GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Academic Year: July 2013 - June 2014
(Updated and Approved by GMEC January 22, 2013)

University of South Alabama Hospitals
University of South Alabama, College of Medicine
University of South Alabama
The administrative staff, teaching faculty, and medical staff of the University of South Alabama Hospitals and the University of South Alabama College of Medicine are committed to providing an organized educational program to resident physicians culminating in their ability to practice independently within the context of a health care delivery system. The GME programs will develop the resident’s skills, knowledge, and attitudes leading to proficiency in all areas of clinical competency, allowing the resident to assume personal responsibility for the care of individual patients. The essential learning activity for the resident will be interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient. As residents gain experience and demonstrate growth in their ability to care for patients, they will assume roles that permit them to exercise those skills with greater independence, allowing for graded and progressive responsibility and the ability to enter practice unsupervised and establish a foundation for continued professional growth.

Excellence in medical education and providing the necessary educational, financial, and human resources to support graduate medical education (GME) is demonstrated through the provision of leadership, an organizational structure and resources necessary for the Sponsoring Institution to achieve compliance with the ACGME Common, Specialty/subspecialty-specific Program and Institutional Requirements. University of South Alabama Hospitals is committed to providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents’ work environment, scholarly activity, and the general competencies can be met. The regular assessment of the quality of the educational programs, the performance of its residents, and the use of outcome assessment results for program improvement are essential components of the institution’s commitment to GME. Oversight of the education and well being of physicians in training at the University of South Alabama is vested in the Graduate Medical Education Committee, led by a Designated Institutional Official (DIO), which is charged with the following:

1. To ensure the DIO and program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities.

2. To establish sufficient salary support and resources allowing for effective administration of the GME office and all of its programs.

3. To create and maintain appropriate oversight of, and liaison with, program directors, and assurance that program directors establish and maintain proper oversight of, and liaison with, appropriate personnel of other institutions participating in the programs sponsored by the institutions.

4. To manage and implement procedures ensuring that the DIO, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by the program directors.

5. To regularly review all ACGME letters of notification and the monitoring of action plans for the correction of areas of non-compliance;

6. To present an annual report to the Organized Medical Staff(s) and the governing body(s) of the major participating institutions in which GME programs of USA Hospitals are conducted.

7. To regularly conduct internal reviews of all ACGME accredited residency and subspecialty programs to assess the performance of their residents, and the use of their outcome assessment results for program improvement as well as their compliance with the Common, Specialty, Subspecialty-specific, Program and Institutional Requirements of the relevant ACGME RRCs.

8. To assure that each residency program establishes and implements formal written criteria and processes for the selection,
evaluation, promotion, and dismissal of residents in compliance with both the Institutional and Program Requirements of the ACGME RRCs.

9. To assure an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes:
   a. provision of an organizational system for residents to communicate and exchange information on their working environment and their educational programs;
   b. process by which individual residents can address concerns in a confidential and protected manner;
   c. establishment and implementation of fair institutional policies and procedures for adjudication of resident complaints and grievances related to actions which could result in dismissal, non-renewal of a resident's contract, or could significantly threaten a resident's intended career development.

10. To ensure faculty and residents have ready access to adequate communication resources and technology support. Residents must be able to access specialty/subspecialty-specific and other appropriate reference material in print or electronic format, at all times. If in electronic format medical literature databases must have search capabilities.

11. To implement and maintain the collection of intra-institutional information and development of recommendations on the appropriate funding for resident positions, including benefits and support services.

12. To assure that the residents' curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice. The curriculum must also provide an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate resident participation in departmental scholarly activity, as set forth in the applicable Program Requirements.

13. To provide administrative support for GME programs and residents in the event of a disaster or interruption in patient care.

The College of Medicine and its teaching facilities are committed to assisting the Graduate Medical Education Committee in the implementation of these important charges which are crucial to the success of our GME programs.

John W. Smith  
Acting President, University of South Alabama

Samuel Strada, Ph.D.  
Dean, College of Medicine

Stanley K. Hammad  
Vice President for Health Systems at the University of South Alabama

Samuel A. McQuistan, M.D.  
Assistant Dean for Graduate Medical Education and Designated Institutional Official
I, the undersigned, acknowledge that the 2013-2014 Graduate Medical Education Policies and Procedures can be found on the GME webpage located at http://www.usahealthsystem.com/body.cfm?id=1700

I, the undersigned, further understand that I am required to read and become familiar with all the provisions for the policies as set forth in the 2013-2014 Graduate Medical Education Policies and Procedures, and my Program Director or Chairman will answer any questions concerning these policies.

I, the undersigned, acknowledge that I have received information on how to retrieve the most current and up-to-date Graduate Medical Education Policies and Procedures Manual information.

I, the undersigned further acknowledge that correspondence from the GME Office regarding any policy revisions or updates during the 2013-2014 academic year will be communicated via the official University e-mail system.

____________________________________
Printed Name

____________________________________
Signature                        Date

____________________________________
Department
TABLE OF CONTENTS

SECTION I: INTRODUCTION
A. Purpose of Graduate Medical Education 1
B. Sponsoring Institution 1
C. Compliance with ACGME Requirements, Policies and Procedures 1

SECTION II: INSTITUTIONAL RESPONSIBILITIES
A. Commitment to Graduate Medical Education 2
B. Administration of Graduate Medical Education 2
1. University of South Alabama College of Medicine 2
2. University of South Alabama Hospitals 3
3. Designated Institutional Official 3
4. Graduate Medical Education Office 4
5. Graduate Medical Education Committee Oversight and Monitoring (Non-Duty Hour) 4
C. Institutional Agreements and Participating Institutions 7
1. Responsibility 7
2. Sites (Major and Participating) 7
3. Master Affiliation Agreements 8
4. Program Letters of Agreement (PLA) 8
5. Non-Hospital Setting Agreements 9
6. Processing 9
7. Occupational Exposure 9
D. Extramural Rotations 9
E. Restrictive Covenants 9
F. Accreditation for Patient Care 9
G. Quality Assurance 10

SECTION III: INSTITUTIONAL RESPONSIBILITIES AND REQUIREMENTS FOR RESIDENCY TRAINING
A. Resident Eligibility 10
1. Medical Education 10
2. Entry of Foreign-Born Medical Graduates into the United States 10
3. Prerequisite Residency Training 11
4. Resident Transfer 11
a. Internal Transfer 11
b. External/Preliminary Transfer 12
5. Physical Exam 13
6. United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX) 13
7. Alabama Medical License 13
8. Alabama Controlled Substances (ACSC) Permit/DEA Number 13
B. Resident Selection 13
C. Resident Agreement of Appointment (Contract) 14
D. Conditions for Reappointment 15
SECTION IV: FINANCIAL SUPPORT AND BENEFITS .........................................................26
A. Allocated Residency Positions ......................................................................... 26
B. Salaries .................................................................................................................. 26
C. Fringe Benefits .................................................................................................... 27
   1. Health/Dental Insurance .................................................................................... 27
   2. Disability Insurance .......................................................................................... 27
   3. Life Insurance .................................................................................................. 27
D. Professional Liability Insurance ........................................................................ 27
E. Annual Leave ......................................................................................................... 27
   1. Vacation ............................................................................................................. 28
   2. Sick Leave ......................................................................................................... 28
   3. Family and Medical Leave ................................................................................ 28
   5. Maternity/Paternity Leave ............................................................................... 28
F. Effect of Leave of Absence on Completion of Residency ...................................... 28
G. Holidays ............................................................................................................... 29
H. Professional Meetings/Continuing Education ...................................................... 29

SECTION V: RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT ........29
A. Compliance with Institutional Policies and Procedures ....................................... 29
B. Orientation for New Residents ........................................................................... 29
C. Postgraduate Training Agreement of Appointment (Resident Contract) .......... 29
D. Leaving the Residency ......................................................................................... 29
E. Physical Examination .......................................................................................... 30
   1. Pre-employment Drug Screen ........................................................................ 30
   2. Immunizations .................................................................................................. 30
      a. Tuberculin Skin Test ..................................................................................... 30
      b. MMR ........................................................................................................... 30
      c. Tetanus Toxoid ......................................................................................... 30
      d. Hepatitis B ................................................................................................. 30
      e. Varicella .................................................................................................... 30
      f. Influenza ................................................................................................... 31
F. ACLS/ATLS/PALS/NALS Certification ................................................................. 31
G. Identification Badges .......................................................................................... 31
H. Professional Liability Insurance ........................................................................ 31
I. United States Medical Licensing Examinations (USMLE)/Comprehensive Osteopathic Medical Licensing Exam (COMLEX) ......................................................... 31
SECTION VI: RESIDENT EDUCATION AND WORK ENVIRONMENT

A. Confidential Reporting ................................................. 46
   1. Ombudsman ......................................................... 46
   2. Chief Resident Meeting ........................................... 46
   3. Anonymous Reporting ............................................. 47
   4. Housestaff Association ............................................ 47

B. Ancillary Support Services and Systems ................................ 47
   1. Patient Support Services ........................................... 47
   2. Laboratory/Pathology/Radiology Services .................... 47
   3. Medical Records .................................................... 47
   4. Transcription Service .............................................. 48
SECTION VIII: EDUCATIONAL PROGRAM

A. Curriculum Components

5. Food Services
   a. Hospital Cafeterias
   b. Meal Reimbursement (On-call)

6. Call Rooms

7. Security and Safety

8. Bookstore

9. Lounge/Break Rooms

10. Laundry

11. Mileage Reimbursement

12. Moving/Relocation Allowance

13. Medical Libraries
   a. UMC Health Information Resource Center
   b. Children’s & Women’s Library
   c. Charles M. Baugh Biomedical Library

14. Parking

15. Loan Deferments

16. Uniforms
   a. White Coats
   b. Scrubs

SECTION VII: RESIDENCY PROGRAM PERSONNEL AND FACULTY DEVELOPMENT

A. Program Director Selection, Qualifications, and Requirements
   1. Selection
   2. Qualifications
   3. Responsibility
      a. Quality Monitoring
      b. Faculty Evaluations
      c. Resident Evaluations
      d. Policies and Procedures
      e. Monitoring Patient Care
      f. Resident Activity at Participating Sites
      g. Administrative Duties
      h. Monitoring of Faculty Development

   4. Application Process for New Residency/Fellowship Program

   5. Scholarly Activity

B. Faculty

C. Other Program Personnel and Resources

D. Faculty Development Resources
   1. Alertness Management/Fatigue Mitigation
      a. LIFE Curriculum
      b. USA Consultation and Outreach
   2. USA Biomedical Library
   3. Educational Technologies and Services
   4. Evidence-Based Medicine in Primary Care and Internal Medicine
   5. MedEdPORTAL
   6. Faculty Vitae
   7. ACGME Topic Based Best Practices

SECTION VIII: EDUCATIONAL PROGRAM, ASSESSMENTS, AND RESOURCES

A. Curriculum Components
B. Assessment Methods ........................................................................................................ 58
C. GME Curriculum and Specialty Specific Resources ...................................................... 59
   1. ACGME Core Competencies ....................................................................................... 59
   2. Residents as Teachers ............................................................................................... 59
   3. Alertness Management/Fatigue Mitigation ............................................................... 59
   4. Physician Impairment and Substance Abuse ......................................................... 59
   5. USA Biomedical Library ......................................................................................... 59
D. Experimentation and Innovation ................................................................................... 60

SECTION IX: RESIDENT DUTY HOURS IN THE LEARNING & WORKING ENVIRONMENT...60
A. Professionalism, Personal Responsibility, and Patient Safety ...................................... 60
B. Transitions of Care ....................................................................................................... 61
C. Supervision of Residents ............................................................................................ 62
D. Alertness Management/Fatigue Mitigation .................................................................. 63
E. Duty Hours ................................................................................................................... 63
   1. Duty Hour Requirements .......................................................................................... 64
      a. Maximum Hours of Work per Week ..................................................................... 64
      b. Mandatory Time Free of Duty ........................................................................... 64
      c. Maximum Duty Period Length .......................................................................... 64
      d. Minimum Time Off between Scheduled Duty Periods ....................................... 65
      e. Maximum Frequency of In-House Night Float .................................................. 65
      f. Maximum In-House On-Call Frequency .............................................................. 65
      g. At-Home Call ...................................................................................................... 65
F. Oversight and Monitoring of Duty Hours .................................................................... 66
G. Requests for Approval of Duty Hours Exceptions ...................................................... 67
   1. Eligibility Criteria ...................................................................................................... 67
   2. Required Documentation ......................................................................................... 68
H. Moonlighting (Internal and External) ........................................................................ 68
I. Evaluation .................................................................................................................... 69
   1. Resident Evaluation ................................................................................................. 70
   2. Summative Evaluation ............................................................................................. 70
   3. Faculty Evaluation .................................................................................................. 70
   4. Program Evaluation and Improvement .................................................................. 70
   5. Hospital Medical Staff Review ............................................................................... 71

SECTION X: PHYSICIAN IMPAIRMENT AND COUNSELING SERVICES ....................71

SECTION XI: DISCIPLINARY ACTION AND GRIEVANCE PROCEDURES .............73
I. Program Level (Internal) Remediation ......................................................................... 74
II. Residency Program File Review ................................................................................ 74
III. Disciplinary Action .................................................................................................... 75
    A. Probation ................................................................................................................ 75
    B. Extension of Training ............................................................................................. 76
    C. Non-promotion to the next academic year ........................................................... 76
    D. Non-renewal of contract for the next academic year .......................................... 76
    E. Dismissal .................................................................................................................. 77
    F. Immediate Suspension from Clinical Responsibilities ........................................... 79
IV. Resident Grievance Procedure for Disciplinary Action

Form A: Remediation Plan Worksheet
GME Adverse Disciplinary Action (Form B)
Notification of Immediate Suspension from Clinical Responsibilities (Form C)

SECTION XII: SEXUAL HARASSMENT AND TITLE IX

SECTION XIII: VISITING RESIDENT ELECTIVE PROCEDURE

APPENDIX 1  DEA Number/Controlled Substance Certificate
APPENDIX 2  American Boards of Medical Specialties Resources
APPENDIX 3  Educational Resources for Critical Care Training Programs
SECTION I: INTRODUCTION

A. PURPOSE OF GRADUATE MEDICAL EDUCATION (GME)

The purpose of Graduate Medical Education (GME) is to provide an organized educational program for resident physicians that allows them the opportunity to develop the skills to practice independently within the context of a health care delivery system. The GME programs will develop the residents’ skills, knowledge, and attitudes leading to proficiency in all areas of clinical competency, allowing the resident to assume personal responsibility for the care of individual patients. The essential learning activity for the resident will be interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. Supervision in the setting of graduate medical education has the goal of assuring the provision of safe and effective care to the individual patient. As residents gain experience and demonstrate growth in their ability to care for patients, they will assume roles that permit them to exercise those skills with greater independence, allowing for graded and progressive responsibility and the ability to enter practice unsupervised and establish a foundation for continued professional growth.

B. SPONSORING INSTITUTION

Our graduate medical education programs (residency and subspecialty programs) operate under the authority and control of one sponsoring institution, the University of South Alabama Hospitals (USAH). USAH assumes ultimate responsibility for the GME programs as well as resident assignments at all participating sites and assists its GME programs by ensuring the program director has sufficient protected time and financial support for the educational and administrative responsibilities of the program.

C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES

The University of South Alabama Hospitals, as the sponsoring institution, must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and Specialty/ subspecialty-specific Program Requirements. The sponsoring institution's failure to comply substantially with the Institutional Requirements and maintain accreditation will jeopardize the accreditation of all of its sponsored ACGME-accredited programs.

The sponsoring institution and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees. Of particular note are those policies and procedures that govern "Administrative Withdrawal" of accreditation, an action that could result in the closure of a sponsoring institution's ACGME-program(s) and cannot be appealed. Program Directors, teaching faculty, and administrative staff should review the ACGME Policies and Procedures located on the ACGME website at www.acgme.org.

The ACGME Institutional Requirements and Common Program Requirements are also located on the ACGME website. All program directors, teaching faculty, and administrative staff of ACGME-accredited programs should read and become familiar with these requirements. Specialty-specific Program Requirements and the requirements for certification by the various specialty boards are available on the ACGME’s website at www.acgme.org.
SECTION II: INSTITUTIONAL RESPONSIBILITIES

A. COMMITMENT TO GRADUATE MEDICAL EDUCATION (GME)

The administrative staff, teaching faculty, and medical staff of the University of South Alabama Hospitals and the University of South Alabama College of Medicine are committed to providing an organized educational program to resident physicians equipping them with the ability to practice independently within the context of a health care delivery system. The GME programs will develop the residents’ skills, knowledge, and attitudes leading to proficiency in all areas of clinical competency, allowing each resident to assume personal responsibility for the care of individual patients. The essential learning activity for the resident will be interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. Supervision in the setting of graduate medical education has the goal of assuring the provision of safe and effective care to the individual patient. As residents gain experience and demonstrate growth in their ability to care for patients, they will assume roles that permit them to exercise those skills with greater independence, allowing for graded and progressive responsibility and the ability to enter practice unsupervised and establish a foundation for continued professional growth.

Excellence in medical education and providing the necessary educational, financial, and human resources to support graduate medical education (GME) are demonstrated through the provision of leadership, an organizational structure and resources necessary for the Sponsoring Institution to achieve compliance with the ACGME Common, Specialty/subspecialty-specific Program and Institutional Requirements. University of South Alabama Hospitals is committed to providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents' work environment, scholarly activity, and the general competencies can be met. The regular assessment of the quality of the educational programs, the performance of its residents, and the use of outcome assessment results for program improvement are essential components of the institution's commitment to GME. Oversight of the education and well-being of physicians in training at the University of South Alabama is vested in the Graduate Medical Education Committee, led by a Designated Institutional Official (D1O).

B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

The institution’s system for administration of GME provides the necessary resources to allow for effective oversight of all ACGME programs. The primary institutional components of this administrative structure are the University of South Alabama College of Medicine and the University of South Alabama Hospitals, and include a Designated Institutional Official, Graduate Medical Education Office and Graduate Medical Education Committee. This administrative system ensures institutional officials, administrators, program directors, faculty and residents are provided with the necessary institutional support, ancillary services, and access to adequate communication technologies and technological support. Residents are provided with administrative support and a mechanism for having a voice in affairs affecting the residents and graduate medical education programs.

1. University of South Alabama College of Medicine (USACOM): The Dean, USACOM, has responsibility for the College of Medicine’s affairs and activities related to undergraduate, graduate, and continuing medical education, including the appointment of teaching faculty, in the various disciplines of medicine. All members of the medical staff of the Hospital hold faculty appointments at the USACOM. An Assistant Dean is appointed by the Dean to oversee all
aspects of the USA COM’s affairs related to graduate medical education at the University of South Alabama. The Assistant Dean serves as Chair of the Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO).

2. **University of South Alabama Hospitals (USAH):** USAH is the sponsoring institution for all ACGME programs. The University of South Alabama Medical Center and the University of South Alabama Children’s and Women’s Hospital are participating hospitals under the governance of the sponsoring institution. The USAH must comply with the ACGME Institutional Requirements and ensure that all ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and Specialty/subspecialty specific Program Requirements established by the ACGME and its Residency Review Committees. All ACGME-accredited programs operate under the authority and control of one sponsoring institution.

3. **Designated Institutional Official (DIO):** The Vice-President for Health Systems at USA appoints the Designated Institutional Official, who has the authority and responsibility for the oversight and administration of the Sponsoring Institution’s programs. The responsibilities of the DIO include, but are not limited to:

   a) Assuring compliance with ACGME Common, Specialty/subspecialty-specific Program and Institutional Requirements

   b) Oversight of the Graduate Medical Education Office

   c) Serves as Chair of the Graduate Medical Education Committee, as well as the liaison for the hospital with program directors, residents, medical staff/teaching faculty, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME programs. The DIO also participates in meetings, activities, and internal reviews.

   d) The DIO has established and implemented procedures to ensure that s/he, or a designee in his/her absence, reviews and cosigns all program information forms and any documents or correspondence prior to submission for ACGME approval by program directors. Other responsibilities include, but are not limited to the following:

   i. All applications for ACGME accreditation of new programs;
   ii. Changes in resident complement;
   iii. Major changes in program structure or length of training;
   iv. Additions and deletions of participating institutions;
   v. Appointments of new program directors;
   vi. Progress reports requested by any Review Committee;
   vii. Responses to all proposed adverse actions;
   viii. Requests for exceptions of resident duty hours;
   ix. Voluntary withdrawals of program accreditation;
   x. Requests for an appeal of an adverse action;
   xi. Appeal presentations to a Board of Appeal or the ACGME

   e) Presents an annual report to the medical staff and governing bodies of the major participating institutions in which GME programs of the Sponsoring Institution participate on issues related to GME during the past year including, but not limited to:
i. The impact of GME on patient safety and quality of care;
ii. Resident supervision, responsibilities, and evaluation;
iii. The Sponsoring Institution’s participating hospitals’ and programs’ compliance with duty hour standards;

f) Facilitates communication between residents in all accredited programs and the administration and Graduate Medical Education Committee on concerns voiced by the residents or medical staff of the Hospitals or affiliated institutions; and

g) Ensures the medical staff and Graduate Medical Education Committee communicate about the safety and quality of patient care provided by residents.

4. Graduate Medical Education (GME) Office: The GME Office provides administrative support for the Sponsoring Institution, USACOM, GMEC, residency programs, and participating institutions in the administration and oversight of all activities related to graduate medical education. The GME Office is under the direction of the Assistant Dean for Graduate Medical Education, who reports directly to the Dean, College of Medicine and Vice-President of USA Hospitals. The GME Office serves as a liaison with residency programs, residents, and affiliated institutions. Responsibilities of the GME Office include, but are not limited to:

a) Communication of GME policies, procedures and requirements to program directors, residents and appropriate administrative and support staff;

b) Providing counsel and monitoring of compliance with GME policies and procedures by programs and residents and reporting on same to the institution and GMEC;

c) Maintaining appropriate institutional files on all residents currently in training and those who have completed training in sponsored programs;

d) Maintaining appropriate institutional records and statistics for each sponsored program;

e) Ensuring facilities and support services are provided for residents;

f) Providing administrative support to the GMEC, maintaining the minutes of the GMEC, and ensuring internal reviews are scheduled and conducted in accordance with policy;

g) Coordination and oversight of participation in the National Resident Matching Program by the Hospital and residency programs;

h) Assisting the House Staff Office in supporting new resident orientation to the Hospital and the Institution’s policies governing graduate medical education; and

i) Preparation and monitoring of master affiliation agreements and program letters of agreement with affiliated locations participating in the education of residents and maintaining the institutional records on same.

5. Graduate Medical Education Committee (GMEC) Oversight, Membership, and Monitoring (Non-Duty Hour):

a. Oversight - A major directive of the ACGME includes “An organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical
Education Committee (GMEC), must oversee all ACGME-accredited programs of the Sponsoring Institution.” The activities of the GMEC are reported to the Dean, College of Medicine and Vice-President for Health Systems at USA. The DIO and Graduate Medical Education Committee (GMEC) must have authority and responsibility for the oversight and administration of the Sponsoring Institution’s programs and responsibility for assuring compliance with ACGME common, Specialty/subspecialty specific Program and Institutional Requirements. The Graduate Medical Education Committee (GMEC) exists to oversee all aspects of residency education, and is responsible for establishing and implementing policies and procedures that support the quality of education and the work environment for the residents in all programs. The policies and procedures must include the following:

i. Make annual recommendations to the Vice-President for Health Systems at USA on resident stipends, benefits and funding for resident positions.

ii. Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common and Specialty/subspecialty-specific Program Requirements.

iii. Ensure communication mechanisms exist between the GMEC and all program directors, and ensure program directors maintain effective communication with site directors.

iv. Maintain oversight of activities occurring in participating hospitals and other training sites.

v. Conduct Internal Reviews of programs and monitor progress by programs in addressing concerns.

vi. Monitor and assure adequate and timely supervision of residents.

vii. Assure that all programs provide a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies.

viii. Establish policies for resident eligibility, selection, promotion, evaluation, discipline and/or dismissal.

ix. Review program accreditation letters and monitor action plans for correction of citations and areas of noncompliance.

x. Review and provide oversight for all program changes prior to submission to the ACGME by program directors, as indicated in the ACGME’s Institutional Requirements.

b. **Membership** - The Assistant Dean for GME shall serve as Chair of the GMEC. GMEC membership shall include program directors, peer-selected residents and hospital administration representatives, as well as additional individuals at the discretion of the Assistant Dean of Graduate Medical Education and the Dean, College of Medicine. Official appointments are made by the Dean, College of Medicine with oversight by the Chair of the GMEC and are reviewed annually. Voting membership on the committee includes:

5
i. Designated Institutional Official

ii. Program Director or representative from each of the ACGME Accredited Residency and Fellowship programs.

iii. Peer Selected Resident Representatives from the following: 2 from the primary care specialties (Internal Medicine, Family Medicine, Pediatrics, Med/Peds); 1 from the surgery specialties (General Surgery, Orthopaedic Surgery, Ob/Gyn) and one from the remaining fields (Neurology, Pathology, Psychiatry, Radiology).

