



# Graduate Medical Education Handbook

**2025 - 2026**

*[medicine.musc.edu/education/gme](https://medicine.musc.edu/education/gme)*



---

College of Medicine

## Table of Contents

<b>Institutional Commitment to Graduate Medical Education .....</b>	<b>4</b>
Introduction.....	5
Mission Statement .....	5
GME Administration .....	6
Stipend and Benefits .....	7
Resident Stipend .....	7
Pay for Performance Incentive Plan.....	7
Vacation and Leaves of Absence (IR 4.8.) .....	7
Insurance Coverage.....	12
Retirement .....	14
Information for Residents .....	14
Cell Phones.....	14
ID Badges.....	16
Lab Coats.....	17
Meals .....	17
Parking.....	18
Student Loan Postponement.....	18
Travel.....	18
Institutional Policies and Procedures .....	20
Accommodation for Disabilities (IR 4.9.d.).....	20
Sleep, Alertness Management, and Fatigue Mitigation (CPR 6.15.) .....	21
Closures and Reductions (IR 4.15.).....	23
Employee Assistance Program (IR 4.9.a.).....	23
Discrimination and Harassment (IR 4.9.e., IR 4.9.c.) .....	24
Physician Impairment (IR 4.9.b) .....	26
Professional Liability Insurance (Malpractice) (IR 4.6.) .....	29
Professionalism (IR 3.2.f.).....	30
Quality Assurance Activities .....	31
Resident Religious Observance .....	32
Selection and Appointment of Residents (IR 4.2.-4.2.a.) .....	33
Resident and Faculty Member Well-Being (IR 3.2.g.) .....	34
Substantial Disruptions in Patient Care or Education (IR 4.14.).....	37

Promotion, Resignation, Transfer or Non-Reappointment of Residents (IR.4.4., CPR 3.5.) .....	39
Vendor Interactions between Representatives/Corporations and Residents (IR 4.12.).....	41
Visiting Residents .....	45
Volunteer Guidelines.....	45
Record Retention Policy .....	46
Lewis Blackman Act.....	47
Academic Evaluation, Promotion, and Corrective Action .....	47
Automatic Suspension of License.....	50
Completion Certificate Policy.....	50
Disciplinary Problems and Corrective Action (With Respect to State and Federal Laws).....	51
Grievance Policy (IR 4.5.).....	52
Evaluation of Residents .....	53
Evaluation of Rotations and Faculty Members by Residents .....	54
USMLE Step 3 or Equivalent Policy .....	55
Resident Training Environment Policies and Procedures.....	59
Clinical and Educational Work Hours (IR 4.11).....	59
Educational Environment .....	61
Moonlighting (IR 4.11.a.).....	63
Transitions of Care/Handoff (IR 3.2.c.).....	65
ACGME Core Competencies .....	66
Assessment of Educational Effectiveness (CPR 5.5.).....	67

## Medical University Hospital Authority College of Medicine

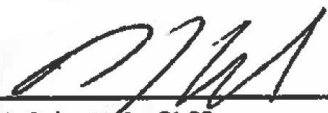
### Institutional Commitment to Graduate Medical Education

Medical education is a major component of the mission of the Medical University of South Carolina, the Medical University Hospital Authority, and the College of Medicine. The Board of Trustees, the President of MUSC and the administrators, and faculty and staff are committed to provide graduate medical education using the financial, educational, and personnel resources necessary to ensure the highest quality programs. These graduate medical education programs will further our mission of educating future physicians for South Carolina while providing the highest quality care for our patients, to include:

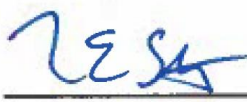
- Patient Safety - including opportunities for residents to report errors, unsafe conditions and near misses, and to participate in inter-professional teams to promote and enhance safe care.
- Quality Improvement - including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes.
- Transitions in Care - including how sponsoring institutions demonstrate effective standardization and oversight of transitions in care.
- Supervision - including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
- Duty Hours Oversight, Fatigue Management and Mitigation - including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution--wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.
- Professionalism - with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty, and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

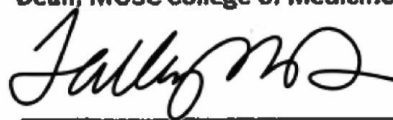
We pledge to emphasize coordinated care with community physicians and to take advantage of cooperative opportunities to work with other institutions to fulfill mutual educational objectives.

We commit ourselves to providing graduate medical education programs that enable physicians in training to develop personal, clinical, and professional competence under the guidance and supervision of the faculty and staff. The program directors will ensure that patients receive safe, appropriate, and humane care by resident physicians who will gradually assume responsibility for patient care based upon each trainee's demonstrated clinical competence. We further commit to conducting these programs in compliance with the institutional and specific requirements of the ACGME, the Joint Commission, and in accordance with all applicable federal and state laws and regulations. As a major research institution, MUSC encourages residents to participate in a wide range of scholarly activities, including research and publications.

 3/26/24  
\_\_\_\_\_  
David J. Cole, M.D., FACS                      Date  
President, MUSC

 3/26/24  
\_\_\_\_\_  
Saj Joy, M.D.                      Date  
CEO, Medical University Health, Charleston Division

 3/26/2024  
\_\_\_\_\_  
Terrence E. Steyer, M.D.                      Date  
Dean, MUSC College of Medicine

 3/26/2024  
\_\_\_\_\_  
Cynthia Talley, MD, FACS                      Date  
Senior Associate Dean for GME and CME, COM  
ACGME Designated Institutional Office (DIO), MUSC

## Introduction

The MUSC-GME Charleston Resident Handbook is designed to guide residents<sup>1</sup> through important policies and procedures. This handbook will be reviewed and updated periodically. Any questions concerning policies, procedures, or benefits should be addressed to the Office of Graduate Medical Education at (843) 792-2575<sup>2</sup>. Some programs may have supplemental policy manuals providing additional guidance. These will be provided by your specific program. The MUSC-GME Charleston Resident Handbook will be reviewed annually.

<sup>1</sup> Throughout this Handbook, the word “resident” refers to both specialty residents and subspecialty fellows.

<sup>2</sup> Nothing in the policies contained in this handbook shall be construed to constitute a contract, and MUSC-GME Charleston has the right to modify any policy at its discretion.

## Mission Statement

We preserve and optimize human life in South Carolina and beyond through our comprehensive training programs with a supportive learning environment that promotes discovery and healing, preparing our graduates for successful practice and leadership in their field.

