programs will document annual faculty development outlining a uniform Resident supervision structure (general and per PGY level), the Institutional Supervision Policy, and the Program Supervision Policy. Documentation of faculty development will be included in the Annual Program Review (APR), reported annually to the GMEC, and incorporated into the annual written AIR report

10. The Institutional supervision policy will be discussed during Resident orientation, outlined in the GME Manual, and published in a manner to be readily available to Resident, faculty, medical staff, and other hospital personnel.
11. Program-specific supervision policies will be discussed during the Resident Program orientation at the beginning of each academic year. Programs will publish the Supervision Policy in the Program Manual and in the electronic data management system to ensure accessibility to all Resident. All Residents will sign attestation of understanding of the Program's Supervision Policy annually.

## **PGY-1 RESIDENTS**

Initially, PGY-1 Residents must be supervised either directly, or indirectly with direct supervision immediately available.

### **PROGRESSIVE RESPONSIBILITY AND AUTHORITY**

1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each Resident must be assigned by the program director and faculty members.
  - a. The program director must evaluate each Resident's abilities based on specific criteria, guided by the Milestones.
  - b. Faculty members functioning as supervising physicians must delegate portions of care to Residents based on the needs of the patient and the skills of each Resident.
  - c. Senior Residents or fellows should serve in a supervisory role to junior Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident or fellow.
  - d. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Resident/fellow and to delegate to the Resident the appropriate level of patient care authority and responsibility.

### **REPORTING INADEQUATE SUPERVISION**

1. Resident should identify and report to the Program Director, concerns specific to inadequate supervision, faculty, other physicians, or hospital personnel. Reporting concerns specific to supervision:
  - a. The Program Director or Associate Program Director should be immediately notified of concerns of inadequate supervision
  - b. If not available, the Department Chair should be notified. As early as is practicable, the Department Chair shall notify the Program Director or Associate Program Director of the concern.
  - c. In the absence of the Program Director, Associate Program Director, and the Department Chair, the institution Chief Medical Officer, Hospital Administrator on call, or the President of the Medical Staff must be notified.
  - d. The Resident may directly report inadequate supervision concerns to the SI's Office of Graduate Medical Education
  - e. All reports of inadequate supervision must be reported to the Associate Dean/DIO
2. All concerns regarding inadequate supervision will be investigated directly with the persons involved in the most confidential manner possible, considering patient safety and minimal disclosure of documents and/or information to persons other than those involved.
3. The Program, in collaboration with the Office of Graduate Medical Education will conduct an investigation of the Resident concern in a manner that protects the Resident from reprisal, through established policies regarding their learning and working environment, ensuring they can raise concerns and provide feedback without intimidation or retaliation in a confidential manner.

4. The Program will report any concern regarding supervision to the GMEC, which may result in a Special Review of the program.
5. Throughout an investigation, the GMEC and/or DIO will collaborate with the Medical Executive Committee, Quality Improvement, and/or Risk Management as needed to ensure understanding of Resident involvement, to ensure the appropriate investigation is conducted, and to ensure the appropriate actions are taken in response to the issue.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 3.2.c. – 3.2.c.1
<b>POLICY DESCRIPTION:</b> Transitions of Care (“Handovers”)	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.19.-6.19b.

## SCOPE:

Graduate Medical Education

## PURPOSE:

To establish a protocol and standards within the institution's programs to ensure the quality and safety of patient care transfer of responsibility occurs during duty hour shift changes, during transfer of the patient from one level of acuity to another, and during other scheduled and unscheduled circumstances.

## POLICY:

The Sponsoring Institution must facilitate professional development for core faculty members and Residents regarding effective transitions of care (“Handovers”). This is done in partnership with its ACGME – accredited program(s), other accredited body programs and non- ACGME accredited programs to ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

## SUPPLEMENTAL POLICY COMPLIANCE:

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies. Residents are required to adhere to all applicable policies.