Resident representatives are selected by the USA Housestaff using the following steps:

- Chief residents are contacted and requested to submit a nominee to the GME Office. Selection is based on a vacated position from the GMEC.

- Nominees are placed on a ballot and distributed via email to all USA Housestaff from the GME Specialist.

- Ballots are compiled, and peer selected residents and their programs are notified of appointment to the GMEC.

iv. Hospital Liaisons:

- University of South Alabama Medical Center
- University of South Alabama Children’s and Women’s Hospital
- Infirmary Health Systems, Inc.
- VA Medical Center in Biloxi, MS.

The complement of voting members present at a meeting of the GMEC shall constitute a quorum.

Non-voting Members:

- Biomedical Library Representative
- GME Instructional Design Specialist
- Emergency Medicine Designated Faculty
- Internal Medicine Designated Faculty
- General Surgery Designated Faculty
- Housestaff Association Member

c. Monitoring Process - ACGME RC Letters of Notification, Internal Review findings, and feedback from the annual ACGME Resident Surveys for the various programs will be monitored as oversight. Should a citation or area of non-compliance/concern be identified, the monitoring cycle outlined below will be implemented:

Month 1: Any deficiencies identified through monitoring the above processes are presented by the program director to the GMEC in order to solicit suggestions and feedback from the
committee. Based on this feedback, the program director devises a written plan of action and monitoring plan for presentation at the following month’s GMEC meeting.

Month 2: The GMEC reviews, modifies as necessary and approves the program’s action plan by majority vote.

Months 3 - 5: Outcome data based on the implemented plan are collected during the course of the next three months.

Month 6: The program director provides a written follow-up report to the GMEC summarizing the results of monitoring and indicating whether the plan of action corrected the deficiencies.

If the action plan was unsuccessful, an Ad Hoc committee comprised of the Program Director of the program involved, the Program Coordinator of the program involved, the DIO, a member of the GME Office, and an additional member of the GMEC will perform a focused review of the program relative to the issue resulting in non-compliance. Their written recommendations will be submitted to the GMEC for approval and then instituted in the program involved. Monthly follow-up monitoring reports will be presented by the DIO as chair of the Ad Hoc committee until the issue is resolved.

If, for any reason, this does not permanently correct the problem, the issue involved, along with documentation of all prior actions taken, will be directed to the offices of the Dean, College of Medicine and the Vice-President of the Health Systems for definitive resolution.

NOTE: Separate Oversight and Monitoring of Resident Duty Hours can be found in Section IV of this manual.

C. INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS

1. Responsibility – USA Hospitals retains responsibility for the quality of graduate medical education, including resident education that occurs at other sites. Assignments to participating institutions (major or participating) should:

   a. Be based on a clear educational rationale.
   b. Have clearly stated learning goals and objectives, or should note where these can be found i.e., resident manual, attachment, etc.
   c. Provide resources not otherwise available to the program.
   d. Be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care.
   e. Demonstrate the ability to promote the program’s goals and objectives and peer activities.

2. Sites: As defined by the ACGME, a participating site is an organization providing educational experiences or educational assignments/rotations for residents/fellows as follows:

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

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

3. Master Affiliation Agreements (originate at the institutional level): Master affiliation agreements (or Institutional Agreements) are written agreements that address GME responsibilities between the sponsoring institution and major participating site. Master affiliation agreements must be reviewed and renewed every five years, and must exist between the Sponsoring Institution and all of its major participating sites. USA Hospitals utilizes a standardized Master Affiliation Agreement that is available by contacting the GME Office.

a. All assignments for resident education at sites other than USA Hospitals must be reviewed and approved by the DIO and GMEC prior to initiation of the rotation. It is the responsibility of the program director to notify the Hospital, through the DIO and/or GMEC, and the appropriate ACGME Residency Review Committee of the addition or deletion of institutions utilized by the program for resident education.

4. Program Letters of Agreement (PLA) (originate at the program level): It is the responsibility of the Sponsoring Institution to assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements.

a. Programs must submit a PLA for all participating sites providing an educational experience or educational assignment/rotation for residents and fellows. USA Hospitals utilizes a standardized PLA that is available in the GME Office or on New Innovations. The programs are required to review their specialty specific program requirements for additional information. The PLA must include, at a minimum, the following information as outlined in the ACGME Common Program Requirements (CPR):

i. identify the faculty who will assume both educational and supervisory responsibilities for residents;

ii. specify faculty responsibilities for teaching, supervision, and formal evaluation of residents, as specified in the CPR;

iii. specify the duration and content of the educational experience; and,

iv. state the policies and procedures that will govern resident education during the assignment.

b. Program Letters of Agreement may be used for elective rotations, however they are not required. PLAs must be signed by the program director, local site director at the participating site, the Hospital Contract Officer, and the DIO.

c. Program Letters of Agreement must be renewed every 5 years. They must also be renewed if there is a change in program director, site director or goals and objectives for the rotation.
5. **Non-Hospital Setting Agreements** – Non-Hospital Setting Agreements must be completed for all non-hospital assignments the resident rotates to, regardless of the location (i.e., USA Clinics, private physician, etc.). These are required by the hospital and all questions should be directed to the Reimbursement Manager at 251-405-5369. Non-hospital agreements must be renewed annually initiated by the programs as outlined below under “item 6. “Processing”.

**NOTE:** Agreements prepared by other entities that are not in the required format and do not contain the required elements are invalid for purposes of resident education and will be returned to the program for resubmission. Templates of the most current agreements are available on New Innovations.

6. **Processing** - All agreements (Master Affiliation, PLA and Non-Hospital) must be first submitted to the Reimbursement Office. Agreements are then forwarded to the GME Office for review and submitted for required signatures. It is the responsibility of the program to monitor and follow-up on all program agreements once the GME Office has sent them to the participants for signature. Programs can find the most recent information regarding processing in New Innovations.

7. **Occupational Exposure** - Should a resident sustain an occupational exposure to communicable disease/occupational injury while at the participating site, the policies and procedures for evaluating occupational exposures and injuries at that site should be initiated by the local site director on behalf of the resident.

**D. EXTRAMURAL ROTATIONS**

Program Directors must receive prior approval from the Vice President for Health Systems at USA, before submitting the required Hospital and Program Letter of Agreement to the Graduate Medical Education Office. Any extramural training rotations outside the institution are considered part of the regular residency program, and are not charged as leave.

**E. RESTRICTIVE COVENANTS**

In accordance with ACGME requirements, neither the Sponsoring Institution nor its programs may require residents to sign a non-competition guarantee.

**F. ACCREDITATION FOR PATIENT CARE**

All hospitals sponsoring or participating in residency training programs should be: a) accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), b) accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC); or c) recognized by another entity with reasonably equivalent standards as determined by the IRC.

When a sponsoring or participating institution is not accredited by the JCAHO, the Sponsoring Institution will provide an explanation satisfactory to the IRC of why accreditation has not been granted or sought. When a Sponsoring or participating institution loses its JCAHO accreditation or recognition by another appropriate body, the Sponsoring Institution will provide a written explanation, including a plan of response, to the IRC within thirty days.
G. QUALITY ASSURANCE (QA)

The Hospital conducts extensive quality assurance, process improvement and clinical effectiveness programs. Residents receive an overview of the QA/improvement programs during new resident orientation. Responsibility for the education and inclusion of residents in the QA and QI activities specific to the department and/or clinical service is delegated to the program director.

SECTION III: INSTITUTIONAL REQUIREMENTS FOR RESIDENCY TRAINING

A. RESIDENT ELIGIBILITY

Each program will be required to have a policy in place for resident eligibility. This policy must ensure all applicants under consideration for residency training in the program meet the eligibility requirements of the Sponsoring Institution and the Accreditation Council for Graduate Medical Education (ACGME). Only applicants who meet the following qualifications are eligible for appointment to accredited programs sponsored by USA Hospitals.

1. Medical Education: Only applicants who meet one of the following criteria may be accepted for residency training in programs sponsored by the Hospital:

   a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

   b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).

   c) Graduates of Medical Schools outside the United States and Canada who meet one of the following qualifications:

      i. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,

      ii. Have a full and unrestricted license to practice medicine in the USA licensing jurisdiction in which they are training.

   d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

2. Entry of Foreign Born Medical Graduates to the United States: The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Immigration and Nationality Act, as amended, which is administered by the U.S. Department of Homeland Security Customs and Immigration Service (USCIS) and US Department of Labor regulations. All offers of employment must be contingent on the foreign national being able to secure the appropriate permissions to work in the US which then shall be provided to the employer as part of the I-9 process before or on the first day of employment. Failure to complete the I-9 process before or on the first day of employment is a violation of US employment regulations and will result in termination of the offer of employment.
a) Residency program directors considering foreign-born applicants should carefully review with the Office of International Education the applicant’s US immigration status to ensure the applicant holds or is eligible to apply for a US immigration status valid for graduate medical education [ex: Legal Permanent Resident of the US, ECFMG exchange visitor (J-1), or other appropriate immigrant visa]. International medical graduates must hold a currently valid Standard Certificate of the Educational Commission for Foreign Medical Graduates (ECFMG).

b) When reviewing such immigration status validity in advance of acceptance to the program, residency program directors or their representatives should contact the USA Office of International Education Immigration Coordinator at visa@usouthal.edu or 251-460-7053. Information they will need from the program about the prospective resident/fellow includes: name, country of citizenship, current US immigration status and whether or not the individual is physically present in the United States.

c) Following acceptance, the University of South Alabama Office of International Education Immigration Compliance Coordinator (460-7053) must be notified of all non-US citizens accepted for residency training. International Visas will ensure the resident holds an appropriate visa and assist in processing the paperwork required for visas for residency training at the University of South Alabama.

d) Notes: The most appropriate immigration status for medical residents is as follows:

i. United States citizenship
ii. Legal Permanent Resident of the United States
iii. ECFMG J-1 visa/status (note this is NOT a University of South Alabama issued document).
iv. Other immigration status/visa types may apply; however, specific conditions and approval review is required for such. Specifically, use of H-1b or other status other than legal permanent resident or ECFMG J-1 must be approved by the Dean, College of Medicine, in writing and in advance of any acceptance into the program.

3. Prerequisite Residency Training: All applicants must satisfy any requirements for prerequisite residency training as established by the relevant Review Committee and/or certifying board for the specialty.

a. If a program director wishes to recruit an applicant who does not meet the criteria established for prerequisite training, written approval to appoint the applicant as a resident must be obtained from the Review Committee (RC) and/or certifying board with prior approval by the DIO/GMEC.

4. Resident Transfers:

a. Internal Resident Transfer - Any resident who requests to transfer to the residency program of another clinical department within the University of South Alabama must notify the Institutional Ombudsman, as soon as possible. This will allow the request to remain confidential. The Ombudsman will then contact the DIO and/or GME Office of the request, who will then discuss the matter with the director of the program the resident has requested to transfer to. If a position is available, the resident’s current program director will be notified of the request allowing time to make adjustments to the program’s resident complement, i.e., such as offering an additional slot in the Match.
Provided the transfer is mutually agreeable to all parties, the following information must be provided by the resident’s current program director before final approval can be obtained by the Dean, College of Medicine:

i) A letter to the Program Director who will be accepting the resident in transfer, indicating the resident’s current standing in their program and when the final summative competency-based performance evaluation will be available, either in written or electronic form. A sample copy of this letter can be obtained by contacting the GME Office.

ii) Present the proposed transfer and a copy of the letter regarding the resident’s current standing in the program to the GMEC for review and approval.

Upon approval by the GMEC, a letter will be submitted to the Dean, College of Medicine requesting final approval.

b. External (Outside) Transfer Policy:

Prior to accepting a resident in transfer from outside the University of South Alabama, the program director must clear the resident for employment by contacting the University of South Alabama Housestaff Office and providing the resident’s name and contact information. The transferring resident will then be required to complete an application for employment and a background release. The applicant will also be required to complete pre-employment health work including a urine drug screen. An offer of employment contingent upon satisfactory outcome of these measures may be extended by the program director. Upon acceptance into the program, the program director will be required to have the resident’s current program provide the following information, in either written or electronic format:

i. Letter regarding the resident’s current standing within 1-2 months prior to the anticipated transfer along with a statement indicating when the final summative competency-based performance evaluation will be submitted to the “receiving” program. A sample copy of this letter can be obtained by contacting the GME Office. In addition, before accepting a resident who is transferring from another institution, the program director written or electronic verification of previous educational experiences in the form of rotations completed to date, rotation evaluations completed to date and a procedure log.

ii. Once received, a copy of both the current standing letter and the summative competency-based evaluation form must be provided to the GME Office by the “receiving” program.

c. Preliminary Year Transfer (Simultaneously accepted into a preliminary PGY 1 program and categorical PGY 2 program as part of the NRMP)

The categorical program’s program director must obtain the following information from the preliminary program’s program director, in either written or electronic format:

i. Letter regarding the resident’s current standing within 1-2 months prior to the anticipated transfer along with a statement indicating when the final summative competency-based performance evaluation will be submitted to the “receiving” program. A sample copy of this letter can be obtained by contacting the GME Office. In addition, written or electronic verification of previous educational experiences in the form of rotations completed to date, rotation evaluations completed to date and a procedure log must also be obtained.
ii. Once completed, a copy of both the current standing letter and the summative evaluation form must be provided to the GME office by the “receiving” program.

d. **Required Documentation**

The program directors are responsible for obtaining the following verification documentation, either in written or electronic form, which must be provided for all resident transfer circumstances described above:

i. Evaluations

ii. Rotations completed

iii. Procedural/operative experience


5. **Physical Exam**: All newly-appointed residents must complete and pass an employment physical examination within 30 days of the date of employment.

6. **USMLE/COMLEX Examination**: All residents must comply with the requirements for passing USMLE Steps 2 and 3 or COMLEX Levels 2 and 3 as outlined in the University of South Alabama Graduate Medical Education Policies and Procedures Manual.

7. **Alabama Medical License**: All residents must comply with the requirements for obtaining a restricted (limited) or unrestricted Alabama License to practice Medicine as outlined in the University of South Alabama Graduate Medical Education Policies and Procedures Manual.

8. **Alabama Controlled Substance Certificate/DEA Number**: All residents must comply with the requirements for obtaining an Alabama Controlled Substance Certificate/DEA Number as outlined in the University of South Alabama Policies and Procedures Manual.

**B. RESIDENT SELECTION**

Programs must have a policy in place to ensure that the following requirements of the Sponsoring Institution and the Accreditation Council for Graduate Medical Education (ACGME) for all applicants selected for an interview are met:

1. Program applicants must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the resident and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.

2. Programs should select from among eligible applicants on the basis of criteria such as educational preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
3. The program director, in conjunction with the program’s Education Committee and/or teaching faculty reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.

4. In selecting from among qualified applicants, it is strongly suggested that programs participate in an organized matching program when such is available for the specialty.
   a. Programs who recruit U.S. medical school seniors must participate in the National Resident Matching Program (NRMP).
   b. The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position.

5. When a foreign national resident is being considered for an interview, and the program director is unsure about the resident’s visa status, he/she should contact the University of South Alabama Office of International Education to ensure that the immigration status/visa is acceptable.

6. An offer for residency training is extended directly to the applicant by the program director or his/her designee, through a letter of offer. The letter of offer should include the requirement that all offers are contingent on the resident completing the Form I-9 Employment Eligibility process on or before the first day of work with failure to do so resulting in revocation of the offer.

7. Immediately following receipt of the results of the Match or the acceptance of an offer for residency training, the program director is responsible for notifying the Graduate Medical Education Office of all candidates accepted and providing a copy of the following:
   a. Copy of medical school diploma
   b. Documentation of any previous residency training
   c. Copy of Alabama medical license (when available)
   d. Copy of ECFMG certificate
   e. Notification to the University of South Alabama Office of International Education Immigration Coordinator of matched international graduates.

C. RESIDENT AGREEMENT OF APPOINTMENT (CONTRACT)

1. The Sponsoring Institution and program directors must ensure that residents are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment upon entry into the program.

2. The Sponsoring Institution will monitor the implementation of terms and conditions of appointment by program directors and assure that these conditions of appointment are responsive to the health and well-being of residents.

3. The Sponsoring Institution will ensure that program directors inform their residents of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.
4. A resident’s appointment may be terminated on the recommendation of the Program Director, the Chair of the Department or appropriate Hospital Administrator. In such an event, the resident must be given at least thirty (30) days written notice or thirty (30) days pay.

5. The “Postgraduate Training Agreement of Appointment” must be signed by the resident and program director and forwarded to the Housestaff Office.

D. CONDITIONS FOR REAPPOINTMENT

1. **Non-renewal of Appointment:** In the event a resident’s postgraduate training agreement of appointment will not be renewed, a written notice of intent must be provided no later than four months prior to the end of the resident’s current agreement. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

2. **Non-promotion:** In the event a resident will not be promoted to the next level of training, a written notice of intent must be provided no later than four months prior to the end of the resident’s current agreement. However, if the primary reason for the non-promotion occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of the intent not to promote as the circumstances will reasonably allow, prior to the end of the agreement.

3. **Extension of training:** In the event a resident’s training will be extended into the next academic year, a written notice of intent must be provided no later than four months prior to the end of the resident’s current agreement. However, if the primary reason for the non-promotion occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of the intent not to promote as the circumstances will reasonably allow, prior to the end of the agreement. The resident will remain at his/her current stipend level until the promotion is granted. If a resident fails to make satisfactory progress in performance: 1) the resident may be dismissed from the program; or 2) the resident’s contract may not be renewed.

A copy of the program director’s written notice for non-renewal of appointment, the intent not to promote or the intent to extend training must be provided to the GME Office.

4. **Grievance Procedure:** Residents are allowed to initiate the institution’s grievance procedure if they have received a written notice of intent not to renew their agreement of appointment, non-promotion or extension of training as outlined in the Grievance Procedures, Section XI.B.2 of this manual.

E. PROMOTION/ADVANCEMENT OF RESIDENTS

1. The promotion/advancement of a resident from one postgraduate level to another in a graduate medical education program occurs following the satisfactory completion of each 12-month period of graduate medical education.
2. Residents are promoted on the basis of acceptable periodic clinical evaluations which may be augmented by other evaluation methods, upon recommendation by their department’s Promotion Committee, the Program Director, and by final approval of the GMEC.

3. Upon approval by the GMEC, a final promotion list is generated, and a report is given annually to the Organized Medical Staff.

F. COMPLETION OF RESIDENCY TRAINING

1. The program director shall complete and submit to the Graduate Medical Education Department a final, written summative competency-based evaluation for each resident completing the program (GME Final Verification of Training form), which will be maintained in the institution’s permanent records. This evaluation must a) document the resident’s performance during the final period of education, and b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

2. The Hospital shall issue a certificate of training to each resident completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program director to certify a resident as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.

3. The Hospital shall issue a certificate of training to each resident serving as chief resident during their final year of residency.

G. ADDRESSING RESIDENCY ALTERING DISASTERS:

The University of South Alabama is committed to assisting in reconstituting and restructuring residents’ educational experiences as quickly as possible after a disaster. A disaster is defined by the ACGME as an event or set of events causing significant alteration to the residency experience of one or more residency programs. Hurricane Katrina is an example of a disaster.

The institutional disaster plan may also be implemented in the setting of a "local extreme emergent situation" which is defined by the ACGME as a local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster.

The ultimate goal of disaster planning efforts is to provide safe patient care and to support the well-being of residents, faculty, program and institutional leadership, and their families.

Preparation

Residents are referred to disaster preparedness resources, specifically hurricane preparedness resources at the time of orientation, and are instructed to plan for their immediate family at that time, before a disaster occurs. Plans for families should cover a minimum of four days and should include water, food, medications, cash, important papers, child care, known shelters and destination sites, and emergency contact numbers to include a third party contact known to both the resident and their family. Residents are instructed to familiarize themselves with the USAMC and USACW Emergency Operation Plans located on the USA Hospitals website.
Due to limited resources, the hospital will be unable to accommodate family members (or pets) of residents. Shelters are available for family members of residents at the Spring Hill Avenue Campus; however, pets cannot be accommodated at this site.

The GME Department staff and DIO will maintain contact information for Program Directors and Coordinators, Hospital Administration and College of Medicine Leadership off site as back-up for access during and following an emergency.

**Policy and Procedure**

Department Chairs and the DIO are updated by hospital administration throughout all phases of a disaster event, and provide instructions to their individual departments. Residents are to follow departmental instructions/departmental disaster policies and procedures, and maintain communication with their supervisors as directed. Residents must be available to return to work after a disaster on the USA Hospitals designated "return to work date", unless there are mitigating circumstances approved by the program. Should a resident refuse to return to work when instructed, he/she will be subject to disciplinary action as outlined in the USA GME Policies and Procedures Manual.

Supervision policies must be followed by the departments in assigning tasks to residents during times of disaster. A resident with a full unrestricted license to practice medicine in the state of Alabama who has been deemed capable of functioning independently by his/her physician supervisor during a disaster for a specified task may proceed under that directive. Otherwise, residents must perform under supervision. Residents must not be expected to perform in any situations outside of the scope of their individual license. Supervising physicians should also monitor the residents for signs of sleep deprivation and fatigue and adjust schedules accordingly in order to mitigate these circumstances should they arise, in an effort to ensure patient safety. Programs must operate within the guidelines set forth in the ACGME Institutional, Common and specialty/subspecialty specific program requirements during a disaster or local extreme emergent situation.

Should a disaster affect the institution by causing significant alterations in the residency training experience of one or more programs, the DIO and/or GMEC will enact the following plan as soon as is feasible:

1. The DIO, back-up DIO, GME Department representative or other designated individual will make an initial damage assessment based on feedback from the program directors in order to determine the immediate impact on each program and any affected participating sites and the time frame in which the programs anticipate initial progress toward recovery.

2. The DIO or designee will work with the programs and hospital administration in an effort to assess the impact of the disaster on clinical and hospital operations.

3. The DIO or designee will facilitate an initial post-disaster meeting with available members of the GMEC in order to formulate short-term and long-term plans for moving forward to ensure the integrity of the residents’ educational experience.

Specific subjects to be addressed will include safety issues for patients, residents, and program faculty and staff; adequacy of faculty for resident supervision and patient safety; adequacy of program resources and the physical plant including the electronic medical record, availability
of patient testing and treatment services, effectiveness of communication systems, affect on patient volume along with any other issues raised by the GMEC members.

4. The DIO or designee will contact the ACGME to provide an initial status report in follow-up to the GMEC meeting, and will maintain regular contact with the GMEC and ACGME for planning purposes should the need to restructure any of the programs as a result of the disaster become evident.

NOTE: The preceding steps will also be followed in the event of a local extreme emergent situation. However, directives for contacting the ACGME in the instance of a disaster vs. a local extreme emergent situation differ. These steps are outlined later in this policy, and will be followed accordingly.

Should the GMEC determine that the institution or individual program(s) will not be able to rebound from the disaster in an acceptable time frame in order to ensure a satisfactory working and learning environment for the residents, and depending on the time frame anticipated for recovery, the institution and program(s) will:

a. Attempt to temporarily relocate residents to already established participating sites within the local area.

b. Temporarily transfer residents to another ACGME accredited program.

c. Assist residents in managing permanent transfers should that become necessary.

d. Should residents be temporarily transferred to an already established participating site, USAH will continue to pay resident salary and benefits as long as funds remain available.

e. Should residents be temporarily transferred to an accredited program at another institution, USAH will continue to pay resident salary and benefits at the USA stipend level as long as funds are available, although an effort to negotiate financial support from the institution to which the residents have temporarily transferred will be pursued.

f. Should residents permanently transfer to an accredited program at another institution

   USAH will no longer pay their salary and benefits.

NOTE: These salary and benefit guidelines would also apply should USA be the recipient of residents transferring from another institution affected by a disaster. Under such circumstances, that institution would be expected to pay any transferring residents’ salaries and benefits until which time the residents were permanently transferred to a USA program.