## GME Administration

### Office of the Designated Institutional Official (DIO)

Cynthia Talley, M.D., FACS  
Senior Associate Dean for GME and CME  
ACGME Designated Institutional Official  
[talleyc@musc.edu](mailto:talleyc@musc.edu)

Saneva Myskowsky, M.Ed.  
Executive Assistant to Dr. Talley  
[myskows@musc.edu](mailto:myskows@musc.edu)

Kate Potter  
GME Office Assistant  
[pottekat@musc.edu](mailto:pottekat@musc.edu)

### GME Leadership Team

George J. Guldán, M.D.  
Associate Dean for GME  
[guldán@musc.edu](mailto:guldán@musc.edu)

Assistant Dean for Resident Recruitment and  
Engagement  
TBD

Edward Kilb, M.D.  
Assistant Dean for GME  
[kilbiii@musc.edu](mailto:kilbiii@musc.edu)

Ben Kalivas, M.D.  
Medical Director, GME Quality and Safety  
[mkalivasb@musc.edu](mailto:mkalivasb@musc.edu)

*Mailing Address:*  
169 Ashley Avenue  
Room 202 Main Hospital, MSC 333  
Charleston, SC 29425

### Business and Finance Team

Beth Adams, MHA  
GME Business Administrator  
[joneseli@musc.edu](mailto:joneseli@musc.edu)

Rob Chisholm III, MA  
GME Licensing and Credentialing Coordinator  
[chisholr@musc.edu](mailto:chisholr@musc.edu)

Sue Mangum  
GME Coordinator  
[mangums@musc.edu](mailto:mangums@musc.edu)

### Accreditation Team

Ann T. Ronayne, BS, C-TAGME  
Accreditation Manager  
[ronayne@musc.edu](mailto:ronayne@musc.edu)

Cathy Rings  
Accreditation Coordinator  
[ringsc@musc.edu](mailto:ringsc@musc.edu)

TBD  
NST and Non-ACGME Coordinator  
[gme-accreditation@musc.edu](mailto:gme-accreditation@musc.edu)

Une Eke, MBA, MHA  
Accreditation Coordinator  
[gme-accreditation@musc.edu](mailto:gme-accreditation@musc.edu)

### IT and Education Team

Leslie Morris, M.Ed.  
GME IT Manager  
[morrisl@musc.edu](mailto:morrisl@musc.edu)

Spencer Fort, BS  
GME IT Specialist III  
[forts@musc.edu](mailto:forts@musc.edu)

## Stipend and Benefits

---

### Resident Stipend

---

Stipends effective 7/1/2025:

LEVEL	ANNUAL SALARY	LEVEL	ANNUAL SALARY
PGY 1	\$61,935	PGY 5	\$72,370
PGY 2	\$64,151	PGY 6	\$75,476
PGY 3	\$66,221	PGY 7	\$78,521
PGY 4	\$69,299	PGY 8	\$83,587

Stipend level is based on program year and/or required prerequisite training.

#### **Pay for Performance Incentive Plan**

The GME Pay for Performance Incentive Plan is a program where residency and fellowships participate in a project or activity that, if successful, residents will receive a 4% salary incentive payment. Each year programs are presented with a list of potential project options focusing on quality and safety priorities of the health system and GME. This list is created with collaboration between hospital quality and safety leadership, GME, and program leadership. The success of the project is evaluated at two points, midpoint and final. Programs will be eligible to receive 2% at each of these time periods, if they meet the pre-specified criteria. Each program will have the opportunity to select their area of focus. Programs that do not select a project will be assigned to the default project which is determined each year.

Eligible programs include those accredited by ACGME and CODA and contracted through the GME Office.

*Updated: May 2025*

---

### Vacation and Leaves of Absence (IR 4.8.)

---

**Purpose:** MUSC-GME Charleston is committed to providing a learning environment supportive of its residents in their pursuit of productive and fulfilling academic, professional, and personal lives. The purpose of this policy is to provide an overview of the eligibility requirements, benefits provided, and procedures required to utilize time off.

#### **Definitions**

A **resident** is a resident or fellow who provides clinical care as part of a GME program.

**Annual Leave** is paid time off work, which encompasses any time off that is non-training related (e.g., vacation, job interviews, board exams, meetings and conferences, FMLA, etc.)

**Sick Leave** is paid time that may be used for yourself or for a family member for mental and physical illness, injuries, and health conditions. The paid time off may also be used to obtain medical care, diagnostic, or preventive care.

**LOA** is a Leave of Absence, which is an extended time away from training that may be paid or unpaid. This can refer to FMLA, parental leave, caregiver leave, medical leave, professional leave of absence, or other non-vacation period away from work.

**Parental Leave** is a leave of absence granting up to 6 consecutive weeks of paid time off to bond with a newborn, newly adopted, or newly fostered child, or a minor for whom legal guardianship has been newly appointed.

**Caregiver Leave** is a leave of absence granting up to 6 weeks of paid time off to care for the resident's spouse, child, or parent who has a serious health condition.

**Medical Leave** is a leave of absence granting up to 6 consecutive weeks of paid time off to care for a serious health condition that makes the resident unable to perform essential job functions.

**Other Leave** is a leave of absence taken for personal reasons or any other leave that does not fit into the aforementioned categories in this document (e.g., bereavement leave, military leave). This may be paid or unpaid leave.

**FMLA** is the Family Medical Leave Act of 1993. A qualifying event is any medical event occurring for either a resident, dependent, or any family member for whom the resident is a primary caregiver. This does not include bereavement, employment-related, or other personal activities.

**PCM** is the Parental, Caregiver, or Medical Leave allowance, which grants eligible residents paid time off for qualifying leaves once during training.

## **Policy**

### **1. Annual Leave**

Annual leave of three (3) weeks, as defined by twenty-one (21) days consisting of a maximum of fifteen (15) working days (Monday-Friday) plus six (6) weekend days (Saturday-Sunday), with pay may be given per twelve-month period, unless specifically limited as required for specialty board certification. Time away for job interviews, board examinations, meetings, and conferences must be taken as annual leave unless other arrangements are approved by the program director according to departmental policy. Annual leave is granted at the discretion of the program director and must be approved, in writing, by the program director (or designee) in advance. Residents are expected to carry out any duties or assignments as directed by their program director on federal or state holidays, unless permission is granted by the program director (or designee) according to departmental policy.

Residents are not granted compensation time for working on federal or state holidays unless approved in writing by the program director according to departmental policy.