## DEFINITIONS:

**PATIENT SAFETY PRACTICES** – habits and routines that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

**TRANSITION OF CARE (“HANDOVERS”)** – the communication of information to support the transfer of care and responsibility for a patient/group of patients from one service and/or team to another. The transition/handover process is an interactive communication processing of passing specific, essential patient information from one caregiver to another. Sponsoring Institution and Programs must ensure and monitor effective, structured hand-over processes, and ensure that Residents are competent in communications related to hand-offs. Transition of care occurs regularly under the following conditions, but not limited to:

1. Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
2. Inpatient admission (e.g. direct admissions, transfer from other hospitals, etc.)
3. Transfer of a patient to/from a critical care unit.
4. Transfer of a patient from the Post Anesthesia Care unit (PACU) to an inpatient unit when a different physician will be caring for that patient.
5. Transfer of care to other healthcare professionals within procedure or diagnostic area.

6. Discharge, including discharge to home or another facility such as skilled nursing care; and
7. Change in provider or service change, including Resident sign-out, inpatient consultation sign-out, and rotation changes for Residents

## **PROCEDURES/RESPONSIBILITIES:**

### **INTRODUCTION**

All Residents and faculty members must demonstrate responsiveness to patient needs. This includes the recognition that under certain circumstances the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

The following key Patient Safety Practices are critical to effective Transitions of Care:

1. Interruptions must be limited.
2. Current, minimum content must be conveyed.
3. The opportunity to ask and respond to questions must be provided.
4. Hand-over documents must be HIPAA compliant.

### **EDUCATION**

1. Residents receive Transition of Care ("Handover") training during their initial orientation.
2. Programs shall provide annual Transition of Care ("Handover") training to Residents and all faculty.

### **PROGRAMS**

1. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
2. 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.
3. Programs must ensure that Residents are competent in communicating with team members in the hand-over process.
4. Programs and clinical sites must maintain and communicate schedules of attending physicians and Residents currently responsible for care.
5. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in the ACGME requirements (6.14-6.14.b.).
6. In the event that a Resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

**HAND-OVER PARTICIPANTS**

Hand-over participants must:

1. **MINIMIZE INTERRUPTIONS** - Participate in hand-off communication only when both parties can focus attention on the patient specific information (i.e. quiet space).
2. **Current, Minimum Content** - Hand-over communication must include the following information:
  - a. Patient name, location and a second chart-based identifier (e.g. Medical Record Number [MRN] or Date of Birth [DOB])
  - b. Identification of primary team or attending physician
  - c. Pertinent medical history including:
    - i. Diagnosis
    - ii. Current condition
    - iii. Pertinent labs
    - iv. DNR status
3. **ANTICIPATED CHANGES IN CONDITION OR TREATMENT** – Handovers should include:
  - a. Suggested actions to take in the event of a change in the clinical condition (i.e. “if-then” discussion).
  - b. Any elements that the receiving provider must perform (i.e., a “to-do” list).
4. **OPPORTUNITY TO ASK & RESPOND TO QUESTIONS** - Allow adequate time for Hand-over communication and maximize opportunities for face-to-face or verbal handoffs:
  - a. In person, face-to-face Handovers are preferred
  - b. If not possible, telephone verbal Handovers may occur
  - c. Faxed, email, or other forms of non-approved electronic handovers is prohibited
  - d. An approved electronic handover software/system is permitted
  - e. In either case, a recorded Hand-over document (written or electronic) must be available to the receiving provider
  - f. The Hand-over must include an opportunity for the participants to ask and respond to questions



<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b>
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> N/A
<b>POLICY DESCRIPTION:</b> USMLE/COMLEX Completion	<b>COMMON PROGRAM REQUIREMENTS:</b>

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide oversight related to the completion of the COMLEX and/or USMLE examination by Residents.

### **POLICY:**

The Sponsoring Institution will have a written policy related to Resident requirements for the COMLEX and USMLE examinations that identifies requirements for entry into and progression to the next PGY – level. This applies to ACGME – accredited, other accredited – body, and non – ACGME accredited programs for compliance.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**COMLEX** – refers to the Comprehensive Osteopathic Medical Licensing Examination Program – An ACGME accredited, other accrediting body, or non-accredited program.