At all times, the residents will be kept as up-to-date as possible with regard to the anticipated time frame for initial and long term recovery of the institution/programs and
the date anticipated for resuming support of residency training programs. As much notice as possible will be provided should a program(s) or the institution determine they can no longer support graduate medical education.

ACGME Policies and Procedures to be followed during an ACGME declared disaster:

1. **ACGME Declaration of a Disaster** - When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

2. **Resident Transfers and Program Reconfiguration** - Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, it must:

   a. arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or

   b. assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion.

Within 10 days after the declaration of a disaster (see above), the designated institutional official of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person if the institution determines that the designated institutional official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs:

   i. to submit program reconfigurations to the ACGME, and

   ii. to inform each program’s residents of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

If within the 10 days, the ACGME has not received communication from the designated institutional official(s), ACGME will attempt to establish contact with the designated institutional official(s) to determine the severity of the disaster, its impact on residency training, and next steps.

3. **ACGME Website** - The ACGME will provide, and periodically update, information relating to the disaster on its web site (www.acgme.org).
4. Communication with ACGME from Disaster Affected Institutions/Programs

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. In general,

*Designated Institutional Officials* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.

*Program Directors* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

*Residents* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

5. Institutions Offering to Accept Transfers

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

6. Changes in Participating Sites and Resident Complement

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

a. the addition or deletion of a participating site;

b. change in the format of the educational program; and,

c. change in the approved resident complement.

7. Temporary Resident Transfer

At the outset of a temporary resident/fellow transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must so inform each such transferred resident/fellow.
8. Site Visits - Once information concerning a disaster-affected program's condition is received, ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

ACGME Policies and Procedures to be followed during a Local Extreme Emergent Situation:

1. Program directors first point of contact for answers to questions regarding a local extreme emergent situation is the GME Office/DIO.

2. The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements. On behalf of the Sponsoring Institution, the DIO will provide information to the ED-IRC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.

3. Given the complexity of some events, the Executive Director of the Institutional Review Committee (ED-IRC) may request that the DIO submit a written description of the disruptions at the Institution and details regarding activities The Institution has undertaken in response. Additional updates to this information may be requested based on the duration of the event.

4. The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all Executive Directors of Review Committees (EDs-RCs).

5. Upon receipt of this confirmation by the DIO, Program Directors may contact their respective EDs of their RCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or affect on educational environment.

6. PDs are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RCs regarding any specialty specific issued.

7. DIOs are expected to notify the ED-IRC when the institutional extreme emergent situation has been resolved.

II. CLOSURES AND REDUCTIONS OF PROGRAMS OR INSTITUTIONS

The University of South Alabama Hospitals complies with the ACGME’s requirements in closures and reductions of residency programs or institutions.

1. The Sponsoring Institution will inform the GME Committee, the DIO, and the residents, as soon as possible, of when it intends to reduce the size or close one or more programs, or when the Sponsoring
Institution intends to close. Upon notification from the Sponsoring Institution, the GME Committee will begin to oversee all processes related to the reduction and/or closure.

2. The Sponsoring Institution will allow those residents already in the program to complete their education or assist the resident in enrolling in an ACGME-accredited program in which they can continue their education.

I. APPOINTMENT OF FELLOWS AND OTHER LEARNERS

The presence of other learners (including but not limited to, residents from other specialties, fellows, Ph.D. students and nurse practitioners) in the program must not interfere with the appointed residents’ education. The program director must report the presence of other learners to the DIO, GMEC and as further specified by the program’s RC.

J. AVAILABILITY OF RESOURCES: The Sponsoring Institution and programs ensure availability of the following resources, as specified in the program specific requirements:

1. Availability of adequate resources for resident education.

2. Ready access to specialty-specific and other appropriate reference material, in print and electronic format, to include electronic medical literature NOTE: Databases with search capabilities are available at the Biomedical Library or their web site at
   http://biomedicallibrary.southalabama.edu/library/

K. VENDOR INTERACTION: Each department shall establish a policy that meets the departmental educational needs and is in compliance with the policies of the sponsoring institution’s policy as follows:

1. Principles:
   a. Conflicts of interest for physicians generated by pharmaceutical and other health-related industry marketing activities should be resolved consistent with obligations to patient care and medical education.
   b. Faculty and housestaff must commit themselves to intellectual rigor and objectivity in all transmittal of medical information.
   c. The primary mission of USA Hospitals residency training programs is to prepare physicians-in-training to deliver patient-focused, competent, evidence-based, and responsible clinical care. Physicians in training must 1) acquire basic and advanced knowledge of pharmaco-therapeutics, 2) demonstrate the ability to critically evaluate continuously developing therapeutic information from academic and commercial sources; and 3) recognize various commonly employed marketing strategies intended to influence physician practice.
   d. Pharmaceutical detailing must not inappropriately bias physician practice.
   e. For purposes of this policy, “vendors” shall include pharmaceutical, biomedical devices, equipment, and other health-related entities.
   f. The admission of vendors or service providers to U.S.A. Hospital areas will be monitored and must be pre-approved by the residency programs’ leadership.
2. Guidelines:

   a. Faculty

      i. Faculty should model behavior consistent with ethical guidelines developed by responsible professional Organizations (AMA, ACGME) regarding relationships between physicians and industry. Faculty comprises any and all physicians and non-physician instructors engaged in teaching housestaff.

      ii. Regardless of venue or sponsorship, faculty must present only objective and balanced materials, consistent with established norms of the ACGME and AMA.

      iii. Faculty must disclose to peers and residents relevant financial or other relationships between faculty and industry that might constitute a conflict of interest, when involved in pharmaceutical or other vendor sponsored programs, consistent with USA policies and procedures, including but not limited to USA Conflict of Commitment policies.

   b. Physicians in Training (Housestaff)

      i. Housestaff may not attend detailing lunches off campus or at ambulatory sites during work hours, unless a faculty physician is present during the program.

      ii. Housestaff may not engage in any detailing activities (including computer based detailing) either on campus or off campus, for which they receive gifts or payments.

      iii. Housestaff may not receive payments for participation in lectures or detailing programs including those described as “peer groups”, “advisory boards”, “dinner lectures”, and the like.

      iv. Housestaff may attend social events associated with educational activities under the following circumstances:

          - The value of the event to the physician is modest.

          - The event facilitates discussion among attendees or between attendees and faculty.

          - The educational portion of the event accounts for a substantial majority of the total time accounted for by the educational activities and social events together.

   3. Vendors

   a. The admission of vendors to USA Hospital areas is preapproved and monitored. Repair or service representatives requiring access to the buildings on a recurring basis are excluded from this policy, and are badged and monitored through Facilities Management.

   b. Vendors are expected to contact the Department Head/Attending Physician for an appointment through Facilities Management.

   c. Vendors seeking contact with hospital departments and/or the physician staff are required to wear the kiosk generated authorization badge at all times within the hospital. Kiosks at USAMC are
located in the OR, main hospital lobby and cath lab. At USACW, they are located in the main hospital lobby and the OR.

d. Vendors are expected to sign out in the vendor tracking system.

e. Vendors may not loiter in the Hospital Library or elsewhere within the Hospitals/Clinics for the purpose of contacting physicians or other health care providers.

f. Vendors may not engage in any detailing, promotional, or educational activities on the inpatient floors. Any representative found in a patient care area will be removed, and repeat offenders will be denied access to USA Hospitals.

g. Vendors may not, at any time, promote or offer professionally non-relevant activities, such as raffles, sweepstakes, contests and tickets to cultural or sporting events.

h. Vendors may meet with the chief of service or designee by appointment.

i. Vendors may provide lunch meals and leave promotional materials, only with prior authorization by the chief of service or designee.

j. Vendors may attend, but may not participate in any educational programs.

k. Vendors may not offer scholarship, grants or funds directly to any house officer.

4. Vendor/Industry Support of Educational Conferences

a) Vendors may recommend and sponsor a physician guest speaker for an educational conference, as long as a faculty member approves the speaker and topic, there is full disclosure of the speaker’s conflicts of interest, and at least one attending physician is present to moderate/respond to content. In this setting, vendors may be present but may not address the attendees. These criteria are consistent with standards of the ACGME.

b) Presentations by company-sponsored physicians must be objective, fair, and balanced, and be based on available research data. Drugs should be referred to by their generic names.

c) Funds offered by vendors for residency or fellowship educational activities, including scholarship or support for attendance at professional conferences, must be given directly to a program director or the sponsoring institution, not the trainees. Faculty must retain full educational discretion over the use of such funds.

5. Presentation by Vendors

Presentations by vendors may have specific value in terms of assisting faculty in educating trainees in the analysis of promotional material and in recognizing marketing techniques. Presentations by vendors attended by housestaff in either inpatient or outpatient settings, must conform to the following:

a) All presentations by vendors must be organized and directed by the chief of service or designee.

b) Attendees must include at least one faculty physician.
c) Vendors must make promotional materials to be used during the presentation available to the faculty preceptor prior to the meeting in a time frame acceptable to the preceptor.

d) A faculty member should be prepared to discuss the promoted material in an objective and evidence-based fashion or assign this responsibility to a trainee. This preparation may include critical review of the promotional material, presentation of additional or refuting studies, referencing the promoted information with consensus panel statements, position paper, etc.

e) The vendor may remain for the discussion portion of the meeting at the discretion of the faculty physician in attendance.

6. Gifts

a) Consistent with the AMA’s Code of Medical Ethics “Gifts to Physicians from Industry” gifts from pharmaceutical companies and medical device manufacturers must be limited to gifts with patient benefit, educational value, and be of insubstantial monetary value. Gifts of minimal value related to physician’s work are also permitted (e.g. pens, notepads). Trainees may not accept gifts unrelated to professional activities.

b) Trainees/faculty may not:
   - solicit or receive personal gifts from vendors.
   - allow vendors to conduct contests, drawings, or raffles or other activities that lead to personal gifts.
   - display gifts or promotional materials that advertise specific branded products in patient care waiting areas.
   - trainees/faculty may receive competitive awards and scholarship funded by a vendor’s company if all control of recipient selection rests with an independent professional organization.

7. Product Samples

Medications and other product sampling are promotional activities and should be limited among the hospital’s clinical departments and faculty practices. Sample products may be helpful to patients who have financial difficulty in obtaining needed medications. However, prescribing and distributing branded medications solely because of gratis availability is inappropriate.

a) The physician (or designee) responsible for a clinical department or faculty practice determines the specific medication or product samples to be accepted for distribution.

b) It may be acceptable to distribute a specific branded medication sample to treat a condition provided 1) the quality of care to the patient is in no way compromised by selection or the medication (e.g. efficacy, risk profile, compliance or cost); and

c) Physicians may not accept from vendors conditions of face-to-face interaction in order to procure product samples.

(Acknowledgement: St.Peter’s University Hospital Graduate Medical Education)
L. RESIDENTS WITH DISABILITIES: Program Directors with residents having special needs or disabilities will afford reasonable accommodation in accordance with the Americans with Disabilities Act. The Office of Special Student Services is located at the corner of Jaguar Drive and Old Shell Road at 5828 Old Shell Road. Their phone number is 251-460-7212 and can advise the program director as to reasonable accommodations.

SECTION IV: FINANCIAL SUPPORT AND BENEFITS

A. ALLOCATED RESIDENCY POSITIONS

Any request for residency positions in excess of the allocated number must be reviewed and approved by the Graduate Medical Education Committee with final approval by the Vice President for Health Systems at USA and the Dean, College of Medicine. The following policies are to be followed by program directors in the allocation of residency positions:

1. The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program director must have adequate educational resources to support the number of residents appointed to the program.

2. The number of hospital-funded residents in each program will not exceed the maximum number of positions allocated to the program by the Hospital.

3. No resident or program may bill in the resident’s name for any professional service provided by the resident within the scope of the residency program.

B. SALARIES

Salaries for each postgraduate year are based on the budget of the Sponsoring Institution, with review and comment by the GMEC. Periodic analysis of national and regional trends is performed, and resident salaries adjusted in accordance with hospital policy to ensure salaries are competitive with those in the region. Following review by the GMEC and final approval by the Vice-President for Health Systems at USA, the residency programs are notified of the salaries for the academic year beginning July 1. The following policies have been established and should be used as guidelines by program directors in determining the salary level for a resident.

1. Residents in all programs at like levels of training must be paid in accordance with the salary set by the hospital for the postgraduate year of training. Residents are paid bi-weekly and on Friday. Reimbursement for on-call meals will be added to the residents’ regular paychecks. **ALL ON-CALL MEALS MUST BE VERIFIED BY THE CHIEF RESIDENT ON THE SERVICE, AND WILL NOT BE PAID UNTIL VERIFIED.**

2. No resident may be paid less than or in excess of the base salary set by the Hospital for the postgraduate year of training.

3. Travel reimbursement checks may be picked up in the House Staff Office.

4. **USA Medical Center:** Paychecks may be picked up in the House Staff Office. Check stubs are located in the cabinet inside the House Staff Office. Psychiatry residents receive their checks/stubs in the Department’s Residency Office.
5. **USA Children's and Women's Hospital**: Pediatrics and Ob/Gyn Residents receive their check stubs in the Administrative Offices at USA Children's and Women's Hospital.

C. **FRINGE BENEFITS**

A comprehensive benefits program is provided for residents enrolled in graduate medical education programs. Fringe benefits are funded by the hospital or other source of salary support, and provide residents with health and dental insurance, life insurance, disability insurance, and professional liability insurance. The University provides health and disability insurance coverage for incoming residents and their families on their program start date rather than the first day of the month.

1. **Health/Dental Insurance**: Health/Dental Insurance coverage is effective the first day of a resident’s employment. Residents are eligible to enroll in single or family coverage during the first thirty (30) days of employment. Medical insurance is provided on a cost-shared basis, with the Hospital paying the major portion of the premium. Premiums are paid one month in advance, and coverage is carried through the last day of the month following the month in which a resident leaves the Hospital’s employ. **Pre-existing conditions**: The USA Health & Dental Plan has a 270-day waiting period for any pre-existing medical condition. However, employees hired after January 1, 2012, may present a Certificate of Creditable Coverage to the University’s Human Resources Office for reducing or eliminating the waiting period for a pre-existing medical condition. Additional information can be provided by contacting the Human Resources Office at 251-460-6133.

2. **Disability Insurance**: A resident who is unable to return to work may apply at any time prior to the end of his/her leave of absence for long-term disability benefits under the Group Long Term Disability Plan. This plan provides for a 66 2/3% income replacement benefit (maximum $8500 monthly) in the event of qualifying disability. Benefits are payable from the 91st day of disability and may continue for a maximum payment period determined by age at the time of disability. Should a resident need to file a claim, this may be done through the Office of Personnel Relations, at the resident’s earliest convenience to ensure that benefits will be paid at the end of each month during the period of total disability.

3. **Life Insurance**: Provided free by the hospital

D. **PROFESSIONAL LIABILITY INSURANCE**

Professional liability insurance is provided through the University of South Alabama Professional Liability Trust Fund. It is an occurrence type policy which by definition provides “tail coverage” that includes legal defense and protection against awards within policy limits from claims reported or filed after the completion of the program if the alleged acts or omissions of the resident is within the scope of the program. The Office of Risk Management and Insurance assists in answering any questions related to insurance coverage. The Director may be contacted at 460-6232. The Office of Risk Management and Insurance requests immediate notification of their office of any potential liability issue, patient complication or receipt of a subpoena or summons.

E. **ANNUAL LEAVE**

All leave taken is at the discretion of the residency program director, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.
Each program must provide its residents with written, program-specific policies on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program. Residents must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

All resident leaves of absence must be reported to the Hospital Residency Specialist and include the date the leave of absence is effective and the anticipated return to work date.

The following is a summary of leave policies established by the Sponsoring Institution, which generally apply to all residents, except as modified by the policies established by the individual programs:

1. **Vacation**: Upon employment and with each anniversary, each resident is granted 4 weeks (20 days) paid vacation leave per 12 month year. For vacation purposes, each week excludes weekends, and is considered to be 5 days. Vacation cannot be carried over to subsequent years. Vacation cannot be taken in the last 2 weeks of residency unless the resident receives permission, in writing, by the Program Director or Chair of the Department. There is no terminal pay for unused vacation leave. Vacation time must be approved in advance by the Program Director or Chair of the Department.

2. **Sick Leave**: Upon employment and with each anniversary, each resident is granted 12 days paid sick leave per 12 month year. Sick leave does not accrue and is not cumulative. There is no remuneration for unused sick days. Sick leave may be used when a resident is: unable to perform work duties because of illness or injury; a member of a household that has been quarantined because of the presence of a contagious disease; or required to care for a seriously ill member of the immediate family (not to exceed 3 days). The University reserves the right to have a resident examined by a physician of its choice in cases where abuse of sick leave is suspected. Abuse of sick leave benefits is grounds for disciplinary action.

3. **Family Medical Leave**: Family Medical Leave (FML) may be granted upon request to eligible residents consistent with the policies set forth in the University of South Alabama Staff Employee Handbook.

4. **Military Leave, Administrative Leave and On the Job Injury**: The Program Director or Chair of the Department may grant a leave of absence, with pay, to residents in order to take an examination(s) or interview required for medical licensure in the State of Alabama. Military leave and on the job injury leave, with pay, will be granted consistent with University Staff Personnel Policies.

5. **Maternity/Paternity Leave**: To receive paid maternity/paternity leave, available vacation and sick leave must be used. Extended leave without pay may be granted by the Program Director.

**F. EFFECT OF LEAVE OF ABSENCE ON COMPLETION OF RESIDENCY**

The amount of time taken for leave(s) of absence will be added to the expected completion date for the residency program. Each program must provide their residents with a written policy in compliance with its Program requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. Leaves of absence must be reported to the Housestaff Office. Residents can access information related to eligibility requirements
for specialty board examinations in Appendix 3 of this manual or contact their program director for information.

G. HOLIDAYS

Residents will be scheduled to work various holidays with no compensatory time allotted.

H. PROFESSIONAL MEETINGS/CONTINUING EDUCATION

At the Department Chair's discretion, residents will or will not be charged vacation for attending professional and continuing education meetings as designated representatives of their department.

SECTION V: RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

A. Compliance with Institutional Policies and Procedures: Guidelines have been established by the University of South Alabama and its Hospitals to ensure the safety, happiness and well-being of patients, visitors, students, residents and employees, and to ensure the productivity of each individual within the University and Hospital systems. Residents are required to comply with the Graduate Medical Education Policies and Procedures in its entirety, the University of South Alabama Drug Free Work Place Policy, the University of South Alabama Hospitals Drug Testing Policy, and General Policies of the University of South Alabama and University of South Alabama Hospitals, except as specifically modified by the Graduate Medical Education Committee. All Hospital standards and policies are available through the hospital intranet at http://hos.usouthal.edu/ and in each Hospital’s Department of Personnel and Administration. In addition, the University of South Alabama’s Sexual and other forms of harassment policies are provided in Section XII of this manual. All residents are provided with a copy of the Graduate Medical Education Policies and Procedures manual, and are expected to read and become familiar with said policies. Violation of such policies will subject residents to disciplinary action of a non-academic type.

B. Orientation for New Residents: Newly appointed residents are expected to attend orientation, if at all possible. Orientation for new residents is designed to facilitate each resident's entry into the USA Hospitals system, provide education on policies and procedures, and expedite the completion of all required paperwork. Residents unable to attend orientation are required to report to the Housestaff Office for processing and instructions for completion of the required paperwork.

C. Postgraduate Training Agreement of Appointment (Resident Contract): A “Postgraduate Training Agreement of Appointment” must be signed by the resident, program director and Vice President for Hospital Affairs, either upon entry into a residency program or when promoted to the next PGY level. The original agreement must be maintained in the Housestaff Office as part of the hospital’s permanent record.

D. Leaving the Residency: Any resident who plans to resign from his/her current residency at USAH, for any reason, should notify his/her Departmental Chair in writing as soon as possible, but no less than thirty (30) days prior to the effective date of resignation. The program director must also provide timely verification of residency education and a summative performance evaluation for residents who leave the program prior to completion.
E. Physical Examination

1. Pre-employment Drug Screen: Each resident who is accepted for employment by the University of South Alabama Hospitals will be required, as a condition of appointment/employment, to submit to a pre-employment drug screen test. Residents who test positive will be required to accept a referral to the University of South Alabama Support Programs and Services (Substance Abuse Education & Prevention Center) for appropriate counseling/rehabilitation. A resident who has a positive drug test may not begin employment until released by the Substance Abuse Counselor.

Residents are subject to the provisions set forth in the University of South Alabama Drug Policy and are subject to drug testing when:

a. There is reasonable cause to suspect the resident is in violation of this policy;

b. The resident has been involved in a job site accident or incident which resulted, or might have resulted, in serious bodily injury or property loss or damage;

c. The resident is selected for random testing in order to monitor and ensure compliance with this policy.

The Program Director or Hospital Administration will contact the USA Medical Center or USA Children’s and Women’s Hospital Personnel Manager to request testing of residents under the conditions listed above.

2. Immunizations:

a. Tuberculin Skin Test: All residents are required to have a Tuberculin skin test prior to employment, with the exception of residents with documented positive skin tests. If the skin test reveals a positive reaction, a chest x-ray will be required. If the resident has received a chest x-ray within the last year, a copy will be acceptable.

b. Measles/Mumps/Rubella: Documentation of previous immunization must be shown at the time of starting the residency.

c. Tetanus Toxoid: A tetanus toxoid booster will be given to all residents who have not received a booster within the last ten years.

d. Hepatitis B: Residents considered to be at high risk for exposure to Hepatitis B will be offered a three-dose vaccine regimen at no cost to the residents. Residents will be required to sign an informed consent statement either accepting or rejecting such immunization. These records will be maintained in the resident's file by the Employee Health Nurse at USAMC. A report of all test results will be maintained in the Employee Health Office at USAMC. The Health Nurse at USAMC may request a physician's examination for further screening if there are any abnormal findings.

e. Varicella: All residents who have not had chickenpox (i.e., varicella) will be tested for the presence of varicella antibodies. Residents who are seronegative must receive the recommended two-dose series of varicella vaccine at no cost to the residents.
f. **Influenza:** All residents rotating through USA Medical Center and USA Children’s and Women’s Hospital must be vaccinated against influenza by December 1st of each year. Residents may obtain vaccinations, at no charge, through the hospital’s health nurse office. Availability of vaccinations will be announced.

**F. ACLS/ATLS/PALS/NALS Certification**

Residents are required to obtain their ACLS/ATLS/PALS/NALS/BLS Certification as determined by individual departments.

**G. Identification Badges:** Newly appointed residents will have identification badges issued to them during orientation. This identification badge should be worn at all times while in the hospital. Identification badges must be returned to the Housestaff Office upon completion of residency training or termination of employment.

**H. Professional Liability Insurance:** Newly appointed residents must complete an application for professional liability (malpractice) insurance through the USA Professional Liability Trust Fund with the Office of Risk Management.

**I. United States Medical Licensing Examinations (USMLE)/Comprehensive Osteopathic Medical Licensing Exam (COMLEX):**

1. USMLE Step 2/COMLEX Level 2: All residents with M.D. or D.O. degrees, regardless of postgraduate year, must take and receive a passing score on both the Clinical Skills and Knowledge parts of USMLE Step 2 (for M.D.s) or COMLEX Level 2 (for D.O.s) by the completion of their third month after entering a residency training program at the University of South Alabama Hospitals (USAH). (For example, if a resident begins the PG year on July 1st, the deadline for successful completion of the applicable exam is September 30th of the same year.)

2. USMLE Step 3/COMLEX Level 3: All residents with M.D./D.O. degrees must take and receive a passing score for USMLE Step 3/COMLEX Level 3 as soon as possible after beginning their PGY 1 year, but at the latest by the completion of the 6th month of postgraduate year two (taking and passing the exam by October 10 will avoid the necessity of paying for both a limited and a full license in the same calendar year). Notwithstanding the foregoing, licensure requirements for residents transferring into USA Hospitals will be determined as part of the transfer process in conjunction with the Housestaff Office. International graduates will need to register and take Step 3 via a state other than Alabama. Connecticut has the lowest fees for this purpose.