If the specialty board requires a minimum amount of time for board eligibility, the resident may be required to make up any time missed in accordance with these requirements.



Annual leave, like all other benefits to residents, cannot be carried forward to the next academic year, does not accrue over time, and unused annual leave will be forfeited at the termination of the training program and not paid out. The resident agreement is for one year only, thus, at the end of each year, the terms of the agreement are void and all benefits end on the final day of the agreement.

## **2. Sick Leave**

Sick leave of three (3) weeks, as defined by twenty-one (21) days, (including Saturdays and Sundays) with pay may be given per twelve months of employment. A resident who is absent for six (6) or more consecutive days due to illness must present a clearance letter from the principal treating physician or receive written approval from the program director before returning to the program. Program directors (or designee) are entitled to require residents to provide medical evidence to support reasons for absences or if absences exceed three (3) consecutive workdays. Under certain circumstances, additional sick leave without pay may be granted with the written approval of the program director.

If the specialty board requires a minimum amount of time for board eligibility, the resident may be required to make up any time missed in accordance with those specialty board requirements.

Unused sick leave, like all other benefits to residents, cannot be carried forward to the next academic year; it does not accrue over time and will be forfeited at the termination of the training program, if not used, and will not be paid out.

## **3. Parental/Caregiver/Medical (PCM) Leave**

### **a. Parental Leave**

#### **i. About Parental Leave:**

1. Grants up to six consecutive weeks of paid time off to bond with a newborn, newly adopted, or newly fostered child, or a minor for whom legal guardianship has been newly appointed.

#### **ii. Eligibility:**

1. Available to birthing and non-birthing parents, adoptive/foster parents, and surrogates.
2. Must be taken within one year of the birth or adoption/foster placement of the child.
3. There is no minimum duration of service requirement.
4. If the trainee is also FMLA eligible, FMLA will run concurrently with parental leave.

### **b. Caregiver Leave**

#### **i. About Caregiver Leave:**

1. Grants up to six weeks of paid time off to care for the resident's spouse, child, or parent who has a serious health condition.

#### **ii. Eligibility:**

1. Must be taken for the purpose of caring for a spouse, child, or parent.
2. The individual being cared for must meet the criteria for a serious health condition.
3. There is no minimum duration of service requirement.
4. If the trainee is also FMLA eligible, FMLA will run concurrently with caregiver leave.

### **c. Medical Leave**

#### **i. About Medical Leave:**

1. Grants up to 6 consecutive weeks of paid time off to care for a serious health condition that makes the resident unable to perform essential job functions.

#### **ii. Eligibility:**

1. Must meet the criteria for a serious health condition that makes the resident unable to perform essential job functions.
2. There is no minimum duration of prior service requirement.
3. If the trainee is also FMLA eligible, FMLA will run concurrently with medical leave.
- d. Family and Medical Leave Act of 1993 (FMLA)
  - i. About FMLA:
    1. Federal allowance of job protection for up to 12 calendar weeks of leave for qualifying reasons.
    2. Guarantees benefits for the full 12 weeks of leave, but does not guarantee pay for the duration of the leave. (See "Paid Time Off during Leaves of Absence")
    3. FMLA allowances operate in accordance with the MUSC-GME Charleston academic calendar, which resets on July 1 of each year.
    4. If the resident is taking another type of leave (e.g., parental, caregiver, or medical) and is also FMLA-eligible, FMLA will run concurrently with that leave.
    5. May be taken as continuous or intermittent leave.
    6. Implications on annual leave: see "Paid Leave During Leaves of Absence."
  - ii. Eligibility:
    1. Must have worked for MUSC for at least 12 months and/or at least 1250 hours during the twelve-month period prior to the first day of leave.
    2. Qualifying reasons include birth of a child, care for a newborn, adoption or foster placement, care for a spouse, child, or parent with a serious health condition, or a serious health condition rendering the resident unable to perform the functions of the job.
  - iii. Parental, Caregiver, and Medical Allowance (PCM)
    1. MUSC-GME Charleston has procedures to support stipend and benefits coverage for the length of time away, outlined in the July 1, 2022 ACGME policy for reasonable leave allowances for GME trainees in the interest of wellness.
    2. Applied to an eligible leave, allowing for additional leave:
      - a. Residents may be eligible for up to seven weeks (49 calendar days / 35 weekdays) of paid time off once during training: up to 6 weeks of paid time off for the PCM leave itself, and an additional week reserved to be used for annual leave outside of the leave period.
      - b. Benefits coverage during parental leave: see "Impacts of Leave on Benefits Coverage."
      - c. Implications on annual leave: see "Paid Leave During Leaves of Absence."
  - iv. Eligibility:
    1. There is no minimum duration of service requirement.
    2. This allowance can only be used once during training, regardless of the type of leave taken.

#### **4. Leave of Absence**

Professional leave of absence may be granted under special circumstances and will be handled on an individual case-by-case basis by the DIO, in consultation with the program director. The terms and conditions of the leave of absence will be given to the resident in writing and the Extended Leave/Leave of Absence form is required to be completed. Unused paid leave may be used during the leave of absence upon the approval of the program director. The resident may be required to make up the time missed in accordance with board eligibility requirements. Terms of reinstatement after a leave of absence will be developed, written, and approved by the program director and the DIO before the resident is permitted to return to the residency program.

## **5. Other Leave**

### **a. Military Leave**

In the event of military leave, the resident is required to provide their program director with a copy of the military orders. The orders should contain the time of deployment and locations. The program director must prepare a plan for the resident to make up time away from the residency program if required by the specialty board. The approved Extended Leave/Leave of Absence form, outlining any make up time, should be submitted to the GME Office, along with a copy of the military orders. Any resident that is required to fulfill military obligations must still complete all the training program requirements for board eligibility. This may require a change in the original date for the completion of the program.

Residents who are members of the South Carolina National Guard or an active reserve unit of a military service may be given up to 15 workdays leave without charge against earned leave or loss of pay to meet the federal minimum annual training requirements within a calendar year, or fiscal year if the National Guard or reserve component credits training requirements on a fiscal year basis. However, while a 15-day maximum is allowed, it does not entitle a resident to take the full 15 days leave if it is to include training which is supplemental to the minimum requirements of the service component. The first 15 days military leave (taken consecutively or intermittently) during a calendar or fiscal year are to be charged as that which is required, and the employee will be compensated for only the number of days scheduled to work at the Medical University during this period. Thirty additional days will be granted without charge against earned leave or loss of pay when called to active duty for state or national emergencies.