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

**USMLE** – United States Medical Licensing Examination

### **PROCEDURES/RESPONSIBILITIES:**

Each new Resident must have successfully completed Step I and Step II of the USMLE or COMLEX prior to the beginning of residency training. Any agreement of appointment or offer letter will be contingent upon passing Steps I and II. Each Resident is responsible for providing copies of passage of Steps I and II. USMLE provides an official digital certification which can be obtained thru this request [HERE](#). Residents who have not passed Steps I and II by their appointment date will be released from their contract.

Any Resident starting a Florida State University College of Medicine GME – sponsored residency or fellowship program at a PGY-3 level or higher, or FEL-1 level or higher, must pass USMLE Step 3 or COMLEX 3 within one year of transfer to a Florida State University College of Medicine program. Any agreement of appointment or offer letter will be contingent upon passing Steps I, II, and III. Each Resident is responsible for providing copies of passage of Steps I, II, and III.

Residents entering a Florida State University College of Medicine GME - Sponsored Residency program at the PGY-1 or PGY-2 level must register for and provide proof of passing USMLE/COMLEX Step III prior to June 1 of their PGY-1 year. Once the Resident has passed USMLE/COMLEX Step III proof of passage must be provided to the GME Office.

Failure to pass Step III prior to June 1 of the PGY-1 year will result in non-renewal of the Resident's appointment.

### **RESIDENT RESPONSIBILITIES**

1. Provides proof to the Florida State University College of Medicine GME Office prior to beginning of training that they have successfully passed Step I and Step II of the USMLE/COMLEX.
2. Residents must provide proof of passing USMLE/COMLEX Step III prior to June 1 of the PGY-1 year. Proof is defined as an official USMLE/COMLEX transcript submitted directly to the GME Office from NBME, FSMB, or ECFMG (i.e. a transcript submitted by the Resident does not fulfill this requirement). Alternatively, if the Resident submitted scores directly to the Program via ERAS, the Program could provide score reports downloaded from ERAS to the GME Office.

### **PROGRAM DIRECTOR/CENTRAL GME OFFICE RESPONSIBILITIES**

1. Advises all PGY-1 Residents entering a training program, that passing USMLE/COMLEX Step III by June 1st of the PGY-1 year is a requirement prior to beginning their PGY-2 year.
2. Advises all PGY-1 Residents entering a training program, that failure to pass USMLE/COMLEX Step III prior to June 1 of the PGY-1 year will result in non-renewal of the Resident's appointment or contract.
3. Exceptions must be approved by Program Director and DIO.

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> 2/13/2020
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.8.-4.8.g.
<b>POLICY DESCRIPTION:</b> Vacation and Leave	<b>COMMON PROGRAM REQUIREMENTS:</b> 6.14.

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance to Residents regarding vacation and leave.

### **POLICY:**

The ACGME requires the sponsoring institution to provide written institutional policies regarding resident leave; these policies must comply with applicable laws. This policy must ensure that each program provides its Residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

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

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program.

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

### **DESCRIPTION**

Because the Florida State University College of Medicine Graduate Medical Education (GME) Programs occur in different clinical institutions, the specific number of days of leave are covered in the program specific leave policies and outlined in Resident contracts. All leave is subject to the approval of the program director and consistent with the guidelines of the appropriate specialty boards. All Residents should refer to the program specific policies which outline the procedure and timelines for taking leave, the mechanism for notification, and the precise number of days allowed.

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

**PARENTAL/CAREGIVER/MEDICAL LEAVE**

1. The ACGME (4.8.a) requires and provides Residents with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME – accredited program, starting the day the Resident is required to report.
2. The ACGME requires (4.8.b) and provides that Residents with at least the equivalent of 100 percent of their salary for the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken
3. The ACGME requires (4.8.c) and provides Residents with a minimum of one (1) week of paid time off reserved for use outside of the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken
4. The ACGME requires (4.8.d) and provides Residents receive the continuation of health and disability insurance benefits for Residents and their eligible dependents during any approved medical, parental, and caregiver leave(s) of absence
5. If the leave period exceeds these 6 weeks, the resident may extend paid leave using any available vacation leave; the remainder of leave will be unpaid. A parental leave period may begin two weeks before the expected date of the child's arrival and must occur within 12- months of the child's birth/ adoption. Residents who plan to utilize parental/caregiver/medical leave are expected to notify their PD as soon as possible of their intent to use this leave to facilitate appropriate scheduling. Complicated pregnancy or delivery will be handled in accordance with the FMLA and disability policies. The total time allowed away from a program in any given year, or for the duration of the program, will be determined by the requirements of the specialty board involved. Any absences must be made up in accordance with specialty board policy.