3. Oversight and Disciplinary Action: The individual programs will be primarily responsible for monitoring the compliance of their residents/fellows with this policy. As additional oversight, the Hospital Residency Specialist will request a status report from the programs in September for residents needing to pass USMLE Step 2/COMLEX Level 2 as outlined above. The names of residents who have been unsuccessful will be referred to the GME Office/DIO. The Hospital Residency Specialist will request a status report from the programs in October for residents needing to pass USMLE Step 3/COMLEX Level 3 as outlined above. The names of residents who have been unsuccessful will be referred to the GME Office/DIO. Failure to meet these
requirements will result in the resident being placed on academic probation for one additional test cycle and reporting to the GMEC. Failure to successfully navigate this additional exam attempt will result in dismissal from the program. This disciplinary action will not be grievable by the resident.

J. Licensure:

1. Limited Alabama Medical License

All PGY-1 residents, whether U.S. or International Graduates, who are required by their programs to write prescriptions for controlled substances outside USA Medical Center and USA Children’s and Women’s Hospital must apply for a limited medical license by the end of the first 6 months of residency training. To that end, these residents must complete a Limited Certificate of Qualification Application and give it to their program coordinator by the first week of December of their PGY 1 year. Once obtained, these residents must maintain a current limited license until such time as they become eligible for and obtain an unrestricted (or full) Alabama medical license, or they complete their residency program, whichever comes first.

2. Unrestricted Alabama Medical License

All residents (graduates of American and international medical schools) must apply for and obtain an unrestricted Alabama license to practice medicine when they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners as outlined below. Residents who transfer into a USA residency program off cycle must apply for and obtain an unrestricted Alabama license to practice medicine at the time they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners.

The Alabama Board of Medical Examiners minimum requirements to obtain an unrestricted, or full, Alabama medical license for U.S. and international medical graduates are:

a) Graduates of accredited U.S. medical and osteopathic schools or colleges must have successfully completed one (1) postgraduate year of training at an accredited program (as defined by Alabama law) and have successfully passed Step III of the USMLE/COMLEX exam by the 6 month after completing their PGY 1 year.

b) Graduates of international medical schools must have three (3) postgraduate years of training at an accredited residency program and have successfully passed Step III of the USML exam in order to obtain an unrestricted (full) Alabama medical license. USA GME policy requires that these graduates also pass Step III as soon as possible after beginning their PGY 1 year which requires registration in a state other than Alabama (Connecticut has the lowest fees).

NOTE: All international graduates must have applied for a limited license no later than 6 months after completing their PGY 1 year provided they are not required to write prescriptions for controlled substances outside of the USAMC or USACW Hospital setting prior to that time (see section B.1. of this policy above). This limited license must be maintained until they are eligible for an unrestricted Alabama license or complete the program, whichever occurs first.
3. Oversight and Disciplinary Action:

The individual programs will be primarily responsible for monitoring the compliance of their residents/fellows with this policy. As additional oversight, the Hospital Residency Specialist will monitor for licensure compliance in January and documentation of licensure compliance will be required for resident/fellow contract renewal for the next academic year. All residents will be required to demonstrate to their programs and the Housestaff Office that they have obtained and maintained a medical license (unrestricted or limited) with the Alabama Board of Medical Examiners according to the policies and procedures outlined above. The Housestaff Office will notify the GME Office/DIO of any residents not in compliance with the resident licensure policy. The resident/fellow will be reported to the GMEC and placed on academic probation for a defined time period during which licensure must be obtained or the resident will be dismissed from the program. This disciplinary action will not be grievable by the resident.

Reference “Alabama Medical Licensure, ASCS and DEA Decision Tree” (attachment #1 below) for information on fees and timing for consideration of applications for medical licensure by the Alabama Board of Medical Examiners.

K. Alabama Controlled Substance Certificate (ACSC) and Drug Enforcement Administration Certificate (DEA):

1. Hospital Setting

PGY 1 residents who are required by their programs to write inpatient or outpatient prescriptions for controlled substances within a hospital setting can use the hospital’s institutional DEA number (with a unique suffix assigned to each resident) for the first eighteen (18) months of training.

However, by the end of this 18 month period, all residents must apply for an Alabama medical license (either limited or unrestricted), and once licensed, they must apply for ACSC and DEA certificates if required by their program to prescribe controlled substances in either a hospital or nonhospital setting.

2. Non-hospital Setting (Clinics)

   a. Any resident required by his/her program to prescribe controlled substances within a non-hospital setting, i.e., clinic, will be required to have an Alabama medical license, limited or unrestricted, a DEA registration and an Alabama Controlled Substance Certificate. Residents will not be able to write any prescriptions for controlled substances in a clinic/non-hospital setting until these have been obtained.

   b. Once obtained, residents must maintain a current ACSC and DEA registration for the remainder of the residency training period. If a resident has a limited medical license, his/her controlled substances certificate will be similarly limited.

   c. Residents must only use the individual DEA and ACSC numbers assigned to them. Use of another physician’s numbers will be grounds for termination.
3. **Oversight and Disciplinary Action**

The individual programs will be primarily responsible for monitoring the compliance of their residents/fellows with this policy. As additional oversight, the Hospital Residency Specialist will monitor ACSC and DEA certificate compliance in January of each year, and copies of current ACSC and DEA certificates must be provided to the Hospital Residency Specialist prior to contract renewal for the next academic year. The Housestaff Office will notify the GME Office/DIO of any residents not in compliance with obtaining or maintaining their ACSC/DEA certificates. These residents will be reported to the GMEC and placed on academic probation for a defined time period in order to obtain or renew their certificates. Failure to comply will result in dismissal from the program. This disciplinary action will not be grievable by the resident.

4. **Residents in training programs where controlled substances are not prescribed** will not be required to obtain a DEA registration or ACSC, although they must obtain a limited or unrestricted Alabama medical license as outlined above. As with all residency programs, residents in these programs may not prescribe or order controlled substances without DEA registration and ACSC.
Alabama Medical Licensure, ACSC and DEA Decision Tree
(All Fees Subject to Change Without Notification)*

PGY I

Does your program require you to independently write controlled substance prescriptions outside USA Medical Center or USA Children’s & Women’s Hospital?

If yes -
You must apply for a limited license (application can be obtained through your program coordinator). Complete original Limited Certificate of Qualification and give it to your program by the first week of December.

Include:
- Check for $175
- Letter from Department
- Certified Copy of Medical School Diploma
- Certified Copy of ECFMG (when applicable)
- Social Security number required

Once the Limited Certificate of Qualification is approved by the Board you should receive a Limited License Application to complete. This must be returned to the Board with a licensing fee of $75.00. You will also receive an application for an Alabama Controlled Substances Certificate. This must be completed and returned to the Board with a check for $150.00 (requires annual renewal). After receipt of your ACSC, you must apply for your federal DEA ($731.00; 3 year renewal cycle).

NOTE: When applying for your federal DEA certificate, be sure to try filing as a fee exempt state employee, as the fee may be waived. Please be aware that this is considered on a case-by-case basis. Also, residents/fellows involved in external moonlighting MAY NOT file as exempt status for DEA. DEA applications must be submitted to the Hospital Residency Specialist for appropriate signatures if filing for exempt status prior to mailing them to the DEA.

If no – you do not need to apply for a limited license.

PGYII

International Medical Graduates –
If you have already taken and passed USMLE Step 3, you must apply for a limited license or renew your limited license if you already have one. If you have not already taken and passed Step 3, schedule the exam as soon as possible after completing your PGY 1 year and request your Limited License Application Packet if indicated from your program coordinator.

If USMLE Step 3 IS NOT taken and passed by October 10: Does your program require you to independently write controlled substances prescriptions outside USA Medical Center or USA Children’s and Women’s Hospital?
If yes—

You must renew your Limited License. Complete Renewal of Limited Certificate of Qualification and give it along with a $15.00 check to the program coordinator by October 20. Upon approval by the Board, you should receive a Limited License Renewal Application that must be completed and returned to the Board with a licensing fee of $300.00. You will also receive an application for an Alabama Controlled Substances Certificate (ACSC) which requires annual renewal. This must be completed and returned to the Board with a check for $150.00.

If no—

You need to apply for a Limited Certificate of Qualification. Complete original Limited Certificate of Qualification and give to your program by the first week of December.

Include:
- Check for $175.00
- Letter from Department
- Certified Copy of Medical School Diploma
- Certified Copy of ECFMG Certificate (when applicable)
- Social Security number required

Once the Limited Certificate of Qualification is approved by the Board you should receive a Limited License Application to complete. This must be returned to the Board with a licensing fee of $75.00. You will also receive an application for an Alabama Controlled Substance Certificate which does not need to be completed and returned to the Board if you are NOT required to write prescriptions for controlled substances by your program.

NOTE: When applying for your federal DEA certificate, be sure to try filing as a fee exempt state employee, as the fee may be waived. Please be aware that this is considered on a case-by-case basis. Also, residents/fellows involved in external moonlighting MAY NOT file as exempt status for DEA. DEA applications must be submitted to the Hospital Residency Specialist for appropriate signatures if filing for exempt status prior to mailing them to the DEA.

Passing USMLE Step 3 after October—you must have already applied for a renewal of your Certificate of Qualification and Limited License. However, as soon as you receive your scores for the USMLE Step 3, you need to proceed with application for your Unrestricted License (see Attachment A at the end of this decision tree). NOTE: This is why it is important to take Step 3 as soon as you become eligible in hopes of avoiding paying double fees for licensure.

Complete original Limited Certificate of Qualification Application (can be obtained from your program coordinator) and give it to your program by the first week of December.

Include:
- Check for $175.00
- Letter from Department
- Certified Copy of Medical School Diploma
- Certified Copy of ECFMG (when applicable)
- Social Security number required

36
Once the Limited Certificate of Qualification is approved by the Board you should receive a Limited License Application to complete. This must be returned to the Board with a licensing fee of $75.00. You will also receive an application for an Alabama Controlled Substances Certificate. This must be completed and returned to the Board with a check for $150.00 if you are required by your program to write prescriptions for controlled substances. After receipt of your ACSC, you must apply for your federal DEA certificate.

**NOTE:** When applying for your federal DEA certificate, be sure to try filing as a fee exempt state employee, as the fee may be waived. Please be aware that this is considered on a case-by-case basis. Also, residents/fellows involved in external moonlighting **MAY NOT** file as exempt status for DEA. DEA applications must be submitted to the Hospital Residency Specialist for appropriate signatures if filing for exempt status prior to mailing them to the DEA.

*If your program does not require you to write prescriptions for controlled substances, you may forego the ACSC and DEA applications.*

**US Medical Graduates** –
If you have not already taken and passed USMLE Step 3, you must apply for an unrestricted medical license. If you have not already taken and passed USMLE Step 3, schedule and take the exam *as soon as possible* after completing your PGY 1 year and request your Unrestricted License Application from the Board at the same time. (See attachment A)

If USMLE Step 3 *IS* taken and passed by October 10: You must send your application packet to the Board in October (See Attachment A). This will allow two months for the Board to receive all of the information to present your application at the December meeting.

If USMLE Step 3 *IS NOT* taken and passed by October 10:
Does your program require you to independently write controlled substance prescriptions outside USA Medical Center or USA Children’s & Women’s Hospital?

**If yes** –
You must renew your Limited License (application can be obtained from your program coordinator.). Complete Renewal of Limited Certificate of Qualification and give it along with a $15.00 check to the program coordinator by October 20. Upon approval by the Board you should receive a Limited License Renewal Application that must be completed and returned to the Board with a licensing fee of $300. You will also receive an application for an Alabama Controlled Substance Certificate. This must be completed and returned to the Board with a check for $150.00 if you are required by your program to write prescriptions for controlled substances.

**If no** –
You need to apply for a Limited Certificate of Qualification. Complete original Limited Certificate of Qualification and give it to your program coordinator by the last week of December.

Include:
-Check for $175
-Letter from Department
-Certified Copy of Medical School Diploma
-Certified Copy of ECFMG (when applicable)
-Social Security number required
Once the Limited Certificate of Qualification is approved by the Board you should receive a Limited License Application to complete. This must be returned to the Board with a licensing fee of $75.00. You will also receive an application for an Alabama Controlled Substance Certificate which must be completed and returned to the Board with a check for $150.00, unless you are exempt from writing prescriptions for controlled substances by our program.

Unless you are exempt from writing prescriptions for controlled substances by your program, when you receive your Alabama Controlled Substance Certificate you should apply for your Federal DEA. (Fee $731.00 – 3 year renewal cycle)

**Passing USMLE Step 3 after October** – you must have already applied for a renewal of your Certificate of Qualification and Limited License. However, as soon as you receive your scores for the USMLE Step 3 you need to proceed with application for your Unrestricted License (See Appendix A) NOTE: This is why it is important to take Step 3 as soon as you become eligible in hopes of avoiding paying double fees for licensure.

**PGY III**

**Foreign Medical Graduates – Less than 36 months of training**
You must renew your Limited License. Complete Renewal of Limited Certificate of Qualification and give it along with a $15.00 check to the program coordinator by October 20. Upon approval by the Board you should receive a Limited License Renewal Application that should be completed and returned to the Board with a licensing fee of $300. You will also need to renew your ACSC certificate for $150.00 (renewed annually).

**US Medical Graduates**
Unrestricted license renewal cards are sent out by the Board every year. Renewal of your unrestricted license can be done online. Annual MD/DO license renewal $300.00. Annual ACSC Renewal $150.00

**PGY IV-VI**

**Foreign Medical Graduates – with 36 months of training**
Request your packet for an unrestricted license from the Alabama Board of Medical Examiners. (See: Attachment A). You will also need to renew your ACSC (annual renewal) and DEA (renewal every 3 years) certificates.

**Foreign Medical Graduate – without 36 months of training**
Follow the instruction for PGYIII’s

**US Medical Graduates**
Unrestricted license renewal cards are sent out by the Board every year. Renewal of your unrestricted license can be done online. Annual MD/DO license renewal $300.00. Annual ACSC Renewal $150.00. DEA certificate renewal is required every 3 years ($731.00).

**NOTE:** When applying for your federal DEA certificate, be sure to try filing as a fee exempt state employee, as the fee may be waived. Please be aware that this is considered on a case-by-case basis. Also, residents/fellows involved in external moonlighting **MAY NOT** file as exempt status for DEA. DEA applications must be submitted to the Hospital Residency Specialist for appropriate signatures if filing for exempt status prior to mailing them to the DEA.
ATTACHMENT A
Unrestricted License
To request a licensure application package, please send the following by mail to

PO Box 946
Montgomery AL 36101-0946

Include:
$20.00 check or money order payable to Alabama Board of Medical Examiners
your FULL name
your mailing address
name and date of your original licensure exam (i.e., NBME, FLEX, USMLE, NBOME, LMCC)
date of (re)certification by ABMS/DOA specialty board if applicable
whether you will be applying by taking USMLE Step 3

After receiving your packet –
Complete the application packet and return it to the Board with your $175.00 check for Certificate of Qualification and a $65.00 check for criminal background check.
You will need to request your USMLE scores from the Federation including a $65.00 check.

After receiving Certificate of Qualification you will receive a license application and an Alabama Controlled Substance Certificate (ACSC) application. Both should be completed and returned to the Board with a check for $75.00 for your license and a check for $150.00 for your ACSC.

*NOTE: The above requirements are based on Alabama state law and requirements of the Alabama State Board of Medical Examiners in order to practice medicine in the state of Alabama.
L. Duty Hours: All programs are required to incorporate the Institutional Requirements on Duty Hours into their individual program’s policy and procedure manual. Residents will be required to follow their program’s policy on duty hours. Institutional Requirements on Duty Hours can be found in Section IX.D of this policy and procedure manual.

M. Moonlighting: Specific policies concerning moonlighting may vary from program to program, and residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs. Moonlighting is not required by this institution. Institutional Requirements on Moonlighting can be found in Section IX.H of this manual.

N. Individual Identification Numbers: Residents with limited licensure will be assigned ID numbers for a period of 6 months, if applicable, to be used on all hospital prescriptions, orders and medical records. Institutional Requirements on the Alabama Controlled Substance Certificate and DEA Number can be found in Section V.K above.

O. Participation in Educational and Professional Activities: Residents are expected to develop a personal program of learning to foster continued professional growth with guidance from the teaching staff that leads to measurable achievement of educational and professional outcomes as outlined below:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical Knowledge** that demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care;

3. **Practice-based Learning and Improvement** that demonstrates the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning;

4. **Interpersonal and Communication Skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;

5. **Professionalism** that demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles; and

6. **Systems-based Practice** that demonstrates an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

7. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervision of residents and students;

8. Participate on appropriate committees and councils whose actions affect resident education and/or patient care;

9. Participate in educational programs offered in Section VIII.C of this manual.

10. Submit confidential written evaluations of the faculty and the educational experience to the program director, at least annually.
P. **Resident Duties:** Residents must demonstrate an understanding and acceptance of their personal role in the following areas:

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

Q. **Dress Code:** A professional appearance is important. Residents at the University of South Alabama Hospitals are expected to maintain high standards of professional appearance at all participating sites and educational functions. Residents must be neat, clean, and dressed in a manner that is appropriate for the practice of medicine. Identification badges are to be worn at all times when on duty. Additional dress codes may be defined for residents working in specific departments or clinical areas.

R. **Social Media:**

Social and business networking sites (e.g. My Space, LinkedIn, Facebook, Twitter, Flickr, You Tube and others) are increasingly used for instant and far-reaching communication. These new venues allow for greater collaboration but can also unintentionally contribute to crossing privacy, confidentiality and professional boundaries. Physicians’ discretion and confidentiality are imperative. They have access to sensitive and legally protected health information that must be safeguarded from unlawful or inappropriate release that could compromise the patient, the physician and the University. Further, a physician’s professional image is important and should be protected. Portrayal of unprofessional behavior may impair a physician’s ability to effectively practice medicine, become licensed, and/or participate in positions of trust and responsibility in the community.

1. Internet use during work hours should be limited to University business and must not interfere with the timely completion of educational and clinical duties. Personal blogging or posting of updates may not be done during work hours or with institutional computers.

2. Personal calls should not be initiated and/or received in patient care areas, public service areas, within view of patients or visitors. Ring tones and alerts should be set to vibrate or silent mode. Wireless headsets may not be used.

3. The use of personal entertainment devices, i.e. MP3 players, DVD players, cell phone entertainment features, cell phone texting, employee personal laptop, etc., are not allowed in patient care areas, public service areas, or within view of patients or their visitors unless being used for University business.

4. Devices must not produce electromagnetic interference (EMI) with biomedical equipment.

5. All material published on the web via email, social media, or otherwise, should be considered public and permanent.

6. Residents should expect no privacy when using institutional computers.
7. The individual is responsible for the content of his/her own internet and social media blogs/posts, pictures, etc., including but not limited to any legal liability incurred (defamation, harassment, obscenity, privacy issues regarding students or patients, etc.).

8. Privacy and confidentiality between physician and patient is of the utmost importance. All health care providers have an obligation to maintain the authorization by appropriate supervisory personnel/leadership.

9. It is inappropriate to "friend" patients on any social networking site or to check patient profiles.

10. The tone and content of all electronic conversations should remain professional. Respect among colleagues and co-workers must occur in a multidisciplinary environment.

11. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity.

12. The GME Dropbox account shall be utilized solely for the purposes of posting documents available in the public domain that apply to GME. Under no circumstances may residents post documents to the GME Dropbox account, particularly HIPAA protected information. Incoming residents will be required to sign an attestation to this effect upon matriculation into their respective programs. A monthly audit of the GME Dropbox account will be performed by the GME Instructional Design Specialist with quarterly reports to the Director, Office of HIPAA compliance.

**Patient Information:** Identifiable protected health information (PHI) must never be published on the Internet. This applies even if no one other than a patient is able to identify him/herself from the posted information. Residents must adhere to all HIPAA principles. Patient images should be obtained and transmitted only with written consent per USA Hospitals Policy, and then both obtained and transmitted only on institutional equipment, and never on residents' personal equipment.

**Communication Regarding Hospitals or the University**

Unauthorized use of institutional information or logos is prohibited. Posting of institutional phone numbers, e-mail addresses, or web addresses to a website must be done consistent with University policy.

**Offering Medical Advice**

It is never appropriate to provide medical advice on a social networking site.

**Privacy Settings**

Residents should consider setting privacy at the highest level on all social networking sites.

This policy is not meant to discourage the use of innovative technologies, but to provide guidance and heighten the awareness of resident physicians at USA to the potential risks and consequences. Violations of this or any USA computer or information privacy policies or laws, including, but not
limited to those regarding student and patient information, will lead to disciplinary action, up to and including termination and/or legal action.

S. Hospital Information:

1. Federal and State Regulations

   a. Abuse/Neglect/Exploitation: Alabama law requires that all cases of suspected elder and child abuse, neglect, and/or exploitation be reported to the Department of Human Resources. All such cases must be reported to Social Services at the appropriate hospital.

   b. Medical Examiner’s Cases: In Mobile County, the Medical Examiner law requires that the following types of deaths be reported and investigated:

      i. Violent deaths by physical and chemical means, to include all homicides, suicides, accidents and motor vehicle crashes. (This includes all cases in which the underlying problem is a physical or chemical injury and whether the injury occurred recently or in the past.)

      ii. Deaths arising under suspicious circumstances.

      iii. Death as a result of abortion.

      iv. Sudden unexpected death in an otherwise healthy person (to include sudden infant death syndrome).

      v. Medically unattended deaths, i.e., deaths in which no physician has enough knowledge of the patient to certify the cause of death.

      vi. All ER deaths at the Medical Center and EC deaths at Children’s and Women’s Hospital are to be reviewed by the medical examiner.

In the above circumstances, the resident should tell the family that the death falls under the Medical Examiner’s law and will be reported and that the case is under the jurisdiction of the Medical Examiner, who alone will determine if an autopsy is necessary (Alabama House Act 87-525.) Bodies are released by the Medical Examiner’s office to families and funeral homes only between the hours of 8 a.m. and 6 p.m. Bodies are not released at night.

Residents should inform the patient’s family of these hours at the time the Medical Examiner law is explained. (Deaths occurring within 24 hours of admission are not automatically medical examiner cases unless they fall under the above categories.)

2. Organ Procurement: Both state and federal law requires programs to evaluate all deaths for potential organ donation. The USA Hospitals will participate in the efforts of the Alabama Regional Organ Bank to collect viable organs for transplant by providing facilities, personnel and procedures for the retrieval of the following organs: kidney, eye, heart, lung, bone marrow, joints, liver, pancreas, gastrointestinal tract, and other body parts as deemed appropriate. This policy will apply to all potential organ and tissue donors. When a potential donor is identified, the primary nurse/designee will call the necessary physicians, the coroner/medical examiner, and the OPO (AOC) to determine suitability for donation. Appropriate procedures should be followed as defined in the Hospital Policy Manual (see Hospital Policy Manual, "Organ & Tissue Procurement" on the hospital intranet). Also, in accordance with this law, a note regarding organ procurement should be included in all post-mortem chart summaries/dictations.
3. **Patient Care**

   a. **History and Physical Examination:** A complete history and physical examination shall be recorded on each patient's chart within 24 hours of admission. This report should include all pertinent findings resulting from an assessment of all the systems of the body. When the history and physical are not recorded before an operation or any potentially hazardous diagnostic procedure, it must be documented that any delay in performing such operation or procedure would be detrimental to the patient. The medical records of dental patients shall document a detailed description of the oral cavity by a dentist.

   b. **Orders:** All orders for treatment shall be in writing, shall be dated, timed and signed, and shall be written clearly, legibly and completely. Verbal orders are discouraged, but if necessary must be given to a duly licensed or registered medical professional allowed by the Rules and Regulations to receive verbal orders. Failure to sign verbal orders within 24 hours will be brought to the attention of the Medical Staff Executive Committee for appropriate action. Orders written by medical students will not be honored or acted upon until signed by the resident or attending physician in charge of the patient's care.

4. **Patient Confidentiality**

   a. **Confidentiality/HIPAA:** All information regarding any patient’s diagnosis, medical history, treatment prognosis, course of recovery, behavior, family relationships, etc., is confidential, and must not be discussed with, or in the presence of, anyone who is not directly involved in the medical therapy of that patient. Health information covered by the Privacy Rule is referred to as Protected Health Information (PHI) and is defined as follows:

      i. Any information relating to:

         - The physical and/or mental condition of a patient (applies to past, present, or future health information).
         - The provision of health care to a patient.
         - Past, present or future payment for health care.

      ii. Health information created or received by the USA Hospitals.

      iii. Individually identifiable health information or information that identifies the individual or can be reasonably believed to provide information that can be used to identify the individual.

      iv. Information in any form written, verbal or electronic.

   b. **HIPAA Violations**

      The following activities constitute violations of HIPAA and the rules of the medical staff:

      i. Inappropriate access, use, or disclosure of PHI.

      ii. Disclosing hospital-designated user IDs and passwords.

      iii. Logging on or authenticating entries with the user ID or password of another individual.