### **b. Bereavement Leave**

Bereavement leave of three (3) days with pay shall be given per death of an immediate family member (i.e., parents, siblings, grandparents, children, or spouse). The resident does not need to make up that time unless required by the specialty board to meet board certification eligibility requirement(s).

### **c. Jury Duty or Court Appearances**

- i. Physicians are not exempt from jury duty; all trainees will have to respond to any summons to serve on a jury.
- ii. The program director, program coordinator, and the resident's currently scheduled hospital/rotation must be notified immediately of a jury summons or potential jury duty.
- iii. Jury duty will not reduce paid leave benefits, and the resident will remain in paid status for the duration of jury service.
- iv. Subpoenaed residents are permitted to be absent with pay when serving as a court witness.

## **6. Paid Time Off During Leave of Absence**

### **a. If ineligible for the one-time PCM Allowance:**

- i. The total bank of allowable paid leave for the current academic year will be six weeks as outlined above, including up to three (3) weeks of annual leave and up to three (3) weeks of sick leave.
- ii. Any remaining paid leave balance at the beginning of the LOA will be applied to the LOA first. Once all paid leave has been exhausted, the remainder of the leave will be unpaid, but all benefits, such as insurance will be continued.

- iii. If the resident does not use all six weeks of paid leave by the end of the leave, the program may, at their discretion, grant additional time, provided that the entirety of paid leave does not exceed the six-week GME allowance.
- b. If eligible for the one-time PCM Allowance:
  - i. The resident is eligible for 6 weeks of paid leave (42 calendar days) during training for eligible PCM absences. This leave will run concurrently with unused annual and sick leave.
  - ii. One week (7 calendar days) of paid leave will be allowed for use outside of the PCM leave period.

## 7. Approval of Leave

All leave requests must be approved by the program director in writing, in advance.

See your program handbook and/or consult with your program director for specific program policies and procedures.

- a. Approval for Parental/Caregiver/Medical Leave  
The resident must make a written request for PCM leave to the program director as early as possible, so that appropriate accommodations (rotation schedules, call schedules, etc.) can be made. In the event of pregnancy (both maternity and paternity leave), written notification should be provided to the program director by the beginning of the second trimester. If the resident is pursuing adoption, the resident must notify the program director, in writing, at the time of adoption request filing. The total duration of PCM leave must be approved by the program director or designee using the Extended Leave/Leave of Absence form. A copy of this approval form must be received by the GME Office one month before the resident begins the planned leave in order for the leave to be official. For unplanned medical events, the completed form should be submitted as soon as possible.

A resident who is approved for PCM leave must comply with the requirements of the federal Family Medical Leave Act (FMLA). FMLA information and forms can be found on the University Human Resource website, and a link is provided on the Extended Leave/Leave of Absence form.

- 8. Approval of International Travel  
Due to the potential of significant travel delays and extensions to training, particularly for visa holders, international travel must be approved by the program director, and the GME Office must be notified in advance.

*Updated: April 2024*

---

## Insurance Coverage

---

Residents and their dependents are eligible for state insurance benefits administered by PEBA insurance, which include MUSC Health, Dental, Vision, Optional Life, Dependent Life Spouse, Dependent Life Child Coverage and Supplemental Long-Term Disability. [Premiums](#) are deducted on a pre-tax (if eligible) basis via payroll deduction.

### **Health Insurance**

Health insurance coverage includes a 'basic' life insurance component equal to \$3000 and a 'basic long-term disability' component which provides a monthly benefit after a 90-day waiting period, if approved. Preexisting conditions are not covered for 12 months from the effective date of coverage. The basic life insurance & basic long term disability coverage are included (free) if health coverage is selected.

### **Dental Insurance**

Dental insurance coverage includes two options, Dental Plus or Basic Dental. Dental Plus has higher allowed amounts, and the maximum yearly benefit for a person covered is \$2,000. Basic Dental has lower allowed amounts, and the maximum yearly benefit for a person is \$1,000.

### **Vision Insurance**

The State Vision Plan offers coverage for comprehensive eye exams, frames, lenses and lens options, and contact lens services and materials. The plan uses EyeMed's select network that includes private practitioners and optical retailers in South Carolina and nationwide.

### **Life Insurance**

Residents are eligible to elect optional life, dependent life, spouse, and coverage for children. For optional life, elect up to 3x salary in \$10,000 increments (guarantee issue) within 31 days of date of hire.

- Dependent Life Spouse coverage: \$10,000 or \$20,000 only
- Dependent Life Child coverage: \$15,000 life coverage for children

### **Flexible Spending Accounts**

Residents are eligible to elect medical & dependent care spending accounts.

### **Travel Insurance**

Through BlueCross BlueShield Global Core, your state health plan identification card gives you access to doctors and hospitals in more than 200 countries and territories worldwide and to a broad range of medical services. Please call PEBA insurance at 1-888-260-9430 for an international credible coverage letter before travel. The BlueCross BlueShield Global Core Service Center can help you find providers in the area where you are traveling. It can also provide other helpful information about health care overseas. Go to [bcbsglobalcore.com](http://bcbsglobalcore.com). You must accept the terms and conditions and login with the first three letters of your BIN. Then you may select a provider type. You also can choose a specialty, city, nation, and distance from the city. You can also call toll-free at 800-810-2583 or collect at 804-673-1177, as toll-free numbers do not always work overseas.

### **Disability Insurance**

Residents will receive basic long-term disability insurance if health insurance is selected. If approved, the benefit is 62.5%, not to exceed \$800 per month, and begins after a 90-day waiting period. Supplemental long-term disability insurance is available at a competitive rate. If participating in the PEBA traditional pension plan, after eight (8) years of earned service (vesting period) in the event of a disability, residents are eligible to apply for disability retirement if they are also approved for social security disability.

---

## Retirement

---

Residents have an opportunity to participate in one of the two state retirement plans offered by SC PEBA Retirement. Participation is optional. Residents have 30 days to choose a plan or to opt out of state retirement. Contributions are deducted on a pre-taxed basis and represent a flat % of the participant's salary. This deduction is set and determined by SC PEBA Retirement. Election of membership is permanent until separation of employment.

- [Optional Retirement Plan](#) (ORP), vested immediately
- [South Carolina Retirement System](#) (SCRS), State Pension Plan, vested after 8 years of participation

After 1 year of state retirement participation, there is an 'active incidental death benefit' equal to 1x's annual salary, payable in a lump sum to participant's beneficiary, upon employee's death.