**FMLA ENTITLEMENT**

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

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

**ELIGIBILITY**

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

**SERIOUS HEALTH CONDITION**

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

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

**DEFINITION OF FAMILY MEMBER FOR PURPOSES OF FMLA LEAVE**

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

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

**REQUESTING FMLA**

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

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

Completed FMLA paperwork must be turned into either the PD or the Office for Human Resources Services, including physician certification before the leave begins. Additional FMLA information is available on the Department of Labor’s website

<http://www.dol.gov/whd/regs/compliance/posters/fmla.htm>

**PROCEDURES/RESPONSIBILITIES:**

**1. PROGRAM DIRECTOR RESPONSIBILITIES**

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

**2. RESIDENT/FELLOW RESPONSIBILITIES**

- a. All Residents are responsible for understanding the leave policy.
- b. It is the sole responsibility of the Resident to:
  - i. Understand the amount of leave they have available.
  - ii. Follow the process to request leave.
  - iii. Engage Program leadership to request leave.
  - iv. Notify Program leadership if leave needs to be extended for extenuating circumstances.
  - v. Understand the requirements for Board certification based on their specialty.
  - vi. Accurately and completely document their leave.

**3. GME OFFICE RESPONSIBILITIES**

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

<b>DEPARTMENT:</b> Graduate Medical Education	<b>REPLACES POLICY DATED:</b> 2/13/2020
<b>APPROVED BY:</b> GMEC	<b>ACGME POLICY REFERENCE</b>
<b>EFFECTIVE DATE:</b> 03/20/25	<b>INSTITUTIONAL REQUIREMENTS:</b> 4.12
<b>POLICY DESCRIPTION:</b> Vendor Relations	<b>COMMON PROGRAM REQUIREMENTS:</b>

### **SCOPE:**

Graduate Medical Education

### **PURPOSE:**

To provide guidance for residents/fellows regarding vendor interactions.

### **POLICY:**

The Sponsoring Institution (SI) must maintain a policy that addresses vendor interactions. The SI and healthcare partners are committed to conducting business ethically and in compliance with all applicable laws, regulations, and internal policies. This policy assists Residents to understand how to conduct business ethically and consistent with the legal requirements that apply to their assigned duties and responsibilities.

### **SUPPLEMENTAL POLICY COMPLIANCE:**

This policy applies to all Graduate Medical Education (GME) programs sponsored by the Florida State University College of Medicine. Hospital partners, clinical sites, and individual residency programs may establish supplementary policies in alignment with ACGME or other accrediting body requirements. Residents are required to adhere to all applicable policies.

### **DEFINITIONS:**

**DESIGNATED INSTITUTIONAL OFFICIAL (DIO)** – the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the SI's ACGME – accredited programs, as well as for ensuring compliance with ACGME Institutional, Common, and Specialty/-subspecialty-specific program requirements.

**PROGRAM** – An ACGME accredited, other accrediting body, or non-accredited program. Resident/Fellow – any physician in an accredited or non-accredited graduate medical education program. The term “Resident” will be used in the policy to define both a Resident and a Fellow.

**VENDOR** – any individual or entity that provides services or goods to a healthcare organization in exchange for payment.