*Violations of regulations not only expose the hospital to civil and criminal liability but also the individual.*
5. **Consultations:** Requests for consultation are made by the patient's physician, and must include a reason for the consult and be documented on the chart. The completed consult is part of the patient’s chart.

6. **Patient Deaths:** The resident is to write a complete death note on the chart, giving exact details leading to the demise. In deaths where an autopsy will be performed, the death summary should be dictated into the stat medical records line for immediate transcription. Death Certificates should be signed by licensed residents on each service, except in Medical Examiner's cases.

   Death Certificates must be signed within 72 hours of receipt from the funeral home in order to promptly submit vital statistics information to the Health Department.

7. **Fetal Deaths:**
   
   a. A certificate of fetal death shall be required to be filed with the local registrar for every fetal death where the fetus has advanced to or beyond the twentieth week of gestation.
   
   b. Disposition of the body (i.e., delivery to the morgue for burial or to Pathology for surgical disposal) shall be determined by the parents.
   
   c. Medical Records is to be notified in order to process a fetal death certificate and to obtain signatures for release of the body.

8. **Live Births and Deaths of Infants**
   
   a. All live births shall be reported to Medical Records for processing a Birth Certificate.
   
   b. The death of an infant who is reported as a live birth and expires prior to discharge from hospital must be reported to Medical Records for processing a death certificate and obtaining signatures for release of the body.
   
   c. Disposition of the body shall be determined by the parents.

9. **Patient Discharges:** All patients are to be discharged prior to 11:00 a.m. It is imperative that this discharge time be enforced in order that rooms can be prepared for pre-admitted patients, that charges be processed properly, and that patients not be unnecessarily charged for an additional day in the hospital. The discharge summary is to be completed at the time of discharge, and must include recommendations for follow-up care.

10. **Correction of Medical Records**
    
    a. Draw a single, thin line through inaccurate material, making certain it is still legible.
    
    b. Date and initial.
    
    c. Add note in margin stating why previous entry is being replaced.
    
    d. Enter corrections in chronological order.
    
    e. Never obliterate material on record by scratching out, using liquid paper, or covering with felt tip pen.
    
    f. Never alter a record after it is complete, or after patient or his/her attorney has a copy.
    
    g. If you are unsure about correcting a record, ask the Risk Manager. Make certain it is clear which entry the correction is replacing.
**Charts are not to be removed from hospital for any reason.** If a resident receives a subpoena for medical records or for a deposition, he/she should contact the office of Risk Management immediately.

**SECTION VI: RESIDENT EDUCATION AND WORK ENVIRONMENT**

A. **Confidential Reporting:** The Sponsoring Institution provides residents with an educational and work environment in which they may raise and resolve issues without fear of intimidation or retaliation. Mechanisms for this are as follows:

1. **Ombudsman:** The Hospital Residency Specialist acts as an Ombudsman to the residents. The Hospital Residency Specialist’s office is located on the 7th floor of the USA Medical Center (Room 714) and can be reached by calling 251-471-7117.

   The Ombudsman is available to all residents. This is an independent, informal and confidential resource to assist with problem-solving and conflict resolution. The ombudsman is available to hear complaints in a neutral and confidential setting, and will help to sort out and identify options for resolving these concerns. Walk-ins are welcome; however, appointments are recommended to ensure availability.

   Any resident may contact the ombudsman voluntarily. Identities of those utilizing the office will not be disclosed. The only exceptions to this policy will be those circumstances in which the Ombudsman believes there is an imminent threat of serious harm or when the individual has given express permission to reveal his/her identity. Use of the Ombudsman does not preclude engaging in a more formal resolution to a problem. If an individual is interested in pursuing a more formal remedy to a problem, the Ombudsman may assist by helping to make the appropriate referrals, if requested to do so. The office does not accept notice of any kind on behalf of the University. When an individual presents a problem, the ombudsman will listen carefully and help to sort out the issues which may be presented. If appropriate, the ombudsman will explain relevant University policies or procedures and make referrals. The ombudsman also is available to engage others in informal discussions regarding a given situation.

   If given permission, the ombudsman is available to gather information, consult with others, or mediate disputes that may arise. Any resident may contact the Ombudsman with a concern or problem. These may include issues of discrimination, work environment conflicts, interpersonal relationships, sexual harassment, and intimidation, dealing with change or other related concerns.

2. **Chief Resident Committee:** The Chief Resident Committee meeting is held on a monthly basis and consists of the Hospital Administrator, DIO, a member of the Graduate Medical Education Office and chief resident representatives from each accredited program. Chief resident representatives are appointed by the program director. The Chief Resident Committee provides residents with a system to communicate and exchange information on their work environment and their programs. Responsibilities of the Committee include, but are not limited to:

   a. Serving as a resident advocate and voice throughout the USA Hospitals;

   b. Providing housestaff representation as it pertains to USAH affairs;

   c. Promoting educational resources for residents, education regarding GME policies and procedures, and interaction with medical staff and hospital administration;
d. Re-evaluating/reinforcing the policies and procedures of GME at USAH;

e. Allowing the residents an opportunity to communicate and exchange information about their various working environments and corresponding educational programs;

3. **Anonymous Reporting**: Any resident may raise issues in a confidential manner without fear of intimidation by calling the Designated Institutional Official, Graduate Medical Education Office or the ACGME hot-line in addition to the resident ombudsman. An anonymous e-mail account is available on the USA GME website and is monitored by the GME Office and the DIO.

4. **Housestaff Association**: The Housestaff Association is the designated organization that collectively represents all housestaff in graduate medical education training programs at the University of South Alabama and affiliated hospitals. The Housestaff Association is available to answer questions and seek resolution regarding issues that arise that cannot be resolved within the training programs themselves. The association assists residents in addressing training issues, including Review Committee (RC) and ACGME requirements and violations. The Association presents and advocates for housestaff concerns to the appropriate graduate medical education, university and/or hospital administrators.

   The Housestaff Association’s Executive Committee is comprised of annual peer selected departmental representatives. This group meets at least quarterly with the DIO. Representatives of the Housestaff Association attend the GME Committee meetings to provide input from the Housestaff Association about their learning and working environment.

   The Housestaff Association represents and serves only University of South Alabama Housestaff, and is funded solely through Housestaff Association dues. The Housestaff Association is not a union, and receives no other source of funding.

B. **Ancillary Support Services and Systems**: The University of South Alabama Hospitals are committed to the provision of necessary support services to develop health care delivery systems that minimize resident work that is extraneous to the graduate medical education programs’ educational goals and objectives, and to ensure that the residents’ educational experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations. Other support services provided for residents include, but are not limited to, provision of white lab coats and scrubs, on-call quarters, free parking, discounted meals, physician dining room, lounge with computer access, extensive library within the hospitals, health sciences bookstore with resident discounts, counseling services, and 24-hour security for resident safety.

   1. **Patient Support Services**: Peripheral intravenous access placement, phlebotomy services provided by the clinical laboratory, and messenger and transporter services are provided to the residents in a manner appropriate to and consistent with educational objectives and quality patient care.

   2. **Laboratory/Pathology/Radiology Services**: Laboratory, pathology and radiology services are provided to support timely and quality patient care.

   3. **Medical Records**: A comprehensive medical records system that documents the course of each patient’s illness and care is available and supports quality patient care, resident education, quality assurance activities, and provides a resource for scholarly activity.
4. **Transcription Service**: Transcription Services are centralized and transcribe for all hospital medical records departments. Transcription Services is responsible for transcribing all dictated history and physical exams, operative reports, consultations and discharge summaries. Any touch tone phone may be used to access the dictation system. If you do not know your physician ID or do not have an instruction card, you may call Transcription Services at 471-7937, and they will provide this information. Follow the instructions on your dictation card when dictating into the central system. If you choose to write a history and physical instead of dictating, please use the approved form. If a form is not on the chart, one may be requested at the nurse’s station. Any questions regarding the use of dictating equipment or the status of dictated reports can be directed to Transcription Services. History and physicals must be dictated or handwritten within 24 hours of admission and/or prior to surgery. Operative reports must be dictated or written immediately following surgery. If you are unable to dictate a discharge summary at the time of a patient’s discharge, write the final diagnoses on the last progress note to enable appropriate staff to code the chart in a timely manner. STAT dictation: Please refer to your dictation instruction card for marking a dictation STAT. This procedure should be reserved for use only in cases where a dictation needs immediate transcription.

5. **Food Services**: The sponsoring institution ensures residents have access to appropriate food services while on duty 24 hours a day through stocked vending machines, cafeteria services providing breakfast, lunch and dinner meal schedules, a grill at USA Children’s and Women’s Hospital, as well as numerous restaurants located near each of the hospitals.

   a. **Hospital Cafeterias**: Hospital cafeterias are located on the second floor of the USA Medical Center and first floor of the USA Children’s and Women’s Hospital. With proper identification, residents receive a 25% discount on meals at these facilities. Residents must present their USA ID badge to receive this discount.

   b. **Meal Reimbursement (On-call)**: Meals are the responsibility of the Resident. When a resident is on-call in the hospital, reimbursement of $5.00/call period is provided for meals.

      **ALL MEAL REIMBURSEMENT FORMS MUST BE VERIFIED BY THE RESIDENT’S CHIEF RESIDENT ON SERVICE.**

6. **Call Rooms**: The Hospital provides residents with call rooms and assigns each program rooms with a sufficient number of beds for the number and gender of residents on call. Any program requiring additional call rooms should direct this request to the Graduate Medical Education and Housestaff Offices. Repairs or maintenance work needed in the call rooms should be reported to the Hospital Residency Specialist in the Housestaff Office. Cleanliness of call rooms is maintained by the Housekeeping Department.

7. **Security and Safety**: USA is responsible for the safety and protection of staff, students and visitors and the prevention of crime on all USA Campuses. Security personnel are present on hospital grounds, as well as parking facilities and on-call areas. Emergencies may be reported or assistance requested by calling 471-7195 at the Medical Center and 415-1135 at Children’s and Women’s Hospital. An escort to the parking lots may be requested at any time by calling these numbers.

8. **Bookstore**: Located at the Student Center on Campus, telephone 460-7012. Residents receive a 10% discount on selected items with proper identification.
9. **Lounge/Break Room:** Each hospital provides a lounge for use by residents. The USA Medical Center resident lounge is located on the 7th floor of the Hospital, and USA Children’s and Women’s resident lounge is located in the Lower Level of the Hospital.

10. **Laundry:** Laundry is the responsibility of the resident.

11. **Mileage Reimbursement:** Mileage between healthcare facilities (for work-related reasons) is reimbursable. Travel reimbursement forms should be filed within sixty days. The University reserves the right not to honor travel reimbursement requests after that time. Contact the House Staff Office for proper forms.

12. **Moving/Relocation Allowance:** Residents relocating to Mobile are allowed a moving allowance of $2.00 per mile with a cap of $1,200.00. Mileage should be turned into the program’s Residency Coordinator to be processed through the Housestaff Office.

13. **Medical Libraries:** USA provides residents with access to library and computer support at the following locations:

   a. The UMC Health Information Resource Center is located on the 3rd Floor of the USA Medical Center, open Monday through Friday from 8:00 a.m. to 5:00 p.m. After hours access is available for hospital staff, as well as faculty and students in the College of Medicine, Nursing, Allied Health and AU Pharmacy. If you are in one of these groups, after hours entry can be gained by presenting an ID and signing out a key card at the desk in the hospital lobby. The copy machine in the library is operated with charge cards. Each resident will be issued a card authorizing 100 copies. Requisitions for additional copy cards are issued from the Housestaff Office.

   b. The Children’s and Women’s Hospital library, located in the Children’s and Women’s Education Building, is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Housed in this library are printed materials in Pediatrics and Obstetrics/Gynecology, as well as a computer lab and a classroom/conference room.

   c. The USA Biomedical Library, located on the USA main campus, is open Monday through Thursday 7:15 a.m. to 11:45 p.m., Friday 7:15 a.m. to 5:45 p.m., Saturday 9:00 a.m. to 5:45 p.m., and Sunday 1:00 p.m. to 9:45 p.m. Books for board exam preparation are held in reserve behind the Circulation Desk on the first floor. Reference books are located between the elevators and the reference desk on the second floor. Neither reference nor reserve materials may be checked out, although they may be used in the library and copied.

14. **Parking:** Residents are assigned parking and issued parking permits. Parking is free. Every effort is made to place the residents in parking facilities in close proximity to the hospital.

15. **Loan Deferments:** The Hospital Residency Specialist can assist with the filing of paperwork necessary for the deferment of loans.

16. **Uniforms**

   a. **White Coats:** At the time of orientation, a categorical resident is issued three (3) white coats and a preliminary (intern) resident is issued two (2) white coats. Each year thereafter, each resident is issued one (1) lab coat through the end of their residency.
b. **Scrubs:** The Hospital issues scrub suits to residents based on their specialty. Hospital scrubs are specifically provided for staff working in high risk areas of blood and body fluid exposure including the operating rooms, specialty surgical areas, certain areas of Radiology, and Labor and Delivery and the Emergency Department. Staff working in these areas should wear their own clothing to work, change into hospital scrubs for work, and change back into personal clothing prior to leaving. No hospital scrubs should be worn home or worn into the hospital from home. Tops and bottoms must be of the same color and style. Hospital scrubs worn while on rounds or on call will require a white lab coat while in areas other than the OR, specialty areas, certain areas of Radiology, Labor and Delivery or the Emergency Department. Physicians and students who work in direct patient care areas may wear hospital scrubs if their own clothes have been heavily soiled in the line of duty or in keeping with departmental guidelines. Scrubs, if soiled, should be changed. Residents are responsible for laundering their own scrub suits and having them available when needed. All head and shoe covers and OR masks should be removed prior to leaving the Operating Room and invasive laboratory areas.

**SECTION VII: RESIDENCY PROGRAM PERSONNEL AND FACULTY DEVELOPMENT**

**A. PROGRAM DIRECTOR SELECTION, QUALIFICATIONS, AND REQUIREMENTS**

The Program Director is the administrative head of the residency/fellowship training program, as identified with the accrediting agency, with authority and accountability for the operation of the program, or through the GMEC if the program has no outside accreditation. The Program Director will be the authority most directly responsible for the successful implementation and accountability for the operation of the training program.

1. **Selection**
   
a. The individual department chair will appoint a Program Director for the program. The chair may appoint him/herself as Program Director or as further specified by the ACGME RC.

b. The department chair is responsible for ensuring that the Program Director meets all institutional and specialty specific program requirements.

c. For combined residency programs (e.g. Combined Internal Medicine-Pediatrics) the department chairs of all applicable departments will collaboratively appoint a Program Director and ensure he/she meets all requirements.

d. The Graduate Medical Education Committee will review the qualifications of the Program Director. After review/approval the chair of the GMEC will appoint a mentor from the GMEC to the newly appointed Program Director to assist with any questions he/she may have. The DIO will then submit information requesting approval from the ACGME via WebADS. Upon notification by the ACGME, the Program Director will receive a confirmation e-mail from the ACGME with further instruction.

2. **Qualifications**
   
a. Each Program Director **must** obtain and maintain the following qualifications:

   i. requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee (RC);
ii. current certification by the specialty board in the discipline of the program, or specialty qualifications that are acceptable to the RC; and

iii. licensure to practice medicine in the state where the institution that sponsors the program is located and an appointment in good standing to the medical staff of an institution participating in the program; and

iv. as further specified by the RC

b. The Program Director must continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. The minimum term of the Program Director appointment should be the duration of the program plus one year.

3. Responsibility

Program Directors must communicate any changes in credentials that could adversely affect program accreditation to the Department Chair and Chair of the GME Committee.

In addition to any specialty/sub-specialty specific requirements outlined in the relevant program requirements, the Program Director must administer and maintain an educational environment conducive to education for the residents in each of the ACGME competency areas. The responsibilities of the Program Director must include, but are not limited to, the following:

a. Quality Monitoring – Monitor and ensure the quality of didactic sessions and the clinical education of the residents.

b. Faculty Evaluations - Evaluate the effectiveness of faculty in resident education in accordance with departmental policies based on resident evaluations of the faculty.

c. Resident Evaluation - Provide each resident with documented semiannual evaluation of performance with feedback for improvement.

d. Policies & Procedures - Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working and learning environment, including moonlighting, and, to that end, ensure:

   i. Distribution of these policies and procedures to the residents and faculty.

   ii. Monitoring of resident duty hours according to institutional guidelines with a frequency sufficient to ensure compliance with ACGME requirements.

   iii. Monitoring the demands of at-home call; and if applicable;

   iv. Adjustment of schedules as necessary to mitigate excessive service demands and/or fatigue.

e. Monitoring Patient Care - Monitor the need for and ensure the provision of a contingency plan to alleviate a resident’s excess workload if an unusual increase in patient volume occurs, and patient care responsibilities become unusually difficult or prolonged.

f. Resident Activity at Participating Sites - Monitor resident activities at participating sites, appointing a local director who is aware of the requirements pertaining to resident education, and who will assume responsibility for monitoring not only the residents, but also the other faculty at the participating site. Ensuring inclusion of the local director in any resident education updates to
help the director feel like he/she is part of the program and solidify his/her commitment to resident education.

g. **Administrative Duties** – Include, but are not limited to:

i. Preparation and submission of all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to Web ADS, and ensuring that the information submitted is accurate and complete;

ii. Completion of all required written documents before a site visit;

iii. Provision of verification of residency education for all residents, including those who leave the program prior to completion to the Office of Graduate Medical Education;

iv. Obtain GMEC and DIO approval before submitting information or requests to the ACGME for the following:

1. applications for ACGME accreditation of new programs;
2. changes in resident complement;
3. major changes in program structure or length of training;
4. progress reports requested by any RC;
5. responses to all proposed adverse actions;
6. requests for increases or changes to resident duty hours;
7. voluntary withdrawals of ACGME-accredited programs;
8. requests for appeal of an adverse action;
9. appeal presentations to a Board of Appeal or the ACGME; and
10. proposals to ACGME for approval of innovative educational approaches.

v. Obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:

1. program citations;
2. requests for changes in the program that would have significant impact, including financial, on the program or institution (as further specified by the individual RC)

vi. Compliance with the institution’s written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;

vii. Familiarity and compliance with ACGME and RC policies and procedures as outlined in the ACGME Manual of Policies and Procedures;

viii. Ensure compliance with grievance and due process procedures as set forth in Section XI of this manual.

h. **Monitoring of Faculty Development** – The Program Director should encourage the utilization of available online resources, as listed under D of this Section, and create a plan to promote faculty development, including a monitoring mechanism.

4. **Application Process for New Residency/Fellowship Programs**: The institution provides general information about the process that leads to creating newly accredited/non-accredited ACGME-programs.
a. Prior to initiating the application process with the ACGME, the following must be presented to the GME Committee for approval:

i. Copy of letter showing support from the Senior Administrative Staff at the Hospital authorizing the addition of residents/fellows.
ii. Copy of letter showing support from the Dean, College of Medicine.
iii. No program will be approved without verification of support from a. and b. above.

b. Upon approval from the GMEC to initiate the application process, the Program Director should follow the procedures of the ACGME by logging into the Accreditation Data System at [www.acgme.org](http://www.acgme.org) and completing the Application for New Program. Once the program has initiated the application with the ACGME, an e-mail will be sent to the program director indicated on the form with instructions on how to complete the application. The e-mail will include instructions on logging into the Accreditation Data System (ADS) along with a username and password. The program director will then be required to login and complete a four-step process that includes:

i. Entering detailed program information
ii. Compiling a faculty roster

c. The application will then be reviewed by the GME Committee at its next scheduled meeting, signed by the appropriate personnel and mailed to the ACGME.

d. An invoice will be sent by the ACGME to the sponsoring institution’s Designated Institutional Official (DIO) upon receipt of a completed application.

5. Scholarly Activities - The program director and faculty are responsible for establishing and maintaining an environment of inquiry and scholarship and an active research component within each program. The program director must ensure that faculty and residents participate in scholarly activity defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

d. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research, and provision of support for residents participating in appropriate scholarly activities. The program director must ensure that adequate resources for scholarly activities for faculty and residents are available, including sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.
B. FACULTY

The teaching faculty of the program is appointed on recommendation of the program director, division director and departmental chair, with approval of the Dean, College of Medicine, University of South Alabama. At each participating site, there must be a sufficient number of teaching faculty with documented qualifications to instruct and supervise all residents at that location. The teaching faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of residents. Teaching faculty must also administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas. In addition to any requirements outlined in the relevant Program Requirements, all teaching faculty should possess the following:

1. Current certification by the specialty board in the discipline of the program, or specialty qualifications that are judged to be acceptable by the RC.

2. Licensure to practice medicine in the state where the institution that sponsors the program is located and an appointment in good standing to the medical staff of an institution participating in the program.

3. Non-physician faculty must have appropriate qualifications in their field and an appointment in good standing to the medical staff of an institution participating in the program.

4. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. The responsibilities of the faculty must include, but are not limited to, the following:

   a. The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and

   b. Some members of the faculty should also demonstrate scholarship by one or more of the following:

      i. peer-reviewed funding;
      ii. publication of original research or review articles in peer-reviewed journals or chapters in textbooks; or
      iii. publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings;
      iv. participation in national committees or educational organizations.

   c. Faculty should encourage and support residents in scholarly activities.

C. OTHER PROGRAM PERSONNEL AND RESOURCES

The Sponsoring Institution and programs ensure availability of the following, as specified in the program specific requirements:

1. Availability of all necessary professional, technical, and clerical personnel for the effective administration of the program;

2. Availability of adequate resources for resident education;
3. Ready access to specialty-specific and other appropriate reference material, in print and electronic format, to include electronic medical literature NOTE: Databases with search capabilities are available at the Biomedical Library or their web site at http://biomedicallibrary.southalabama.edu/library/

D. FACULTY DEVELOPMENT RESOURCES: Local faculty development options are available by online resource pages. These sites offer a number of programs designed to assist in teaching development. Some recommended options include, but are not limited to, the following:

1. Alertness Management/Fatigue Mitigation – The sponsoring institution provides the following resources for the education of faculty concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. Programs must have a monitoring system in place to ensure compliance with this requirement.
   a. LIFE Curriculum – The “Teachers Guide on Learning to Address Impairment and Fatigue to Enhance Patient Safety (LIFE)” Curriculum is available in the GME Faculty Development module on USA Online (along with other various faculty development resources specific to Graduate Medical Education), and is an excellent resource for faculty development in the recognition of various forms of impairment in residents to include recognizing the signs of fatigue and sleep deprivation.
   b. USA Consultation and Outreach – The staff in the USA Consultation and Outreach Office offer seminars, at no charge to staff and faculty, in areas such as:
      - Anger Management
      - Communication Skills
      - Career Development
      - Conflict Resolution
      - Diversity Training
      - Human Relations Training
      - Leadership Training
      - Stress Management
      - Substance Abuse Prevention Training
      - Time Management
      - Value Clarification

      These topics are designed to meet the needs of residents and faculty and offer strategies designed to improve academic performance and enhance psychological well-being. The USA Consultation and Outreach staff focuses on developing positive mental health and optimizing personal development.

2. USA Biomedical Library - The USA Biomedical Library (251-460-7044) provides access to the library's book and journal collection. It also serves as a centralized entry point into the library's numerous research tools and databases including PubMed, Access Medicine, ACP Pier, Cochrane, DynaMed, Ovid's Primal Pictures, and other authoritative and full text tools only available through the library's paid subscriptions. This link also provides easy access to reference librarians via e-mail, chat, text, or telephone. Most of the library's resources can be accessed from off-campus locations with student or faculty log in via the proxy server. Each program is assigned a biomedical resource librarian to aid in securing program specific educational resources.
3. **Educational Technologies and Services** - The Department of Educational Technologies and Services (251-460-6317) coordinates quality improvement of education by providing support and development to College of Medicine faculty and students. Educational support includes designing and developing instructional materials and methodologies, keeping up-to-date with innovative technological advancements, and developing assessment strategies. Educational support is provided for all College of Medicine educational departments (i.e. Medical Education, Continuing Medical Education, Graduate and Residency Programs).