## Information for Residents

---

### Cell Phones

---

All MUSC-GME Charleston Residents will be provided a cell phone for use throughout their training program for functions such as paging (SPOK), medical record access (EPIC), duty hours, and evaluations (MedHub). All residents must adhere to the [MUSC Electronic Communications Policy](#).

#### Service Provided

Apple iPhone with a Verizon Wireless service plan providing unlimited talk and data (within the US) for the duration of their GME training program.

#### Usage

Phones are to be used for official use and can be used for personal use, as long as it does not increase the institution's cost or violate any laws or ethical standards.

#### Privacy

Residents have no expectation of privacy while using a MUSC-issued phone. Information Solutions will have access to detailed records of usage from the vendor service provider, which will be subject to audit.

#### Security

Phones may contain sensitive information. Therefore, residents must install [Mobile Device Manager \(MDM\)](#) to all MUSC devices. It is recommended to create a separate iTunes account for the MUSC provided phone.

All residents must install the [Spok Mobile Application](#).

#### Non-covered Charges

Any personal use resulting in additional expenses must be pre-approved by the GME Office. Residents must reimburse for any incidental personal use that results in an additional expense to the GME Office. These expenses include, but are

not limited to, international calls/texts/data usage and excessive directory assistance. When traveling internationally, residents must contact Information Solutions, 30 days prior to travel, to make arrangements for international usage plans (if using the MUSC supplied phone).

### **Additional Features**

Additional for-cost features will not be added to the MUSC supplied mobile plans unless it is necessary for training purposes, and documentation is provided by the training program. This includes hotspot features.

### **Damaged Devices/Accessories**

Contact Spencer Fort (forts@muscd.edu) regarding all damages related to the MUSC supplied phone. A replacement may be provided if the damage is a result of normal/conventional usage. Multiple replacements for the same account will be reviewed on a case-by-case basis.

Cases and screen protectors must be used at all times. Replacement of device accessories such as charging cables, cases, and screen protectors are the responsibility of the resident.

### **Registration on Verizon Website**

While utilizing the MUSC provided service plan, residents are not permitted to change any contact information by logging onto the Verizon website. This includes changing the email address associated with the account.

### **Changing Number**

Residents cannot transfer their personal number to their MUSC supplied phone. Residents are provided a local number for use during the training program.

### **Procedure**

1. Spencer Fort will work with the departmental program coordinators to distribute devices to ACGME and ADA GME residents.
2. Residents are not required to use the MUSC provided device or service plan and may continue using a personal device, but no reimbursement or compensation will be provided to the resident.
  - a. If a resident does not utilize the MUSC provided device or service plan, the device can be returned to the GME Office.
  - b. If the resident does not utilize the MUSC service plan, but keeps the device, the program coordinator and/or resident must notify the GME Office of this decision within one month of receiving the phone.
3. The GME Office, in conjunction with Information Solutions University Communications, will monitor the usage of the supplied devices and invoice residents monthly for any additional charges incurred.
4. All MUSC service plans will be terminated at the end of the resident's GME training.
  - a. Procedure for residents leaving MUSC:
    - i. Messaging
      1. MUHA Communications will automatically wipe the Spok messaging account based on information provided by the GME Office.
      2. If you still have a pager, please return it to the Call Center (ART Room M105).
    - ii. iPhone Equipment/Phone Number
      1. The resident may keep the iPhone:
        - a. If the resident would like to take over ownership of the number and responsibility of billing, contact Spencer Fort (forts@muscd.edu) at least two weeks prior to leaving to make arrangements.
        - b. Residents may take the number to one of the three state contract providers (Verizon, T-Mobile, AT&T). There are no other options.

2. If the resident is giving up the number:
  - a. No action needed. The line number will be cancelled after your last day of employment (based on information provided by the GME Office).
- b. Procedure for residents transitioning to faculty:
  - i. Messaging
    1. A new Spok messaging ID will need to be assigned. Hold on to the current phone and pager device (if applicable). The department should submit an [online request](#) for a new pager account and include billing information. Attending Physician messaging accounts are \$100 annually. Once the request is complete, you will receive an email with next steps from the Communications Call Center.
  - ii. iPhone Equipment/Phone Line
    1. The resident may keep the iPhone.
    2. If moving to faculty and your new department approves taking over payment of the service, please have your department business manager contact Spencer Fort (forts@musc.edu) to arrange the transfer.
    3. If the department does not take over payment, the resident has two options – take over ownership of the number or cancel the number.
      - a. If the resident would like to take over ownership of the number and the responsibility of billing:
        - i. Contact Spencer Fort (forts@musc.edu) at least two weeks prior to leaving to make arrangements.
        - ii. Residents may take the number to one of the four state contract providers (Verizon, T-Mobile, AT&T, or Sprint). There are no other options.
      - b. If the resident is giving up the number: No action needed. The line will be cancelled after your last day of employment (based on information provided by the GME Office).

*Updated: April 2024*

---

## **ID Badges**

---

### **MUSC ID Badges**

While in any MUSC facility, residents are required to wear identification (ID) badges in such a manner that name, picture, and department are unobstructed (clearly visible) and worn at eye level. The ID badge is the official identification for all residents. All residents' ID badges state 'resident' to comply with the [Lewis Blackman Hospital Patient Safety Act](#). The resident is the only individual authorized to wear their MUSC-issued ID badge.

Any resident reporting to duty without the official ID badge must obtain a temporary one. The ID badge is the property of MUSC and must be relinquished upon completion or termination from the residency program.

### **Procedure**

MUSC ID badges are issued by the MUSC Department of Public Safety (843-792-4023). Residents are required to promptly report the loss of their identification cards to the Department of Public Safety. Resident ID badges will be replaced by the Department of Public Safety at a cost of \$15.00. This cost will be incurred by the resident who lost the card. Public Safety officers, as well as hospital administrative/supervisory personnel, will scrutinize unidentified



individuals, particularly in patient care areas above the second floor of the hospital and may request proof of identification. Any individuals who are identified as such will be reported to Hospital Administration.

### **VA ID Badges**

Residents who are assigned clinical rotations at the Veteran Affairs (VA) facilities as part of their program requirements must obtain a VA ID badge. These badges provide access to the VA facility and are used for identification purposes and provide access to the VA medical record system. Once a resident leaves MUSC, the VA ID badge must be returned directly to the VA Education Office, and all clearance items must be completed.