### **PROCEDURES/RESPONSIBILITIES:**

#### **RELATIONSHIPS WITH VENDORS**

Residents must separate as much as possible the influence of industry and vendors from the decision-making and business of the SI and healthcare partner, practice of medicine, education of the SI and healthcare partner workforce, and the delivery of health care services. Residents must not incur or maintain any kind of financial or personal obligation or interest that would affect good judgement in transacting business on behalf of SI and healthcare partner. Any appearance of impropriety or influence over a Resident's decision-making on behalf of the SI and healthcare partner is strictly prohibited. The following provisions set forth the permissible and prohibited interactions with vendors and industry:



1. **LOANS FROM VENDORS** - Loans from vendors, of either a personal or professional nature, are prohibited.
2. **PHARMACEUTICAL SAMPLES** - The acceptance of free pharmaceutical samples for delivery to patients is discouraged with the receiver being required to have an unrestricted medical license and DEA number.
3. **VENDOR GIFTS**
  - a. "Gifts" refers to items of value provided without explicit expectation of something in return.
  - b. Gifts may also include outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, business courtesies, meals, and beverages.
  - c. Residents are prohibited from accepting gifts, regardless of value, for themselves or on behalf of the program, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer. This includes food supplied at educational conferences as well as meals provided off-site.
4. **VENDOR SPONSORED EDUCATION ACTIVITIES**
  - a. Vendor sponsorship of GME educational activities should take place under unrestricted grants and gifts only.
  - b. An unrestricted grant or gift is one provided to the program in which the donor(s) have specifically identified their intent to support certain activities (such as education for Residents).
  - c. In instances where the grant is for GME educational use, the donor may not specify content, topic, or speaker. However, the grant may specify whether the purchase of food for a conference is permitted.
5. **VENDOR TRAINING**
  - a. Vendors may appropriately orient, train, and advise Residents on the proper use or calibration of a product that has already been acquired by SI or healthcare partner. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be permitted to market other products. Supervising faculty must ensure that vendor involvement in any clinical activities is disclosed to patients verbally and in writing.
  - b. Vendors must be identified as such so that they are not mistaken for clinicians.
  - c. In situations where training is taking place at a site distant from SI or healthcare partner, the vendor may not contribute to a specific Resident's travel, housing, or per diem expenses incurred as part of the training. The vendor may contribute to an unrestricted grant that could be used by the program to reimburse Residents for travel costs and per diem.
  - d. Vendor contribution to individuals is limited to waiver of tuition or fees, and instruction manuals specifically related to the operation of the equipment or product.
6. **PARTICIPATION IN INDUSTRY – SPONSORED PROGRAMS**
  - a. Residents are prohibited from participating as paid presenters or speakers in industry – sponsored programs such as lectures and panels without express written permission of the Program Director and Designated Institutional Official (DIO).
  - b. Residents participating in such activity must report for duty hour purposes the actual time spent in the activity and must also disclose to the program director the amount of any compensation offered, including nonmonetary items.
7. **GHOSTWRITING**
  - a. Residents are prohibited from allowing their professional presentations of any kind, oral or written, to be ghostwritten by any party, industry or otherwise
  - b. Residents are prohibited from publishing articles under their own names that are written in whole or material part by industry employees, consultants or representatives.

**8. FOOD**

- a. Industry supplied food and meals are considered personal gifts and are prohibited to be provided or to be accepted.
- b. Food provided in connection with an ACGME – accredited program and in compliance with ACGME guidelines is an exception,

**9. PROGRAM MONITORING OF RESIDENT – VENDOR RELATION INTERACTIONS**

- a. Program leadership must be aware of and discuss with residents and any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the Resident in a position of obligation to, or influence by, the vendor must be explicitly discouraged.
- b. The program must provide training to Residents on vendor relations and conflicts of interest, including reference to this policy and other relevant SI and healthcare partner policies.
- c. The program director must communicate this policy to Residents during program orientation, and reinforce it through inclusion in program handbooks and other information sites for Resident reference.

**IMPLEMENTATION**

- 1. Residents or faculty can report any inappropriate contact or interaction with industry to the following without fear of retaliation.
  - a. Program Director or designee
  - b. Healthcare partner ethics and compliance office
  - c. SI Associate Dean/DIO or designee
- 2. Reports of violations of this policy will be investigated by the Associate Dean - GME/DIO or their designee and/or healthcare partner who may appoint an ad hoc committee to investigate the complaint on behalf of the GMEC. The investigation will result in a report with recommendations for corrective action should any infractions be discovered and validated.
- 3. Any violation of this policy can result in disciplinary actions up to and including dismissal.