4. **Evidence-Based Medicine in Primary Care and Internal Medicine** - Evidence-Based Medicine ([http://ebm.bmj.com/](http://ebm.bmj.com/)) systematically searches a wide range of international medical journals applying strict criteria for the validity of research. Experts critically appraise the validity of the most clinically relevant articles and summarize them including commentary on their clinical applicability. EBM also publishes articles relevant to the study and practice of evidence-based medicine. The biomedical librarians are available to present instruction on the utilization of Dynamed, the USAH evidence-based medicine resource, to the various programs at the request of the program director.

5. **MedEdPORTAL** - A new resource from the Association of American Medical Colleges (AAMC) for publication and dissemination of peer-reviewed works related to medical education; resources for educational scholarship.

http://services.aamc.org/30/mededportal/servlet/segment/mededportal/information/

6. **Faculty Vitae** - Faculty Vitae is a Web-based publication of the AAMC's Faculty Development and Leadership (FD&L) section. Its features bring resources for professional development to the desktops of faculty in medical schools and teaching hospitals.

https://www.aamc.org/members/gfa/faculty_vitae/148574/educator_portfolio.html

7. **ACGME Topic Based Best Practices** - Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A Notable Practice is not a Requirement, which is a minimum standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a Requirement. Many Review Committees have begun to identify notable practices and are making these available to programs in the specialty through the RC webpage. Programs in other specialties may find some of these useful models that could be adapted for their specialty-specific program needs. The All Review Committees Notable Practices webpage is a collection of all the Notable Practices from all RC web pages, reorganized by topic.

SECTION VIII: EDUCATIONAL PROGRAM, ASSESSMENTS AND RESOURCES

A. **CURRICULUM COMPONENTS**

All programs must provide their residents with an educational curriculum as outlined in the common and specialty/subspecialty specific requirements, including competence in the six areas listed below
to the level expected of a new practitioner. The program’s curriculum must contain, at a minimum, the following educational components:

1. Overall educational goals for the program, which must be distributed to the residents and faculty annually;

2. Regularly scheduled didactic sessions;

3. Job descriptions of resident responsibilities by PGY level for patient care, progressive responsibility for patient management, and supervision of residents over the length of the program;

4. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty, in either written or electronic form, annually. Programs must require residents review this information prior to the start of each rotation and have a monitoring system in place to ensure compliance.

5. The following ACGME Competencies must be integrated into the program’s curriculum:
   a. Patient Care – Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   b. Medical Knowledge – Residents must be able to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
   c. Practice-based Learning and Improvement - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
      i. identify strengths, deficiencies, and limits in one’s knowledge and expertise;
      ii. set learning and improvement goals;
      iii. identify and perform appropriate learning activities;
      iv. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
      v. incorporate formative evaluation feedback into daily practice;
      vi. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
      vii. use information technology to optimize learning; and,
      viii. participate in the education of patients, families, students, residents and other health professionals.
   d. Interpersonal and Communication Skills – Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
      i. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
      ii. communicate effectively with physicians, other health professionals, and health related agencies;
iii. work effectively as a member or leader of a health care team or other professional group;
iv. act in a consultative role to other physicians and health professionals; and,
v. maintain comprehensive, timely, and legible medical records, if applicable.

e. **Professionalism** – Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

i. compassion, integrity, and respect for others;
ii. responsiveness to patient needs that supersedes self-interest;
iii. respect for patient privacy and autonomy;
iv. accountability to patients, society and the profession; and,
v. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

f. **Systems-based Practice** – Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

i. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
ii. coordinate patient care within the health care system relevant to their clinical specialty;
iii. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
iv. advocate for quality patient care and optimal patient care systems;
v. work in inter-professional teams to enhance patient safety and improve patient care quality; and, participate in identifying system errors and implementing potential system solutions.

NOTE: Programs are also responsible for ensuring that any additional specialty specific requirements by their individual RCs are incorporated into the curriculum.

**B. ASSESSMENT METHODS**

Programs must develop methods to evaluate the effectiveness of the educational program, and based on these evaluations update the curriculum annually. Some assessment methods / time frames in which to solicit feedback include, but are not limited to, the following:

1. **Lecture Evaluations** - Written or electronic evaluations, distributed after lectures, allow tabulated results to be shared with the lecturer.

2. **Confidential Rotation Evaluation** - Evaluations completed by the residents at the completion of each rotation / assignment.

3. **Semiannual Resident Evaluations** – This type of evaluation allows programs to hear from all residents about their impressions of their educational experience biannually in a formal sit-down session.

4. **Program Completion Evaluation** – An exit questionnaire or exit interview with residents completing the program to assess their overall training experience.
5. Postgraduate surveys – A short postgraduate survey can be sent to former residents one year after they graduate which provides feedback of current issues young physicians are encountering in practice, which allows programs to adjust their curriculum, accordingly. This may also provide more forthright responses than current residents give a program.

C. GME CURRICULUM AND SPECIALTY SPECIFIC RESOURCES

The GME Committee has made available multiple resources to assist programs in teaching residents and providing a solid foundation in their education.

1. ACGME Core Competencies

   GME Today - Each course is divided into interactive modules that take 15-30 minutes to complete. At the conclusion of each module, the resident completes an online post-test and evaluation which is used to log their participation. Automated e-mail alerts are sent to residents reminding them to complete the assigned curriculum as a monitoring method. Usage reports are tracked by the program coordinators.

2. Residents as Teachers - It is the policy of the Graduate Medical Education Committee (GMEC) to provide regular review of all residency training programs to ensure compliance with institutional policies, the ACGME institutional requirements, ACGME program requirements and to follow the guidelines set forth by the LCME.

   Clinical Teaching Handbook - The GME Office has identified teaching guidelines from the Ohio State University College of Medicine. Information for purchasing this handbook, as well as other helpful links, is available on the GME resource page at http://www.usahealthsystem.com/body.cfm?id=1700.

   GME Today - All incoming residents are required to complete the module in GME Today entitled Residents as Teachers.

3. Alertness Management/Fatigue Mitigation – The sponsoring institution provides the following resources for the education of residents concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. Programs must have a monitoring system in place to ensure compliance with this requirement.
   
   a. Sleep Deprivation and Fatigue – Beginning with the 2012-2013 academic year, all new incoming residents and fellows will be required to view the LIFE Curriculum module on Sleep Deprivation and Fatigue housed in USA Online.

4. Physician Impairment & Substance Abuse

   a. GME Today – All new incoming residents and fellows are required to complete the module in GME Today entitled Physician Impairment: Recognition and Intervention.

5. USA Biomedical Library - The USA Biomedical Library (251-460-7044) provides access to the library's book and journal collection. It also serves as a centralized entry point into the library's numerous research tools and databases including PubMed, Access Medicine, ACP Pier, Cochrane, DynaMed, Ovid's Primal Pictures, and other authoritative and full text tools only available through the library's paid subscriptions. This link also provides easy access to reference
librarians via e-mail, chat, text, or telephone. Most of the library's resources can be accessed from off-campus locations with resident log in via the proxy server. Each program is assigned a biomedical resource librarian to aid in securing program specific educational resources including, but not limited to:

a. **Exam Master Online** - An excellent resource for medical students in all phases of their medical education, with each section consisting of question banks containing a large number of questions. Of special relevance to the medical student are the following sections: USMLE is useful to medical students in preparing for all steps of the USMLE, Step 1, Step 2, and Step 3. Certification Review Series is useful to residents in preparing for various certification exams. Finally, the Medical Subject Review offers board questions arranged by subject for most of the subjects taught in the first two years of the M.D. curriculum.

b. **USMLEasy Lite** - This is another excellent resource to aid in board preparation. Found on the Access Medicine link, it requires a free registration to access the test bank.

c. **First Aid Cases for the USMLE Step 2 CK**

d. **Surgery Board Review Tests from Access Surgery**

D. **EXPERIMENTATION AND INNOVATION:** Since responsible innovation and experimentation are essential to improving professional education, faculty and resident participation in experimental projects at the University of South Alabama must be supported by sound educational principles. Residents’ participation in projects that deviate from the Institutional, Common, and/or Specialty specific program requirements requires approval from the Graduate Medical Education Committee prior to submission to the ACGME and/or respective Review Committee. Program directors must adhere to the procedures of the ACGME. These are available in the *ACGME Manual on Policies and Procedures* under “Approving Proposals for Experimentation or Innovative Projects”. The sponsoring institution and program director are mutually responsible for monitoring the quality of education offered to residents for the duration of the project, and the residents are expected to conduct themselves according to the standards and practices which are commonly accepted within the scientific community. Any allegation of scientific misconduct by a resident will be handled by the USA College of Medicine using the University of South Alabama Procedures for Investigating and Reporting Scientific Misconduct.

SECTION IX: RESIDENT DUTY HOURS IN THE LEARNING AND WORKING ENVIRONMENT

A. **Professionalism, Personal Responsibility, and Patient Safety**

The Sponsoring Institution ensures its residency programs educate the residents and faculty members in the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. The institution requires program directors to ensure all residents and faculty members demonstrate sufficient responsiveness to patient needs that supersedes self-interest.

The Graduate Medical Education Committee (GMEC) monitors the following requirements during the Internal Review process:

1. Programs must be committed to and responsible for promoting patient safety and resident well-being in a supportive, educational environment that includes residents being integrated into and
actively participating in interdisciplinary clinical quality improvement and patient safety programs;

2. The learning objectives of all programs must provide an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and must not be compromised by excessive reliance on residents to fulfill non-physician service obligations;

3. The program director and sponsoring institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following areas:

   a. assurance of the safety and welfare of patients entrusted to their care;
   b. provision of patient- and family-centered care;
   c. assurance of their fitness for duty;
   d. management of their time before, during, and after clinical assignments recognize impairment, including illness and fatigue, in themselves and in their peers;
   e. attention to lifelong learning;
   f. the monitoring of their patient care performance improvement indicators; and,
   g. honest and accurate reporting of duty hours, patient outcomes, and clinical experience.

B. Transitions of Care: Each department shall establish a policy that meets the departmental needs and is in compliance with the policies of the sponsoring institution.

The transition of care is a critical element in patient safety. It must be organized such that complete and accurate clinical information on all involved patients is transmitted between the outgoing and incoming teams and/or individuals responsible for that specific patient or group of patients. Residents and faculty will follow a standardized sign-out process when conducting handoffs within their department, and by doing so, will have the following benefits:

1. Reduce handoff related patient care errors.
2. Provide residents with a template of information that needs to be exchanged.
3. Underscore the importance of conducting handoffs.
4. Comply with the ACGME Common Program Requirements for transitions of care.

The Sponsoring Institution will ensure effective, structured transition of patient care procedures to facilitate both continuity of care and patient safety within each program through the Graduate Medical Education Committee’s (GMEC) Internal Review Process. Each program’s written transition of care procedure will be reviewed by the chair of the Internal Review Committee and discussed with key clinical faculty and residents during the interview process. In the event a program has any changes to their transition of care process, either before or after their internal review, a copy of the revised written procedure will be presented to the GMEC for review and approval.

The Sponsoring Institution will monitor all programs for the effectiveness of their transition of care procedures. Effective monitoring will include, but is not limited to, the following guidelines:

1. Programs will be required to have a structured program for faculty and residents whereby instruction in the sign-out process is provided. Confirmation of completion of the instructional phase must be available for review by the GMEC’s Internal Review Committee and GME Office, when requested.
2. Programs will be required to have a defined sign-out process with written confirmation of sign-out procedures. This will serve as a written record of the sign-out process.

3. The Sponsoring Institution’s Quality Assurance (QA) Department will monitor all QA activities for incidents in which errors in patient care occurred secondary to breakdowns in transitions of care procedures. These events will be forwarded to the respective departments for root cause analysis of the event. A summary of these events will be presented at the GMEC meetings in a confidential manner in compliance with HIPPA violations.

4. Programs will be required to provide information on how they inform all members of the health care team which attending physicians and residents are responsible for each patient’s care when transition of care occur. This information must be maintained and updated in the event of any changes in resident and/or faculty assignments.

C. Supervision of Residents: Each department shall establish a policy that meets the departmental needs and is in compliance with the policies of the sponsoring institution.

1. All residents working in clinical settings must be supervised by a licensed physician. Within the State of Alabama, the supervising physician must hold a regular faculty or clinical faculty appointment from the University of South Alabama College of Medicine. Residents on clinical rotations outside the sponsoring institution are supervised by a physician approved by the residency program director.

2. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the ACGME classification of supervision (CPR Vi.D.3):

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

   b. Indirect Supervision:

      with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

      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.

   c. Oversight:

      The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

3. PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available, this may be further specified by the Review Committee.

4. Each program must specify in writing the type and level of supervision required for each level of the program.
5. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

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

7. Each program will maintain current call schedules with accurate information enabling residents, at all times, to obtain timely access and support from a supervising faculty member. Verification of required levels of supervision for invasive procedures will be accomplished as part of the Internal Review process. Programs must advise the Assistant Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive procedures. The GME Committee must approve requests for significant changes in levels of supervision.

8. The Program Director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on Supervision must be included in the official Program Manual and provided to each resident upon matriculation into the program, in either electronic or written form.

D. ALERTNESS MANAGEMENT/FATIGUE MITIGATION

a. The Sponsoring Institution ensures that residency programs provide education for their faculty and residents to recognize the signs of fatigue and sleep deprivation; provide education in alertness management and fatigue mitigation processes; and must adopt and apply polices to prevent and counteract the potential negative effects on patient care and learning such as back-up call schedules and naps. Education in recognizing sleep deprivation and fatigue mitigation is provided to all new incoming residents and fellows as part of annual new resident institutional orientation. Faculty development resources are available on the GME website, whereas; programs may provide additional training and must identify and document the faculty training methods.

b. The Sponsoring Institution provides adequate sleep facilities for residents and faculty who may be too fatigued to safely return home.

E. DUTY HOURS:

The Sponsoring Institution’s policy on duty hours for residents follows the intent and language found in the Accreditation Council for Graduate Medical Education (ACGME) guidelines addressing this topic. All ACGME and non-ACGME accredited programs must adhere to the following principles:

a. Be committed to and responsible for promoting patient safety and resident well-being and provide a supportive educational environment.

b. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

c. Clinical education must have priority in the allotment of residents’ time and energy.

d. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

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

Averaging must occur by rotation, i.e., 4 week period, 1 month period, or the period of a rotation if less than 4 weeks. Vacation and leave must be excluded when calculating duty hours, call frequency or days off. When a resident and fellow are assigned to a rotation outside their program, the specialty-specific program requirements regarding duty hours, as well as the receiving program’s duty hour policy apply.

All ACGME accredited programs must comply with ACGME and Institutional duty hour requirements, policies, and procedures. Each program is required to monitor their residents’ duty hours and have written policies in place and in accordance with the institutional and ACGME specialty specific requirements.

1. **Duty Hour Requirements** - Each department shall establish a policy that meets the departmental needs and is in compliance with the policies of the sponsoring institution. The following institutional policies apply to all program residents and fellows:

   a. **Maximum Hours of Work per Week (80 hour rule):** Duty hours must be limited to 80 hours per week averaged over a 4 week period, inclusive of all in-house call activities and internal and external moonlighting.

   b. **Mandatory Time Free of Duty (1 in 7 off rule):**

      i. Residents must be scheduled for a minimum of 1 day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

      ii. One day is defined as one continuous 24 hour period free from all clinical, educational and administrative activities.

   c. **Maximum Duty Period Length**

      i. **PGY-1** residents may not work over 16 hours in duration, may not take at home call, and may not moonlight.

      ii. **PGY-2** residents and above have a 24 hour maximum work period.

         (1) (24+4) – The additional 4 hours for transitions of care; no additional clinical responsibilities after 24 hours of continuous in-house duty are allowed.

         (2) Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.

         (3) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

            A. Under these circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care, document the
reasons for remaining to care for the patient in question and submit that
documentation in every circumstance to the program director.

B. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

d. Minimum Time Off between Scheduled Duty Periods

i. All PGY 1 residents should have 10 hours, and must have eight hours free of duty between scheduled duty periods.

ii. Intermediate-level residents (as defined by the Review Committee) must have at least 14 hours free of duty after 24 hours of in-house duty.

iii. Residents in the final years of education and under certain circumstances (as defined by the Review Committee) may need to stay on duty to care for patients or return to duty with fewer than 8 hours free of duty in preparation for entering unsupervised practice of medicine over irregular or extended periods.

1. These instances must be monitored by the program director, and there must continue to be compliance with the 80 hour, 1-in-7 off, and maximum duty period length requirements.

e. Maximum Frequency of In-House Night Float - Night float, as defined by the ACGME Glossary of Terms, is a rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. The rotation must have an educational focus.

i. Residents must not be scheduled for more than six consecutive nights of night float, this may be further specified by the Review Committee.

f. Maximum In-House On-Call Frequency – In-house call, as defined by the ACGME Glossary of Terms, is duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

i. PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

g. At-Home Call: At-home call (pager call), as defined by the ACGME Glossary of Terms, is call taken from outside the assigned institution. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.

i. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for 1-in-7 free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

ii. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

65
F. OVERSIGHT AND MONITORING OF DUTY HOURS

All programs must comply with duty hour requirements of the Accreditation Council for Graduate Medical Education (ACGME). It is the goal of the Graduate Medical Education (GME) Office and Affiliated Hospitals that the Institution has no duty hour violations. The GME Office will monitor, track, and report monthly duty hour compliance for all programs. Programs must follow and comply with the requirements of the GME Duty Hour Policy.

1. Oversight and Compliance Requirements

Programs are required to develop and maintain a policy on resident duty hours that complies with their Specialty-specific Program requirements, the Common Program Requirements, the ACGME Duty Hour Standards, and the Institutional GME Duty Hour Policy. Programs must provide copies of their duty hour policy to the GME Office that address the following:

   a. Mechanisms used by the program to ensure residents and fellows report their duty hours in NI by a specific day.
   b. How the program monitors duty hours, according to GME institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements.
   c. How the program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable.
   d. How the program monitors fatigue, and how the program will adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
   e. How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.
   f. Whether or not the program allows moonlighting. If moonlighting is allowed, the policy must comply with and reference the GME Institutional Policy on Moonlighting.
   g. Whether or not the program allows call trading. If so, document how the program oversees this to ensure compliance with duty hour requirements.

2. Monitoring Tools:

New Innovations - The Graduate Medical Education Committee (GMEC) has mandated that all residents log their duty hours using the Graduate and Undergraduate Medical Education Software “New Innovations” (NI). Although it is primarily the responsibility of each program to ensure resident compliance with duty hour logging in NI, the GME office and GMEC will provide additional oversight with regard to duty hours monitoring as follows:

   a. The GME office will notify the departmental program director and coordinator of any resident who is non-compliant in logging duty hours by the 7th of each month. The program director will have two weeks (14 days) from the date of notification to bring the resident into compliance with the requirement, or the resident will be placed on leave without pay, on a daily basis, until the requirement has been met.
   b. The GME Office will generate a monthly duty hour compliance report for each program the Friday before the GMEC’s monthly meeting. The program director will present any duty hour violations on the compliance report to the GMEC at the meeting. Programs in violation of duty hours will follow the Monitoring Process outlined below.
c. Internal Review Process – At the midpoint between each program’s scheduled site visit, the GMEC is responsible for conducting an internal review of the program. As part of this process, the Internal Review Committee will review and document each program’s duty hour policy and compliance status.

d. ACGME Resident/Fellow Survey – Residents/Fellows in all core specialty programs (regardless of size) and subspecialty programs (with four or more fellows) are surveyed by the ACGME every year. A section of the survey assesses duty hour compliance. Results are available to the program and DIO for programs with four or more trainees with a 70% or greater response rate.

e. Anonymous Reporting - Any resident may report violations of any duty hour rule through procedures established by each program and/or by calling the Designated Institutional Official, Institutional Ombudsman, Graduate Medical Education Office (including anonymous reporting via an e-mail account on the USA GME Website) or the ACGME hot-line.

3. Monitoring Process - Evidence of non-compliance discovered in the aforementioned, as determined by the GMEC, will prompt review by the GMEC as follows:

Month 1: Any deficiencies identified through monitoring the above processes are presented by the program director to the GMEC in order to solicit suggestions and feedback from the committee. Based on this feedback, the program director devises a written plan of action and monitoring plan for presentation at the following month’s GMEC meeting.

Month 2: The GMEC reviews, modifies as necessary and approves the program’s action plan by majority vote.

Months 3 - 5: Outcome data based on the implemented plan are collected during the course of the next three months.

Month 6: The program director provides a written follow-up report to the GMEC summarizing the results from monitoring, and indicating whether the plan of action corrected the deficiencies.

G. REQUESTS FOR APPROVAL OF DUTY HOURS EXCEPTIONS

The Graduate Medical Education Committee (GMEC) will evaluate an individual program’s request for a maximum 10% increase in the 80-hour limit to resident duty hours. The GMEC will review and upon acceptance, formally endorse the request for an exception. This endorsement will be indicated by a letter to the program signed by the Designated Institutional Official (DIO). The following written procedures and criteria for endorsing requests for an exception to the duty hour limits must be met.

1. Eligibility Criteria

   a. The sponsoring institution must have a Favorable Status from its most recent review by the ACGME Institutional Review Committee.

   b. The program requesting the exception to duty hours must be accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.
2 **Required Documentation:** It will be the individual program’s responsibility to show that the exception is necessary for educational reasons. The proposal presented to the GMEC must include the following:

a. **Patient Safety:** Information that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended work hours.

b. **Educational Rationale:** A sound educational rationale should be described in relation to the program’s stated goals and objectives for particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire program should be considered the exception, not the rule.

c. **Moonlighting Policy:** Specific moonlighting policies for the periods in question must be included.

d. **Call Schedules:** Resident call schedules during the times specified for the exception must be provided.

e. **Faculty Monitoring:** Documented evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation.

H. **MOONLIGHTING** - The Graduate Medical Education Committee (GMEC) recognizes that moonlighting is not an activity associated with part of the formal educational experience. Residents must not be required to participate in moonlighting activities. Moonlighting includes both internal and external moonlighting (as defined in the ACGME Glossary of Terms).

Specific policies concerning moonlighting may vary from program to program, and residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs. Moonlighting is not required by this institution and should be closely monitored by the program director. The following institutional policies apply to moonlighting by residents in all programs:

1. PGY-1 residents are not permitted to moonlight.

2. International residents/fellows who are not U.S. citizens or legal permanent residents are **NOT** allowed to participate in external moonlighting. All requests for moonlighting by international graduates must be submitted to the University of South Alabama Office of International Education for appropriate documentation and approval in addition to the approval of the program director.

3. Residents participating in external moonlighting may not apply for exempt status for DEA certificates.

4. All requests for moonlighting must be approved in advance and at the discretion of the Department Program Director. A written request, available in the GME Office, must be completed by the resident and approved, in advance, by the Program Director. This form should be included in the resident’s file and maintained within the department.

5. Moonlighting must **not** interfere with the ability of the resident to achieve the goals and objectives of the educational program, research, or patient care missions of the USA College of Medicine and the USA Hospitals.
6. The Program Director must monitor the resident’s performance for the effect of moonlighting upon performance. Adverse effects may lead to withdrawal of permission to moonlight. The program director is to ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

7. Moonlighting must have educational value and/or provide professional services to either medically underserved areas and/or enhance the relationships between the USA Hospitals and the community.

8. Moonlighting must not incur legal liability or risk to the University of South Alabama or its affiliated institutions.

9. Moonlighting will be counted toward the 80-hours per week, averaged over 4 weeks, duty hour limit and must be logged in New Innovations.

10. Moonlighting outside of the USA system is not covered by the medical malpractice insurance provided by USA. All residents who moonlight at other sites are responsible for obtaining their own malpractice insurance for that activity at their own expense.

11. Residents permitted to moonlight must have appropriate medical licensure for the state where the moonlighting occurs.

12. It is the responsibility of the institution hiring the resident to moonlight to ensure that licensure is in place, adequate liability coverage is provided, and that the resident has the appropriate training and skills to carry out assigned duties.

13. Failure of a resident to disclose moonlighting activities to his/her program director will be considered grounds for dismissal.

Procedure

a. Residents seeking approval to moonlight must obtain the required written approval by completing the appropriate request form. The program director must provide written approval prior to allowing a resident to engage in moonlighting activities. A copy of the completed approval form must be supplied upon request to the GME Office.

b. Programs must ensure residents log all moonlighting activities using the New Innovations Software.

c. Programs must maintain a copy of the completed “Approval for Resident Moonlighting” form in the resident’s permanent file.

d. Programs must maintain an ongoing record of all moonlighting approvals for all residents, as this record will be reviewed at the time of the Internal Review by the GMEC.