---

### **Lab Coats**

---

The Residency/Fellowship Program will coordinate the ordering and payment of all lab coats for residents/fellows using the following guidelines:

1. All residents will have 'resident physician', and fellows will have 'fellow physician' embroidered on all lab coats to adhere to the Lewis Blackman Act.
  2. All residents/fellows for adult services will bear the MUSC Health logo.
  3. All residents/fellows for pediatric services will bear the MUSC Children's Health logo.
- 

### **Meals**

---

MUSC provides funds for meals at the MUSC cafeteria, the Ashley River Tower Cafeteria, Shawn Jenkins Children's Hospital cafeteria, and all other MUSC Corner Cafés while the resident is on call within the hospital. Residents may not use the funds provided to purchase gift cards at other establishments, i.e., Starbucks.

### **Procedure**

All residents will receive \$100 per month for a meal allowance. Those residents who are scheduled for 24-hour in-house (defined as a scheduled shift lasting 24-hours and required to be in-house) call shifts will receive an additional \$25 per scheduled shift. Residents are only allowed to maintain a maximum balance of \$500 for their meal allowance at the time of the monthly deposit.

Only clinical programs that are accredited, either by the ACGME or the ADA, and have a resident agreement with the GME Office, will participate in the GME meal card program.

The \$100 meal allowance and the additional supplement for call shifts will be distributed monthly. Program coordinators, or designated individuals, are responsible for informing the GME Office which residents are scheduled for call each month. (Note: A copy of the call schedule is not sufficient.) This list must be submitted one week prior to the end of the month to ensure timely disbursement onto the residents' meal cards for the following month. Any departments who do not submit this list on time will only receive the \$100 meal allowance with no additional funds for call shifts.

Semi-annually, the GME Office will reevaluate the monthly allowance and revise it, if needed, as a result of an increase/decrease in the number of residents or the number of 24-hour call shifts worked during the previous six months.

Any resident who misuses meal funds will be subject to disciplinary action by the designated institutional official (DIO).

---

## **Parking**

---

The Office of Parking Management is responsible for registration of vehicles, keeping registration records, making parking assignments and issuing parking control devices. For more information, contact Parking Management at (843-792-3665).

Parking is available to all residents in one of the campus garages or lots. A permit and/or parking card are required for all MUSC parking areas.

### **Procedure**

Residents of MUSC who desire to use University-provided assigned parking facilities must register their vehicles. All registrants will be required to show a valid state vehicle registration certification and may be required to show a driver's license and an MUSC identification card.

After-hours parking for residents is provided in the Jonathan Lucas Street Parking Garage, which is the MUSC Medical Center patient parking garage across from the Clinical Sciences Building on Jonathan Lucas Street. The after-hours effective hours are from 4:30 pm until 8:30 am on weekdays, 24 hours on weekends, and major holidays. There is no charge for after-hours parking in this facility. However, if you violate this policy by entering prior to or leaving after the after-hours period, you will be required to pay for the time parked outside of the after-hours period. Additionally, you may risk the chance of receiving a parking citation.

---

## **Student Loan Postponement**

---

Certain undergraduate and medical school loan payments can be postponed for part or all of a resident's training period. Residents should contact the appropriate lender to request these forms. The GME Office is an authorized official and can sign off on behalf of the residency training program.

---

## **Travel**

---

These guidelines for planning and submitting reimbursement for MUSC-GME Charleston sponsored travel are in addition to the [MUSC Finance and Administration Travel Policy](#).

### **Approval**

Approval from a member of the GME Office and your program director is required prior to booking any travel arrangements or conference registrations. Any expenses incurred prior to approval may not be reimbursed.

**Registration**

- Book the early bird rate when available. If registration was paid after the deadline, provide a justification for missing the deadline.
- Be mindful when registering for additional sessions and only register for those sessions you are able to attend. Do not pay the full conference rate if you are only attending a pre-conference.
- Residents - contact the GME Business Team to arrange for direct payment when available.
- Program directors/faculty – Contact the GME Business Manager to arrange for direct payment for any registration fees or submit receipts after the conference.

**Transportation**

The most economical method of transportation (to the conference and while attending) should be utilized at all times.

**Airfare**

- Flights must be booked one month in advance of the departure date.
- Economy/coach fare only – no premium seat charge will be reimbursed.
- One checked bag is allowed – any additional baggage will be at the resident's expense.
- Residents - contact the GME Business Team to arrange for direct payment when available.
- Program directors/faculty – Submit receipt for reimbursement after the conference.

**Driving Personal Car**

For some destinations, it is more cost effective to travel by personal vehicle. Reimbursement is allowed at the approved mileage rate up to the cost of a flight to the same location. To request reimbursement for personal vehicle mileage, documentation of mileage along with a flight for the same timeframe is required. Carpooling is encouraged for multiple attendees.

**Taxi/Shuttle/Public Transportation**

While attending the conference, use of taxis, shuttles, or public transportation is reimbursable with the appropriate receipt. Gratuity cannot be reimbursed but is still encouraged. Original receipts are required.

**Rental Car**

- Rental cars will only be reimbursed with prior approval from the program director, accompanied with a written justification explaining why it is the most economical option.
- When approved, only the daily fee and associated taxes and charges will be reimbursed. Fuel purchase and additional insurance options are not allowed.
- Gas receipts, not mileage, are reimbursable with original receipts.

**Hotel**

- All lodging must be reserved with the conference rate (or the most cost-effective rate). If the conference rate was not available at booking, please provide documentation.
- Only standard rooms under \$300 are allowed.
- Additional hotel charges will not be reimbursed (ex. room service, spa services, movie rental, fitness room charges, and any non-required resort fees).

**Meal Per Diem**

- Per diem will be calculated based on departure and arrival times (outlined in the University Travel Policy 7).
- If a meal is provided by the conference, then per diem for that meal is not available.
- Receipts are not required.

### Travel Sites

Do not book travel through travel sites such as Expedia unless you know you can receive all the documentation needed for reimbursement. The University Travel Policy requires itemized receipts for hotel and air travel. Many of the combined flight and air travel deals on the travel sites do not provide this documentation.

Airbnb is allowable with itemized receipt including charges for additional guests. Same limits apply.

### Reimbursement Procedure

To receive reimbursement for your travel, submit the following documentation to the GME Business Team. Any missing documentation will delay processing.

- Copy of conference agenda - this is required and must identify included meals.
- Paid receipts for airfare. Receipts should include dates/times of departure and arrival and note economy/coach class.
- Hotel bill - itemized with a zero balance
- Baggage fee receipts
- Cab/shuttle/public transportation receipts
- Airport parking receipts
- Mileage documentation if requesting reimbursement for use of personal vehicle. Please include departure and arrival times to facilitate the meal per diem calculation.