I. Evaluation: The program director must develop and implement program-specific policies and procedures for evaluating resident performance, the performance of faculty, and the educational effectiveness of the program. Such policies and procedures must include a written plan of action to
document initiatives to improve any areas of deficiency identified. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

1. **Resident Evaluation**: Faculty must evaluate each resident’s performance during each rotation or similar educational assignment, and document this evaluation at the completion of the assignment. Evaluations of resident performance must be made accessible for review by the resident upon his or her request in accordance with individual program policies. Each program’s evaluation procedures must include:

   a. Objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;

   b. Use of multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff) to complete an evaluation of each resident’s performance at the completion of each rotation;

   c. documented progressive resident performance improvement appropriate to the educational level;

   d. A written semiannual evaluation of each resident’s performance with feedback;

2. **Summative Evaluation**

   The program director must prepare a summative evaluation for each resident upon completion of the program. The original must then be sent to the Graduate Medical Education Department for inclusion in the resident’s permanent institutional record. This information is made available for review by the resident, upon his or her request, in the presence of GME personnel. The evaluation must include the following:

   a. a review of the resident’s performance during the final period of education, and;

   b. verification that the resident has demonstrated sufficient competence to enter practice without direct supervision.

3. **Faculty Evaluation**: The program director must ensure that the program evaluates each faculty member’s performance as it relates to the educational program, at least annually. The evaluations should include:

   a. Review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities;

   b. Annual written confidential evaluations by the residents.

4. **Program Evaluation and Improvement**: The program director must ensure that the program has annual documented formal, systematic evaluation of the curriculum and must monitor and track each of the following areas:

   a. Resident performance;

   b. Faculty development;
c. Graduate performance, including performance of program graduates on the board certification examination; and,

d. Quality of the program to include, but not limited to:

   i. Providing the residents and faculty the opportunity to evaluate the program confidentially and in writing at least annually;

   ii. Using the results of residents’ assessments of the program together with other program evaluation results to improve the program;

   iii. Developing a plan of action, if deficiencies are found, to document initiatives to improve performance in these areas. The action plan must be approved by the teaching faculty and documented in meeting minutes.

This process will be monitored by the Internal Review process.

5. **Hospital Medical Staff Review**: Patient care rendered by residents is also subject to review by the committees of the Hospital Medical Staff; specifically, the Quality Assurance, Patient Safety, Blood Use, Infection Control, Pharmacy and Therapeutics (Medication Use) and the Management of Information Committees. Each of these committees is charged with the responsibility of examining the care delivered to patients, and where there is a question of appropriateness of care, asking the physician in charge of the care to appear before the committee to clarify treatment.

**SECTION X: PHYSICIANS IMPAIRMENT AND COUNSELING SERVICES**

Physician health is essential to quality patient care. USA GME strives to create an environment to assist residents in maintaining wellness and in proactively addressing any health condition that could potentially affect their health, well-being, and performance. Most health conditions do not affect workplace performance or impair the practice of medicine. For the purposes of this policy and procedure, a health condition is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect the practice of medicine and/or impair the resident’s performance in the program.

**A. RESPONSIBILITIES OF THE PROGRAM DIRECTOR**

1. Program directors and faculty are required under ACGME guidelines to “monitor stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol related dysfunction.” Situations that demand excessive service or that consistently produce undesirable stress on residents should be evaluated and modified. The “Teachers Guide on Learning to Address Impairment and Fatigue to Enhance Patient Safety (LIFE) Curriculum” is available in the GME Faculty Development module available on USA Online and is an excellent resource for faculty development in the recognition of various forms of impairment in residents.

2. Program directors and faculty should be sensitive to the needs of the resident for timely provision of confidential counseling and psychological support services. When health conditions that affect a resident’s ability to practice medicine safely are known or suspected, the program director should meet with the resident and determine the type of service and referral that best meets the needs of the resident.
3. Should the situation warrant referral to the Alabama Physician Health Program (see below), the program director must notify the Assistant Dean of Graduate Medical Education and, if indicated, Hospital Administration.

4. Some programs may have stricter standards regarding health conditions that may affect the ability to practice medicine safely, calling for additional steps or actions beyond those noted above. In such cases, the program must have a written policy, and a copy must be placed in the program manual and provided to the GME Office.

B. RESOURCES - The following resources are available to the program directors and residents:

1. University of South Alabama Employee Assistance Programs
   a. Counseling and Testing Services
      The University of South Alabama Counseling Service is a comprehensive developmental/mental health center providing a full range of services to meet the needs of residents. The Counseling Center is staffed by qualified Licensed Professional Counselors to assist individuals and couples in solving situational problems or improving self-understanding and personal relationships. Some of the following services are provided:

      ➢ Psychological counseling, group therapy, crisis intervention.
      ➢ Substance abuse education, assessment and counseling.
      ➢ Consultation on mental health issues and diversity.
      ➢ Training programs in communication, leadership, conflict resolution, and substance abuse prevention, and testing (aptitude, interest, personality, national testing programs).

      Counseling services are available without cost (except minimal fees for testing). Strict confidentiality of records and counseling relationships is maintained at all times.

      The Counseling and Testing Services office can be reached by calling 460-7051. Their offices are located in the Alpha Hall East Building on the main campus of the University of South Alabama.

2. Alabama Physician Health Program
   The Alabama Physician Health Program (APHP), established and authorized by the Alabama Board of Medical Examiners, provides confidential consultation and support to physicians, residents and medical students facing health concerns related, but not limited to:

   ➢ Chemical dependence or abuse
   ➢ Mental illness (stress, anxiety, depression, etc.)
   ➢ Personality disorders
   ➢ Disruptive behaviors
   ➢ Sexual boundaries
The APHP can be consulted by calling or emailing their confidential hotlines at:

- (344) 954-2596
- 1-800-239-6272
- alabamaphp@usa.net

For more information about the Alabama Physician Health Program, visit their website at www.alabamaphp.org

C. PROCEDURES

1. Substance Abuse

Residents who test positive from any of the conditions set forth in the University of South Alabama Hospitals Drug and Alcohol Policy will be subject to due diligence as outlined in this policy which is available on the USA Hospitals Intranet. In short, the resident is required to accept a referral to the University of South Alabama Employee Assistance Program, as well as any subsequent referral for further evaluation/treatment such as the Alabama Impaired Physician Health Program (APHP).

2. Other areas of impairment

Residents are encouraged to voluntarily self-refer to the USA Employee Assistance Programs or APHP for any of the conditions noted above. Residents may self-refer at any time, without or prior to any workplace intervention. Other sources of referral to the APHP include: residency program directors, physician peers, hospitals, regulatory agencies, office staff, family members, treatment centers and friends.

SECTION XI: DISCIPLINARY ACTION AND GRIEVANCE PROCEDURES

The primary reason for having residency programs at the University of South Alabama Hospitals is for the professional education and certification of successful completion of residency programs so that residents may practice medicine and take board examinations in their areas of specialty training. Therefore, in the area of educational and clinical performance, a resident’s performance must be satisfactory. The residency training experience also includes related activities that are important to ensure a successful and academically sound education for a physician. Such related activities include, but are not limited to, the ability to complete medical records, the ability to maintain appropriate licensure in the state of Alabama or other states where appropriate, the ability to carry out the directives of the chair of the department, including any policy related to engaging in remunerative work, and the ability to abide by the policies of the applicable department and the bylaws of the professional staff of the University of South Alabama Hospitals.

This procedure details the USA Graduate Medical Education (GME) Policy for residents and fellows who encounter academic, technical, and/or professional conduct problems achieving the knowledge, skills, and attitudes required of an independent practitioner. Such problems are to be specifically identified in one or more of the domains of the ACGME general competencies, based on determinations using appropriate evaluation tools.

The procedures outlined in this policy apply to appealable, adverse actions which are enacted by a program director with the input of a subcommittee of the GMEC assembled to advise the program director on all aspects of the disciplinary action. These actions include:
A. Probation  
B. Extension of Training  
C. Non-promotion to the Next Academic Year  
D. Non-renewal of Contract  
E. Dismissal  
F. Immediate Suspension from Clinical Responsibilities*  

The resident involved in any of the above actions has the right to appeal according to the procedures outlined at the conclusion of this policy.

I. **Program Level (Internal) Remediation:**

Each training program shall have a comprehensive resident and fellow evaluation system in place. All programs sponsored by the institution are required to load evaluation forms pertaining to performance of residents and fellows into the New Innovations software program. As part of the Common Program Requirements, supervising faculty must evaluate a resident’s performance in a timely manner during each rotation or similar educational assignment and document the evaluation at the completion of the assignment. The resident’s evaluation should include an objective assessment of competence using the ACGME competencies, evaluations by multiple evaluators, and documented progressive resident performance improvement appropriate to educational level. The residents/fellows must have access to each program’s evaluation/promotion criteria and policies.

When it becomes evident that a resident is not meeting curricular goals and objectives or is otherwise performing in a substandard fashion in the areas of any of the competencies, and when appropriate to the circumstance, efforts to correct deficiencies in resident performance should be carried out through internal remediation processes at the program level.

Remediation is an academic tool used to strengthen a resident’s performance when the normal course of faculty feedback and advisement is not resulting in a resident’s improved performance. Remediation efforts may include counseling sessions, focused remediation plans, early use of faculty mentors, monitored self-study programs and other forms of program level remediation.

The “Remediation Plan Worksheet” (form A) may be used to develop a remediation plan. The form should be signed by the resident and program director as acknowledgment that the resident was notified of the deficiency and provided the opportunity to improve.

The program should document resident performance during the remediation process by having the faculty mentor provide progress reports to the program director at regular intervals. Program level remediation is neither grievable by the resident nor reportable to outside agencies by the program, and remains a part of the resident’s permanent program file.

II. **Residency Program File Review:**

Residents have the right to review their residency program file by making an appointment with the program coordinator or other designated individual who must be physically present at the time the resident reviews the file.
III. Disciplinary Action:

When program level remediation has failed or is not appropriate to the particular performance issue at hand, academic probation or one of the other levels of disciplinary action outlined below becomes appropriate.

A. Probation:

A carefully and clearly defined trial period designed to allow a resident or fellow to remEDIATE academic performance or behavioral conduct that does not meet the standards of the program. Time spent on probation may be counted toward completion of program requirements. Probation is a disciplinary action that constitutes notification of the resident that dismissal from the program can occur at any time during or at the conclusion of the probationary period.

Probation is typically the final step before dismissal occurs. However, dismissal prior to the conclusion of the probationary period may occur if there is further deterioration in performance or additional deficiencies are identified.

A resident may be placed on probation for reasons including but not limited to the following:

1. Failure to meet the performance standards of an individual rotation.
2. Failure to meet the performance standards of the program in any of the six competency domains.
3. Failure to comply with the policies and procedures of the USA GMEC, USA Hospitals or any of the major participating institutions.
4. Misconduct that infringes upon the principles and guidelines of the training program.
5. Documented failure to complete medical records in a timely and appropriate manner.
6. Professional misconduct, unethical behavior or disruptive behavior that is considered significant enough to raise issues as to the fitness of a resident or fellow to participate in the educational program.
7. Failure to comply with GME Policies and Procedures regarding completion of USMLE Step 2 and 3 / COMLEX Level 2 and 3, Alabama state medical licensure, and ACSC and DEA certificates.

When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner with a written statement labeled “Notification of Probation”. This document must have the following components included in the notification:

1. The exact reason(s) for the disciplinary action.
2. The length of time during which the resident must correct the deficiency or problem.
3. The specific remedial steps that must be taken to correct the deficiency.
4. The specific markers that will be used to determine if the appropriate remediation has occurred.
5. The consequences of noncompliance or unsuccessful remediation.
6. The consequences of relapse of the initial problem after successful remediation.

Based on a resident’s compliance or non-compliance with the remedial steps and successful or unsuccessful evaluation that remediation has occurred, the resident may be:

1. Continued on probation.
2. Removed from probation.
3. Dismissed from the program.

If continued on probation, the above steps must be repeated with a new letter of notification and all the elements previously mentioned. If dismissed, the dismissal policy is implemented.

B. Extension of Training:

A resident’s training may be extended for a specified period (generally not to exceed 6 months) prior to promotion to the next academic year to allow for:

1. Remediation.
2. Repetition of a rotation.
3. A period of suspension.

When a resident’s or fellow’s training is extended, the program director shall notify the resident in writing in a timely manner (preferably within 4 months of the period of extension of training, but with as much notice as circumstances will allow) with a written statement labeled “Notification of Extension of Training”. This document must include the following components:

1. The exact reason for the extension of training.
2. The length of time in which the resident or fellow must correct the deficiency or problem.
3. The specific remedial steps that must be taken.
4. The specific markers that will be used to determine if the appropriate remediation has occurred.
5. The consequences of noncompliance or unsuccessful remediation.

Based upon the resident or fellow’s compliance or non-compliance with the remedial steps and successful or unsuccessful evaluation that remediation has occurred, the resident may be:

1. Promoted to the next academic level.
2. Dismissed from the program.

If dismissed from the program, the dismissal policy is activated.

C. Non-promotion to the next academic year:

Defined as failure to advance to the next postgraduate year of education (promotion), this action does not imply termination of all association with the University of South Alabama Hospitals.

D. Non-renewal of contract for the next academic year:

Non-renewal of a resident’s contract with termination of all association with the University of South Alabama Hospitals.
Failure of promotion to the next academic year and non-renewal of contract for the next academic year are related to inadequate academic or clinical performance and failure to achieve the goals and objectives of any academic year.

Clear documentation of failure to achieve the goals and objectives outlined for the academic program is essential and a record of counseling and attempts at remediation and failure of remediation is required.

The ACGME requires that residents in these circumstances be notified no later than 4 months prior to the conclusion of the academic year or with as much notice as the circumstances allow.

When non-promotion or non-renewal of contract of a resident or fellow is being considered, the Program Director shall notify the resident in writing in accordance with the time interval outlined by the ACGME or with as much notice as the circumstances allow with a “Notification of Non-Promotion to the Next Academic Year or Non-Renewal of Contract.” This document must have the following components included in the notification:

1. The exact reason for the disciplinary action.
2. What credit if any for the academic year in question will be given to the resident or fellow.
3. What the program will offer in terms of references for further training or future employment.

E. Dismissal:

Dismissal involves immediate and permanent removal of the resident from the educational program for failing to maintain academic and/other professional standards required to progress in or complete the program.

Dismissal is usually preceded by sufficient notice to the resident that there are significant deficiencies in the knowledge, performance, or behaviors and potentially by previous disciplinary actions.

Dismissal can occur at any time other than the end of the academic year or end of stated contract period, at which time it is considered non-renewal of contract.

However, there is no requirement that there be any preceding disciplinary action prior to a resident being dismissed.

A resident may be dismissed for reasons including but not limited to any of the following:

1. Failure to meet requirements of probation.
2. Failure to meet the performance standards of the program or any rotation that are considered serious enough that continued participation in the program is felt to be a danger to the patients, resident/fellow or others.
3. Failure to comply with the policies and procedures of the GMEC, USA Hospitals or any of the major participating institutions that are considered serious enough that continued participation in the program is felt to be a danger to the patients or to the resident/fellow or others.
3. Misconduct that infringes on the principles and guidelines of the training program that are considered serious enough that continued participation in the program is felt to be a danger to the patients, resident/fellow or others.
4. Documented failure to complete medical records in a timely and appropriate manner or alteration of medical records.
5. Professional misconduct or unethical behavior that is considered significant enough to raise issues as to the fitness of a resident or fellow to participate in the educational program.
6. Failure to comply with the medical licensure laws of the State of Alabama.
7. Illegal, unethical or immoral conduct.
8. Inability to pass the requisite examinations for licensure to practice medicine in the State of Alabama according to the policies of the GMEC.
9. Misrepresentation of information in the residency appointment application.

When dismissal of a resident or fellow is being considered, the program director shall notify the resident in writing in a timely manner with a written statement labeled “Notification of Dismissal”. This document must have the following components included in the notification:

1. The exact reason for the disciplinary action.
2. Appropriate measures if applicable to ensure satisfactory resolution of the issues involved.
3. The date the dismissal will become effective.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct including but not limited to theft, physical violence directed against any employee, visitor or patient, use of or being under the influence of alcohol or a controlled substance while on duty, patient endangerment or illegal conduct.

**STEPS FOR CONSULTING THE GMEC SUBCOMMITTEE FOR ADVERSE DISCIPLINARY ACTION:**

1. For residents placed under disciplinary action by their programs (Probation, Extension of Training, Non-promotion to the Next Academic Year, Non-renewal of Contract, or Dismissal) the following apply:

   i. The program director notifies the resident in writing with a written statement labeled “Notification of Adverse Disciplinary Action” (see form B as an example) specific to the particular disciplinary action being activated by the program as outlined above. At this time, the resident is also notified in writing of his/her right to appeal the adverse disciplinary action.

   ii. The program director provides the GME Office/DIO with a copy of the notification of adverse disciplinary action letter. The DIO appoints a subcommittee of the GMEC composed of two experienced program directors, a hospital administrator and a peer selected resident representative from the GMEC and provides the members with a copy of the Notification of Adverse Disciplinary Action letter.

   iii. The subcommittee serves as a resource for the Program Director for assistance in review of the conditions for the action and assistance and feedback during all phases of the
disciplinary action.

iv. The GME Subcommittee and program director may review and discuss the case by formally meeting or via phone discussion or e-mail, and a record is to be kept of these activities. The GMEC Subcommittee has the full authority of the GMEC during the disciplinary action period.

v. Reports on the activation of disciplinary action procedures and the ongoing status of residents under disciplinary action will be provided to the GMEC by the program director at its regularly scheduled meetings.

vi. The anonymity of the resident or fellow under disciplinary action will be maintained in the verbal report to the GMEC made by the program director on behalf of the GME Subcommittee. Each month, all cases in which a GMEC disciplinary action subcommittee has been convened will be reported to the GMEC. The only situation in which these actions will not be reviewed on a monthly basis will be when the GMEC itself does not meet.

*F. Immediate Suspension from Clinical Responsibilities:

The final type of disciplinary action is immediate suspension from clinical responsibilities. This action will be imposed when the program director, department chair or DIO believes that a resident’s continued presence on the campus constitutes a substantial interference with the orderly function of USA Hospitals pending a decision to permanently dismiss the resident.

The suspension shall be effective immediately, but shall last no longer than 30 days unless disciplinary action is initiated.

Grounds for imposition of an immediate suspension include, but are not limited to:

1. The conduct of the resident creates a reasonable possibility of injury or damage to any patient, employee or person.
2. A resident is charged with the commission of a felony.
3. A resident is charged with the commission of a misdemeanor which may relate to the resident’s suitability for program membership.
4. A resident engages in or is charged with unlawful or unethical activity related to the practice of medicine.
5. A resident engages in dishonest, unprofessional, abusive, or inappropriate conduct which is or may be disruptive of USA Hospitals operations and procedures.
6. A resident has falsified or inappropriately destroyed or altered a medical record.
7. A resident refuses to submit to evaluation or testing relating to the practitioner’s mental or physical status, when there is reason to conclude that the individual is impaired or is exhibiting a behavior pattern suggestive of impairment that would affect the ability to practice medicine with reasonable skill and safety. The direct observation of chemical substance abuse or observations or aberrations in performance and/or behavior may be cause for this conclusion. A refusal to submit to any testing related to drugs or alcohol use is included in this category.
8. A resident abandons a patient or wrongfully fails or refuses to provide care to a patient.
9. A resident engages in clinical activities outside the scope of his level of expertise.

**Procedures for Immediate Suspension from Clinical Responsibilities:**

The program director, department chair or DIO must determine that just cause exists to place a resident on Immediate Suspension from Clinical Responsibilities. The resident will then be informed in writing by the program that he/she will be suspended with pay pending an investigation to determine whether further disciplinary action should be imposed (GME Disciplinary Action Form C).

The resident will be instructed not to appear at a particular worksite or to appear at a different worksite or may be sent home pending the conclusion of the investigation. The resident may be required to cease providing clinical care to patients, and may be reassigned to other duties during the period of suspension. Immediate Suspension from Clinical Responsibilities may be imposed independently of or in addition to another disciplinary action.

Following an investigation by appropriate individuals appointed by the DIO, a subcommittee of the GME Committee will be assigned to review the findings. Should the subcommittee determine that no further disciplinary action is warranted, the resident may continue in his/her program without prejudice, and the suspension will not be recorded in the resident’s program file as a disciplinary action. Should the subcommittee support the program in imposing further disciplinary action, the program director shall follow the guidelines outlined above for the particular disciplinary action indicated, and the resident will be afforded the opportunity to grieve the action.

**IV. RESIDENT GRIEVANCE PROCEDURE FOR DISCIPLINARY ACTION**

A resident has the right to appeal an adverse decision issued by his/her program director before a hearing of a “special review committee” (SRC) appointed by the Dean of the University of South Alabama College of Medicine. The SRC will consist of at least 3 faculty members appointed by the Dean, College of Medicine from 3 different specialties that have accredited GME Programs at the USAH and are accredited and in good standing with the ACGME.

To be appointed a member of the SRC, the faculty member must have substantial experience in residency training, and be a senior member of his/her department. Every appeal will have its own SRC that will be disbanded at the completion of the review.

Request for an appeal must be made by the resident in writing to the Dean, College of Medicine, within 10 working days of the resident’s receipt of written notification of disciplinary action.

Information to be presented to the SRC by the program director at the appeal shall be provided to the resident and members of the SRC in advance of the hearing. The program director will have no legal counsel present at the hearing.

The resident may obtain legal counsel or other assistance in preparing for the hearing itself; however, the resident cannot be represented by legal counsel during the hearing. Any information the resident plans to present to the SRC must be provided to the program director and members of the SRC in advance of the hearing.
During the hearing of an appeal, the resident will present his/her case to the SRC first. The resident may call individuals to speak on his/her behalf.

After the resident concludes his/her presentation to the SRC, the program director will have the opportunity to present his/her information. The program director shall be allowed to have individuals available to speak on his/her behalf.

The SRC may also call other individuals who may have knowledge surrounding the events related to the adverse action.

The hearing is deemed not to be adversarial. Specifics of the hearing processes are at the discretion of the SRC and the SRC chair. For example, the SRC may determine that having the resident present his/her case in the absence of the program director is appropriate; the SRC can determine when they have received enough feedback from persons called by either the resident or the program to speak about the matter and may opt not to hear each individual the resident or program director has available to speak to the SRC, etc.

The decision reached by the SRC is the highest level of appeal available to residents within the USA postgraduate medical education programs. The decision of this appeal body will be transmitted in writing to the Dean, College of Medicine, who will then notify the resident and program director of the SRC’s decision.

Acknowledgment: The University of Arizona College of Medicine Graduate Medical Education
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Plan</th>
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<tbody>
<tr>
<td>Characterization of the lapse or</td>
<td>Use Competencies to characterize</td>
<td></td>
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<tr>
<td>performance improvement needed</td>
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<tr>
<td>Goal(s)</td>
<td>Describe in terms of specific competency(ies)</td>
<td></td>
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<tr>
<td>Requirements: Educate</td>
<td>If needed, activity(ies) for learner to study about expected behavior change,</td>
<td></td>
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<tr>
<td></td>
<td>why it is important, what behaviors define success</td>
<td></td>
</tr>
<tr>
<td>Requirements: Behavior/Performance</td>
<td>SMART objectives</td>
<td></td>
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<tr>
<td>Change</td>
<td>1. Specific - Objectives should specify what is to be achieved by the resident.</td>
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<tr>
<td></td>
<td>2. Measurable - The program should be able to measure whether the resident is</td>
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<td></td>
<td>meeting the objectives or not.</td>
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<td>3. Achievable - Are the objectives achievable and attainable by the resident?</td>
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<td>4. Realistic - Can the resident realistically achieve the objectives with the</td>
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<td>resources the program has?</td>
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<td></td>
<td>5. Time - When does the program expect the</td>
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<tr>
<td>Requirements: Monitoring</td>
<td>Who, frequency, expectations for follow-up meetings</td>
<td></td>
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<td>Consequences for failure to</td>
<td>Incorporate due process</td>
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<td>successfully complete</td>
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<tr>
<td>Consequences for relapse</td>
<td>Incorporate due process</td>
<td></td>
</tr>
</tbody>
</table>

Signed: ____________________________________________ Date: ________________________________

Signed: ____________________________________________ Date: ________________________________

Signed: ____________________________________________ Date: ________________________________
EXAMPLE LETTER: GME ADVERSE DISCIPLINARY ACTION (FORM B)

DATE:
TO: [Resident Name, PGY Level]
FROM: [Program Director Name, Title]
SUBJECT: Notification of Adverse Disciplinary Action

Failure to meet the performance standards of the program in any of the six ACGME Core Competencies for Graduate Medical Education can result in adverse disciplinary action with the potential for dismissal from the program. In your case, the [specify program training committee or process] has found you to be deficient in the following competency areas; therefore, you are being placed on [specify which disciplinary action: probation, extension of training, non-promotion, non-renewal of contract, dismissal].