## Institutional Policies and Procedures

---

### Accommodation for Disabilities (IR 4.9.d.)

---

**Purpose:** The sponsoring institution must have a policy regarding accommodations for disabilities consistent with all applicable laws and regulations. The following policy is consistent with the University Human Resources Policy.

#### Reasonable Accommodation

It is the policy of the University to comply with the provisions of the various applicable state and federal laws prohibiting discrimination against applicants and residents or based on disability, pregnancy, childbirth, or related medical conditions; including but not limited to lactation. Such laws impose various prohibitions on discrimination and require reasonable accommodation to enable covered individuals to perform the essential functions of and enjoy the various benefits of employment. Such laws impose various prohibitions on discrimination and require reasonable accommodation to ensure that no otherwise qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination and have equal access to all benefits and privileges of employment that are available to similarly situated applicants and residents/fellows without disabilities.

To comply with these laws, MUSC has adopted the [Reasonable Accommodations](#) Policy (U-HR-024).

*Updated: April 2024*

---

## **Sleep, Alertness Management, and Fatigue Mitigation (CPR 6.15.)**

---

**Purpose:** MUSC is committed to maintaining resident fitness for duty through educating on healthy sleep practices for healthcare professionals, monitoring for symptoms of fatigue, and advocating for trainees by intervening prior to negative consequences in order to maintain patient safety and resident wellbeing.

### **Policy**

Programs must:

1. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation
2. Educate all faculty members and residents in alert management and fatigue mitigation processes
3. Encourage residents to use fatigue mitigation processes to manage potential negative effects of fatigue on patient care and their learning

Each program must have a process in place to ensure the transfer of responsibilities in patient care if a resident is unable to perform their patient care duties.

The sponsoring institution must provide adequate sleep facilities and safe transportation options for residents who self-identify or are recognized to be too fatigued to safely return home.

### **Fatigue Mitigation Strategies**

1. Recognizing signs of fatigue
2. Self-monitoring of performance or asking others to monitor performance
3. Judicious use of caffeine
4. Maintaining alertness through activity
5. Strategic napping
6. Efficiency in patient care to maximize sleep off-duty
7. Availability of other caregivers to transition responsibility
8. Increasing sleep time before and after call
9. Maintaining a consistent sleep routine
10. Using relaxation technique to fall asleep
11. Ensuring sufficient sleep recovery time
12. Maintaining a healthy diet
13. Exercising regularly
14. Seeking health care evaluation and support for persistent symptoms

### **Education:**

1. All faculty members are provided with annual educational materials to assist in identifying, monitoring, and addressing resident fatigue and alertness management.
2. Residents are oriented with educational materials to learn how to identify, manage, and prevent their own fatigue as well as recognize signs of fatigue in their colleagues.

**Facilities:**

1. Please refer to your program coordinator for information on your program's designated call rooms or any other program specific rest/wellness areas
2. Institutional well-being areas can be found here [link to institutional well-being website]

**Transportation for fatigued residents:**

1. The MUSC GME Office will provide funding support to residents for alternative modes of transportation (via Taxi, Uber, or other rideshare services) when unable to operate primary mode of transportation safely due to sleepiness or fatigue and need to travel home.
  - a. GME has partnered with Uber to create a voucher for 2 rides (one home, one to return to work/car) that can be kept in residents' Uber App to be redeemed when needed.
  - b. Residents and fellows can scan the QR code (below) and save the voucher for use at a later date. To retrieve the voucher for future use, enter the Uber App, then Account>Wallet>Vouchers
  - c. The QR code is re-usable and residents can download additional vouchers to their Uber wallet if needed
  - d. The GME office will monitor and audit use of this function including ride locations
2. If unable to use the Uber Voucher system, transportation costs can be submitted for re-imbursement from the GME office through the traditional means of submitting receipts. Contact Beth Adams ([joneseli@musc.edu](mailto:joneseli@musc.edu)) for further details.

**GME Uber Voucher Program**

## GME Uber Home Safely

Too fatigued to drive home safely?

This GME Uber Home Safely voucher is good for 2 rides:  
getting home and then back to the hospital when ready.

All GME Residents and Fellows are eligible for this benefit.

Scan the QR code to activate.

GME will also reimburse for taxi or other ride share services.

### Questions?

Please contact the GME Office for questions regarding this program.

Beth Adams - [joneseli@musc.edu](mailto:joneseli@musc.edu)  
Graduate Medical Education



College of Medicine

[musc.edu/gme](http://musc.edu/gme)



*Updated: May 2025*

---

## Closures and Reductions (IR 4.15.)

---

**Purpose:** The purpose of this policy is to ensure residents have an opportunity to complete their education with minimum impact on their training, in the event a MUSC-GME Charleston program is reduced in size or closed.

### Policy

In the event the sponsoring institution or one of its GME programs is reduced or closed, MUSC-GME Charleston is committed to ensuring that residents enrolled in its GME-sponsored residency programs are provided the opportunity to complete their training through one of its sponsored programs or assist them in enrolling in another ACGME or ADA-accredited program in which they may continue their education.

### Procedure

The GMEC has oversight of decisions that may result in the reduction or closing of the sponsoring institution or one of its GME programs.

Once a decision to reduce or close a GME Program is made, the GMEC, DIO and all affected residents in the program will be notified by the DIO. The DIO will notify the ACGME of the decision and the proposed date of the intended action.

The Program Director and the DIO will assist all residents in developing future training plans and in transferring the resident to another program if necessary to continue their training.

The Program Director will prepare a transfer letter for each resident detailing their progress in core competency education, milestones, and an evaluation of their overall performance. This letter will be sent to the program director accepting the resident, and a copy of the letter will be placed in the resident's educational file.

The residency program will send resident files to the program accepting the resident in a timely manner.

*Updated: April 2024*

---

## Employee Assistance Program (IR 4.9.a.)

---

### Policy

The primary objective of the Employee Assistance Program (EAP) is to retain valued individuals who develop substance abuse or other personal problems which affect their job performance. Valued individuals are ones who have otherwise demonstrated satisfactory performance. Problems addressed by this program include, but are not limited to, drug and alcohol abuse, marital, family, personal, legal, and financial difficulties. Under this program, residents are offered professional assistance for the purpose of undergoing professional treatment. The Medical University further offers its own clinical resources should residents elect to utilize these facilities. It is in the mutual interest of the resident and the Medical University that referral for assistance be made at the earliest possible stage.