The reasons for this disciplinary action by competency domain are:

1. Patient Care
2. Medical Knowledge
3. Interpersonal and Communication Skills
4. Practice-based Learning and Improvement
5. Systems-based Practice
6. Professionalism

You will have until [date] to correct these deficiencies.

The specific remedial steps that must be taken include:

The specific markers that will be used to determine if the appropriate remediation has occurred include:

Your faculty mentor during this period is [name]. He/she will be working with you on a regular basis throughout this remediation period.

The consequences of noncompliance or unsuccessful remediation are [specify which: suspension, non-promotion, non-renewal of contract, dismissal].

If remediation is successfully accomplished, the consequence for a recurrence of the same concerns will be:

_________________________________________       _________________________________________
Resident/Fellow                                    Date

Program Director                                 Date

I HAVE RECEIVED NOTIFICATION FROM THE DEPARTMENT OF [ ] THAT I WILL BE PLACED ON THE ABOVE ADVERSE DISCIPLINARY ACTION EFFECTIVE [DATE]. I HAVE BEEN NOTIFIED OF MY RIGHT TO APPEAL THIS DECISION, AND HAVE BEEN PROVIDED WITH A COPY OF THE CURRENT GMEC DISCIPLINARY ACTION AND GRIEVANCE POLICY.

__________________________________________       ________________________________________
Resident/Fellow                             Date                            Program Director                                Date
UNIVERSITY OF SOUTH ALABAMA GRADUATE MEDICAL EDUCATION
NOTIFICATION OF IMMEDIATE SUSPENSION FROM CLINICAL RESPONSIBILITIES (FORM C)

DATE:_________________________________ PROGRAM:________________________________
RESIDENT:_____________________________ PROGRAM DIRECTOR:_________________________
LEVEL:________________________________ EFFECTIVE DATE:____________________________
END DATE:________________________________

JUSTIFICATION:

An investigation will ensue to determine if further disciplinary action is warranted. You will be appropriately engaged in that process and notified of the outcome.

_________________________________________ Date ____________________________
Resident Name Date

_________________________________________ Date ____________________________
Program Director Name Date

Acknowledgement: University of Arizona College of Medicine Graduate Medical Education
SECTION XII: SEXUAL HARASSMENT OR HARASSMENT BASED ON ANY OTHER PROTECTED STATUS

Sexual harassment or other illegal harassment and/or discrimination against protected individuals or groups of a protected status is against the law, and is inconsistent with University policy. Unlawful harassment or discrimination is cause for disciplinary action, up to and including termination.

Harassment is defined as unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age, physical or mental disability, citizenship status, or other protected status. The University will not tolerate harassing conduct that affects tangible job or education benefits, that interferes unreasonably with an individual's work or academic performance, or that creates an intimidating, hostile, demeaning, or offensive working or learning environment.

To avoid actual or apparent conflict of interest, coercion, favoritism, or bias, University personnel may not participate in the evaluation of any other employee or student with whom such personnel have or have had an amorous relationship.

Any employee who believes that he or she is, or has been, the subject of harassment based on any protected status, or is aware of such conduct, should report such conduct immediately as outlined below.

It is unlawful and against University policy to retaliate against an employee for reporting a complaint of harassment or participating in an investigation.

A violation of the University harassment policy can lead to disciplinary action, up to and including termination.

A complaint relating to sexual harassment or harassment based on any other protected status may be filed with the Manager, Equal Employment Opportunity or with the Assistant Vice President, Human Resources by calling 251-460-6133 or your Division Head. The complaint should be filed within 180 days of the most recent act. A thorough investigation will be conducted and appropriate action taken.

Any questions relating to the University's policy on unlawful harassment or discrimination should be directed to the Manager, Equal Employment Opportunity in the Human Resources Office.

The University will make reasonable efforts consistent with enforcement of this policy and with the law to protect the privacy of the individuals involved and to ensure that the complainant and the accused are treated fairly. Information about individual complaints and their disposition is considered confidential and will be shared only on a business need-to-know basis.

This harassment policy, however, shall not be used to bring frivolous or malicious complaints. If the University determines a complaint has been made in bad faith, disciplinary action up to and including termination may be taken against the person bringing the complaint.

This policy is published in the University of South Alabama Staff Employee Handbook.
SEXUAL HARASSMENT/SEXUAL VIOLENCE (TITLE IX)

Title IX of the Education Amendments of 1972 is a federal law that prohibits sex discrimination in education. It reads:

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

--Legal Citation: Title IX of the Education Amendments of 1972, and its implementing regulation at 34 C.F.R. Part 106 (Title IX)

Sex discrimination includes sexual harassment and sexual violence.

While it is often thought of as a law that applies only to athletics programs, Title IX is much broader than Athletics and applies to all programs at the University of South Alabama. While compliance with the law is everyone's responsibility at USA, listed here are the staff members who have primary responsibility for Title IX compliance.

USA Title IX Coordinators

Duties and Responsibilities: The Title IX Coordinator oversees monitoring of University policy in relation to Title IX law developments; implementation of grievance procedures, including notification, investigation, and disposition of complaints; provision of educational materials and training for the campus community; conducting and/or coordinating investigations of complaints received pursuant to Title IX; ensuring a fair and neutral process for all parties; and monitoring all other aspects of the University's Title IX compliance related to sexual harassment and sexual violence.

Dr. Robin Jones
Associate Dean of Students
ASC Suite 1345
Mobile, AL 36688
251-460-6452
rjones@usouthal.edu

USA Title IX Deputy Coordinators*

Duties and Responsibilities: Deputy Coordinators are responsible for Title IX training, education, and administration of the grievance procedure for all complaints against individuals in their respective areas. Coordinators will also be responsible for facilitating the referral of complaints with the appropriate office.

For students (except College of Medicine students):
Dr. Michael Mitchell, Dean of Students
ASC Suite 1345
251-460-6172
mmitchell@usouthal.edu
For College of Medicine students:
Dr. Susan Ledoux, Associate Dean Student Affairs for the College of Medicine
MSB 1005
251-460-7174
sledoux@usouthal.edu

For Academic Affairs Faculty:
Dr. David Johnson, Senior Vice President of Academic Affairs
AD 300
251-460-6261
djohnson@usouthal.edu

For Health Science Faculty:
Dr. Ronald Franks, Vice President for Health Sciences
CSAB 170
251-460-7189
rfranks@usouthal.edu

For Staff, Administrators, Coaches, and Resident Physicians, Patients, and Visitors
Paula Buerger, Manager EEO
TRP Building III Suite 2200
251-460-6641
pbuerger@usouthal.edu

Gender Equity in Athletics
Anyone having a complaint about gender equity in USA athletics programs should contact:

Sherry Kennemer, Director of Athletic Academic Services
Academic Support Center
251-460-6072
skennemer@usouthal.edu

Additional Resources

Sexual Harassment and Sexual Violence
To file a complaint of sexual harassment or sexual violence, one may contact one of the offices above, or also contact:

USA Police Department
University of South Alabama Police Department
290 Stadium Blvd.
Beta Gamma Commons
Mobile, Alabama 36688-0001
Phone: (251)460-6312
police@usouthal.edu

*In the event a conflict of interest arises with any of the above named coordinators, the subject case will be managed by that coordinator’s supervisor.
SECTION XIII: VISITING RESIDENT ELECTIVE POLICY AND PROCEDURE

During the course of the elective rotation or observership, the visiting resident will be required to uphold the professional standards established by federal, state, and local laws, regulations stipulated by the Joint Commission and Accreditation Counsel on Graduate Medical Education (ACGME) and the policies of the University of South Alabama, USA Hospitals, USA Graduate Medical Education and the residency program hosting the elective.

The University of South Alabama will be responsible for the accreditation, planning, programming and administration of its residency programs, as well as the selection, assignment, and supervision of visiting residents participating in electives or observership in a USA residency program.

NOTE: “Observerships” are approved at the discretion of the individual residency programs and require approval from the department chairperson. (An “observer” is defined as someone who accompanies USA faculty or residents to a clinical function but DOES NOT participate in patient care.) Observers do not have to be currently enrolled in an ACGME or AOA accredited program to participate as an observer, however they must meet all other eligibility requirements for an elective rotation as outlined below. Observers may only rotate for a period of two weeks.

The following documentation is required to schedule an elective rotation or observership:

a. “University of South Alabama Graduate Medical Education Application for Visiting Resident Elective” form (available at end of policy)
b. “University of South Alabama Resident/Fellow Elective Rotation Program Directors’ Approval Form” (available at the end of policy)
c. Documentation listed on “Required Documents for Visiting Resident Elective Rotations” (available at end of policy)

I. Request to Participate in an Elective Rotation, including Observership, with a USA Program

A resident must be currently enrolled in an ACGME or AOA accredited residency program in order to participate in a patient care under the supervision of the USA Hospital faculty as part of an elective rotation. Observers do not have to be currently enrolled in an ACGME or AOA accredited program.

The requesting resident completes the appropriate section of the “University of South Alabama Graduate Medical Education Application for Visiting Resident Elective” form and submits it to the program director at the University of South Alabama program with which the resident is requesting to rotate (contact information available online on the GME Webpage at http://www.usahealthsystem.com/GraduateMedicalEducation) and the U.S.A. Hospitals Residency Program Specialist (cschnell@usouthal.edu). Once initial approval has been granted the resident must provide the additional documentation noted above to the USA Hospitals Residency Specialist within 2 weeks prior to beginning the rotation.

II. Risk Management

The visiting resident must provide proof of liability insurance coverage for any elective experience, be it an observership or supervised participation in direct patient care. If liability coverage is provided by the visiting resident’s home program, a certificate of liability coverage
must be provided to the University of South Alabama Office of Risk Management and the USA Hospitals Residency Specialists. In some cases, the home program does not extend liability coverage outside its institution. When this happens, the resident must provide his/her own liability coverage. If the resident qualifies, liability coverage may be purchased by the resident from the University of South Alabama Office of Risk Management. The availability and cost of liability coverage can be determined by contacting the Hospital Residency Specialist at the time of application.

III. HIPAA Compliance

All visiting residents, whether participating in an observership or an elective involving supervised direct patient care, must have completed HIPAA compliance training. If this has already been accomplished at the resident’s home institution within the past year, he/she must provide this documentation and sign a HIPAA Confidentialing Agreement available from the USA Hospitals Residency Specialist.

If the individual has not completed HIPAA compliance training, once an approved visiting resident elective application is provided to the U.S.A. Hospitals Residency Specialist, a request will be sent to Computer Information Systems and the visiting resident will be provided with the appropriate access to complete HIPAA compliance training.

Cynthia G. Schnell  
Hospital Residency Specialist  
University of South Alabama Hospitals  
2451 Fillingim St., Room 714  
Mobile, Alabama 36617  
Email: cschnell@usouthal.edu  
Phone: 251-471-7117  
Fax: 251-470-5884

IV. Computer Access

Visiting residents requiring access to the Electronic Medical Record must be provided access to the computer systems. In order to obtain access, the program hosting the elective must complete a Computer Access Request and provide it to the USA Hospitals Residency Specialist at least one week prior to the beginning of the rotation.

V. Final Visiting Resident Rotation Approval

Once all of the required documents are received by the USA Hospitals Residency Specialist, the USA residency program and visiting resident will be notified regarding the approval of the visiting resident, and, if he/she is approved to begin, the elective rotation and the beginning date for the rotation may be formalized by the program with communication of same by the program to the USA Hospitals Residency Specialist.
Residents from other Graduate Medical Education programs/institutions interested in participating in elective rotations or observerships at the University of South Alabama Hospitals must complete the “University of South Alabama Graduate Medical Education Application for Visiting Resident Electives” and submit it to the training program with which they wish to rotate, as well as to the USA Hospitals Residency Specialist for consideration by both. Contact information for the programs can be found on the USA College of Medicine website under academic departments, www.usahealthsystem.com/com. The USA Hospitals Residency Specialists can be contacted via e-mail at cshnell@usouthal.edu or phone (251) 471-7117.

The following items must also be submitted for approval of the rotation:

1. Program Directors’ Elective Rotation Approval Form
2. Proof of malpractice coverage provided by resident’s home institution or documentation of liability insurance purchased from the University of South Alabama Office of Risk Management
3. Photocopy of CURRENT ACLS Provider certification. PALS should be submitted for Pediatric rotations (not required for observers)
4. Photocopy of diploma from medical or osteopathic program acceptable to USA College of Medicine/USA Hospitals. If diploma is not in English, please also attach an official translation.
5. Photocopy of ECGMG certificate if applicable.
6. Applicant’s current Curriculum Vitae
7. Photocopy of driver’s license or U.S. Passport
8. Photocopy of resident alien card – if applicable
9. Documentation of immunizations (including results of antibody titers for immunity) for: Tetanus-Diphtheria, Hepatitis B, Measles and Rubella, Mumps, Chicken Pox (Varicella), and an annual Tuberculin skin test taken within 6 months of rotation start date. The visiting resident/fellow must also provide documentation of having received the most recently available annual seasonal flu vaccination.
10. Result of current drug screen (within the past year).
11. Proof of current personal health insurance coverage (photocopy of insurance card)
12. Documentation from home institution that it will be responsible for resident/fellow salary and benefits.
13. HIPAA Training
14. Soarian (EMR) access request.
15. Alabama Limited License (for any resident not enrolled in an ACGME or AOA training program)
UNIVERSITY OF SOUTH ALABAMA RESIDENT/FELLOW ELECTIVE ROTATION
PROGRAM DIRECTORS’ APPROVAL FORM

THIS SECTION TO BE COMPLETED BY PROGRAM DIRECTOR OF THE TRAINING PROGRAM IN WHICH THE RESIDENT/FELLOW IS CURRENTLY ENROLLED:

Current Specialty: ___________________________ PGY: __________

Current Training Program:

________________________________________________________________________

________________________________________________________________________

Street Address

________________________________________________________________________

City

State

Zip Code

Program Contacts:

Residency Coordinator                             Program Director

Printed

Name: ___________________________ ___________________________

Phone: ___________________________ ___________________________

E-mail: ___________________________ ___________________________

I certify that the house officer described on this application is currently in good standing in this program and has been approved to participate in this elective rotation:

Program Director Signature: ___________________________ Date: __________

Page 1
THIS SECTION TO BE COMPLETED BY THE UNIVERSITY OF SOUTH ALABAMA PROGRAM DIRECTOR PROVIDING THE ELECTIVE OR OBSERVERSHP:

OBSERVERSHP
___Approved
___Not approved

ELECTIVE
___Approved
___Not approved

________________________________________  _______________________
Program Director Signature                   Date

________________________________________  _______________________
Department Chair Signature                    Date

Once the above signatures are obtained by the USA Program, please forward to Cindy Schnell, Hospital Residency Specialist.

To be completed by USA Hospital Residency Program Specialist:

I certify that the house officer described on this application has supplied all required documentation and is approved for participation in an elective rotation and the GME Office had been notified:

________________________________________  _______________________
Signature                                  Date
SECTION 1: TO BE COMPLETED BY VISITING RESIDENT / FELLOW APPLYING FOR ELECTIVE ROTATION:

Full Name: ___________________________ Social Security #: ___________________________

Home Address: ___________________________ E-mail: ___________________________

City, State, Zip: ___________________________ Date of Birth: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Rotation requested in: ___________________________ program as:

- Observer of patient care only
- Participant in patient care under the supervision of U.S.A. Hospitals’ faculty

Dates Requested: ___________________________ - ___________________________

ARE YOU CURRENTLY IN AN ACGME CERTIFIED RESIDENCY OR FELLOWSHIP PROGRAM? ____YES  ____NO

If yes, name of program and sponsoring institution: ___________________________

Current PGY status: ___________________________ Total of all PGY years of training: ___________________________

NPI #: ___________________________

IF YOU ARE AN INTERNATIONAL GRADUATE, ARE YOU ECFMG CERTIFIED? ____YES  ____NO

If yes, please include copy of certificate.

IF YOU ARE NOT A UNITED STATES CITIZEN OR PERMANENT RESIDENT, YOU MUST PROVIDE
APPROPRIATE DOCUMENTATION OF YOUR ABILITY TO WORK IN THE UNITED STATES AND PARTICIPATE
IN AN ELECTIVE ROTATION AT THE UNIVERSITY OF SOUTH ALABAMA.

ARE YOU OR HAVE YOU EVER BEEN DEBARRED OR INVESTIGATED BY A THIRD PARTY PAYOR OR
GOVERNMENT AGENCY FOR BILLING IRREGULARITIES OR VIOLATION OF HEALTHCARE LAWS OR
REGULATIONS? ____YES  ____NO

Please list all U.S. training in chronological order in addition to a copy of current CV:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Hospital</th>
<th>City</th>
<th>State</th>
<th>Graduate Level</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Emergency Contact Information:

Name: ___________________________ Relationship: ___________________________

Complete Mailing Address: ___________________________________________________

Home Telephone: ___________________ Alternate Phone Number: ______________

SECTION 2: TO BE COMPLETED BY PROGRAM DIRECTOR AT HOME INSTITUTION

I approve the above rotation and verify that this resident will continue to be paid during his/her rotation at the University of South Alabama Hospitals and I further verify that malpractice insurance (unless otherwise notified by written agreement) will be provided by our institution and will cover his/her activities at University of South Alabama Hospitals. A certificate of Malpractice Coverage must be provided.

Printed name of program director: __________________________________________

Title: ___________________________ Phone: _________________________________

Program Director Signature: ___________________________ Date: ______________

In the event that malpractice insurance is not provided by the home institution, the visiting resident must complete the following:

I, ___________________________________________, understand that I will be responsible for acquiring my own liability insurance while participating in an elective as either an observer or supervised participant in patient care at the University of South Alabama Hospitals. I understand that liability insurance may be purchased through the University of South Alabama, Office of Risk Management at a cost of $45.00 per month. I will need to report to the Office of Risk Management (University of South Alabama main campus, CSAB room 216) to complete the liability coverage application and provide payment via check or money order prior to commencing my rotation.

Visiting Resident’s Signature ___________________________ Date: ______________
SECTION 3: TO BE COMPLETED BY THE UNIVERSITY OF SOUTH ALABAMA DEPARTMENT CHAIRPERSON

I approve the application of the above named resident to serve as a visiting resident for educational purposes for the period specified above in our department’s residency program. The visiting resident will participate in the category indicated below:

_____ Observer of patient care only.
_____ Participation in patient care under the supervision of the University of South Alabama Hospitals faculty.

*In addition to the application, the Department Chairperson or his/her representative must collect documents outlined in the “Required Documentation for Visiting Resident Elective Rotations at the University of South Alabama” and submit all documents at least 2 weeks in advance of beginning the elective rotation to:

Cynthia Schnell, Residency Program Specialist
cschnell@usouthal.edu
USAMC Room 714
2451 Fillingim Street
Mobile, AL 36617

SECTION 4: TO BE COMPLETED BY UNIVERSITY OF SOUTH ALABAMA HOSPITALS RESIDENCY PROGRAM SPECIALIST

I certify that the resident/fellow described in this application has supplied all required documentation and is approved for participation in an elective rotation and that the GME Office has been notified.

___________________________________________   ______________________________
Signature                                      Date
VISITING RESIDENT
COMPUTER ACCESS REQUEST

Visiting Resident Name: ___________________________ DOB: __________

Department: ___________________________

The Department of ___________________________ would like to request computer privileges for the above visiting resident beginning __________ and ending ____________.
The resident will need access for the following: (please check all that apply)

1. Records Review
2. Order Entry
3. Dictation
4. PACS
5. Records Completion
6. Other

USA Program Director/Department Chair ___________________________ Date __________

For use by Medical Education Dept:

JNumber: ___________________________ ID Badge: ___________________________

Doctor Number: ___________________________ HIPAA Certificate: ___________________________
## DEA Number/Controlled Substance Certificate

<table>
<thead>
<tr>
<th>Programs not Prescribing Controlled Substances</th>
<th>Programs Prescribing Controlled Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Residents <strong>not required</strong> to obtain a DEA Number/Controlled Substance Certificate).</td>
<td>(Residents <strong>required</strong> to obtain a DEA Number/Controlled Substance Certificate)</td>
</tr>
</tbody>
</table>

**Residents cannot prescribe narcotics using the Hospital DEA Number/Controlled Substance Certificate**

<table>
<thead>
<tr>
<th>Pathology</th>
<th>Radiology</th>
<th>Cardiovascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Child &amp; Adolescent Psychiatry</td>
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<tr>
<td></td>
<td></td>
<td>Clinical Cardiac Electrophysiology</td>
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<tr>
<td></td>
<td></td>
<td>Family Medicine</td>
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<tr>
<td></td>
<td></td>
<td>Gastroenterology</td>
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<tr>
<td></td>
<td></td>
<td>General Surgery</td>
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<tr>
<td></td>
<td></td>
<td>Infectious Diseases</td>
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<tr>
<td></td>
<td></td>
<td>Internal Medicine</td>
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<tr>
<td></td>
<td></td>
<td>Intervventional Cardiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternal-Fetal Medicine</td>
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<tr>
<td></td>
<td></td>
<td>Neonatal/Perinatal Medicine</td>
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<tr>
<td></td>
<td></td>
<td>Neurology</td>
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<tr>
<td></td>
<td></td>
<td>Obstetrics &amp; Gynecology</td>
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<tr>
<td></td>
<td></td>
<td>Orthopaedics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pediatrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychiatry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pulmonary Disease/Critical Care</td>
</tr>
</tbody>
</table>
## APPENDIX 2

### American Board of Medical Specialties Resources

<table>
<thead>
<tr>
<th>Specialty Board</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td><a href="http://www.theabfm.org">www.theabfm.org</a></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td><a href="http://www.abim.org">www.abim.org</a></td>
</tr>
<tr>
<td>Neurology</td>
<td><a href="http://www.abpn.com">www.abpn.com</a></td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td><a href="http://www.abog.org">www.abog.org</a></td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td><a href="http://www.abos.org">www.abos.org</a></td>
</tr>
<tr>
<td>Pathology</td>
<td><a href="http://www.abpath.org">www.abpath.org</a></td>
</tr>
<tr>
<td>Pediatrics</td>
<td><a href="http://www.abp.org">www.abp.org</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td><a href="http://www.abpn.com">www.abpn.com</a></td>
</tr>
<tr>
<td>Radiology</td>
<td><a href="http://www.theabr.org">www.theabr.org</a></td>
</tr>
<tr>
<td>Surgery</td>
<td><a href="http://www.absurgery.org">www.absurgery.org</a></td>
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</table>
APPENDIX 3

UNIVERSITY OF SOUTH ALABAMA HOSPITALS
GRADUATE MEDICAL EDUCATION

<table>
<thead>
<tr>
<th>Procedure: Educational Resources for Critical Care Training Programs</th>
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<tbody>
<tr>
<td>Original Approval:</td>
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<tr>
<td>June 28, 2011</td>
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</table>

**Background**

The University of South Alabama Hospitals, the Sponsoring Institution for all ACGME-accredited GME programs offered at the University of South Alabama and its participating sites, provides support to its Critical Care training programs. The ACGME requires that there be an institutional policy governing the educational resources committed to critical care assuring cooperation of all involved disciplines.

**Purpose**

The purpose of this policy is to ensure that the educational training experience for the critical care programs complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

**Monitoring and compliance**

Each critical care program director is assigned the primary responsibility for organizing the educational program for each critical care trainee and to assure cooperation among all involved disciplines.

The critical care program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the Graduate Medical Education Committee (GMEC). As a follow-up, the program director may be asked to submit a progress report to the GMEC on corrective actions for resolution of any issues identified. The Chair of the GMEC may also request that the program director meet with the committee when the report is reviewed.

The GMEC will also monitor the educational resources committed to the critical care training programs through the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident/Fellow Surveys. As a follow-up, the program director may be asked to submit a progress report on corrective actions for resolution of any issues identified.

If difficulties in the distribution of resources committed to critical care training are identified, the Chair of the GMEC will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the GMEC.