### Procedure

1. Program directors, with input from faculty and others, should document the job performance and behavior of

residents experiencing a decrease in effectiveness and dependability. Examples of impaired effectiveness include:

- a. Increased absenteeism and tardiness
  - b. Lowered production quality and quantity
  - c. Unreasonable periods of time away from the educational or patient care areas although present at work
2. Program directors should meet with any resident who demonstrates impaired conditions to discuss the matter.
  3. Residents may voluntarily seek counseling and information from the MUSC EAP (843-792-2848 or [www.muschealth.com](http://www.muschealth.com)) or other treatment systems of their choice.
  4. Although a resident's involvement in the EAP is voluntary and confidential, there are times when the EAP can be used as a condition for continuation in the residency program.
  5. Sick and annual leave may be granted for the purpose of participating in public or private treatment programs.

### **24-hour on-call services**

In addition, to the current mental health services for residents, MUSC EAP will provide a 24/7 crisis telephone response that will be activated through the online Simon Paging System using its paging ID #1-8888 or by calling 843-792-2123 and asking for employee assistance.

Onsite psychological first aid and prompt crisis management services will be available for groups or individual residents who have experienced a traumatic event in the workplace.

All mental health, on-call and crisis management services shall be provided by MUSC EAP therapists. All services provided are confidential. Resident physicians on rotation with EAP will not be providing services, nor shall they be privy to any confidential information related to those services.

*Updated: April 2024*

---

## **Discrimination and Harassment (IR 4.9.e., IR 4.9.c.)**

---

*NOTE: THE DISCRIMINATION AND HARASSMENT POLICY COVERS THE FOLLOWING TWO ACGME REQUIREMENTS (IR IV.I.5. AND IR IV.I.3.)*

### **Discrimination (IR.IV.I.5)**

**Purpose:** The sponsoring institution must have policies and procedures, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations.

### **Harassment (IR IV.I.3.)**

**Purpose:** The sponsoring institution must have a policy, covering sexual and other forms of harassment, that allows residents access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations.

### **Discrimination and Harassment**

MUSC is committed to fostering an open and supportive community that promotes learning, discovery, and healing. This commitment includes maintaining an educational and working environment, as well as other benefits, programs, and activities, that are free from discrimination, harassment, and retaliation (collectively, "Prohibited Conduct"). To ensure



compliance with federal and state civil rights laws and regulations, and to affirm its commitment to fairness, MUSC has developed internal policies and procedures that will provide a prompt, fair, and impartial process for those involved in an allegation of discrimination, harassment, or retaliation. MUSC values and upholds the equal dignity of all members of its community and strives to balance the rights of the parties in what is often a difficult time for those involved.

The [Nondiscrimination, Anti-Harassment, and Equal Opportunity Policy](#) covers nondiscrimination in both employment and education. Any member of the MUSC community who acts to deny, deprive, or limit the educational or employment access, benefit, or opportunity of another member of the MUSC community, guest, or visitor based on their actual or perceived membership in a protected class is in violation of the policy. When brought to the attention of MUSC's Title IX coordinator, any such discrimination will be promptly and fairly addressed and remedied according to the resolution processes described in the policy.

A copy of the full policy may be obtained [online](#) or directly from the Division of Organizational Engagement and Excellence.

Complaints may be filed by contacting MUSC's [Division of Organizational Engagement and Excellence](#). Complaints or notices of alleged policy violations, or inquiries or concerns regarding this policy should be made to the university's Title IX coordinator or deputy Title IX coordinator:

**Chief Organizational Excellence Officer and University Title IX Coordinator**

171 Ashley Avenue  
Suite 246 | MSC 332  
Charleston, SC 29425  
Phone: 843-792-1072

**Deputy Title IX Coordinator**

Daniela Sorokko Harris, JD  
173 Ashley Avenue, MSC 502  
Basic Sciences Building, Suite 104  
Charleston, SC 29425  
(843) 792-1282 [titleix@musc.edu](mailto:titleix@musc.edu) or [harridan@musc.edu](mailto:harridan@musc.edu)

Inquiries can be made externally to:

[United States Department of Education Office for Civil Rights](#)

400 Maryland Avenue, SW  
Washington, D.C. 20202-1100  
Customer Service Hotline: (800) 421-3481  
Fax: (202) 453-6012  
TDD: (877) 521-2172  
Email: [OCR@ed.gov](mailto:OCR@ed.gov)

For complaints involving employees:

[Equal Employment Opportunity Commission](#) (regional office)

7391 Hodgson Memorial Drive, Suite 200  
Savannah, GA 31406-2579  
Phone #: (800) 669-4000  
Fax: (912) 920-4484  
TTY: (800) 669-6820

South Carolina Human Affairs Commission (State Office)

1026 Sumter Street, Suite 101  
Columbia, SC 29201  
Phone # (803) 737-7800  
Fax: (803) 737-7835  
TTY: (803) 737-7800 (relay) 711

*Updated: April 2024*

---

## Non-Competition (IR 4.13.)

---

**Purpose:** The sponsoring institution must maintain a policy which states that neither the sponsoring institution nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant.

### Policy

The MUSC-Charleston GME Office mandates that neither the sponsoring institution nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant.

*Updated: April 2024*

---

## Physician Impairment (IR 4.9.b)

---

**Purpose:** Physician impairment exists when a physician is unable to practice with reasonable skill and safety because of personal health problems. In most cases, impairment is self-limited and amenable to intervention, assistance, and recovery. The purpose of this policy is to establish guidelines to recognize and manage physician impairment as a result of personal health problems such as physical, or mental illness, substance use disorders, and other conditions, for all residents, to ensure that the health and safety of patients, MUSC-GME Charleston residents, and others are protected.

This policy does not alter the right of MUSC to assess and address a resident's behavior according to the following University policies:

[Employee Health](#)

[Drug Free Workplace](#)

### Policy

MUSC-GME Charleston recognizes it has a fundamental duty and responsibility to support the health and well-being of its residents. Residents are entitled to the support of an educational environment that is protective, sensitive, and able to intervene in potentially destructive and dysfunctional situations, without jeopardizing the residents' rights to confidentiality and the continuation of residency training. Residents will be strongly encouraged to seek help or assistance for any problems with alcohol, drugs, or mental illness that affect their ability to function as a resident.

Program directors and faculty must monitor residents for the signs of impairment, especially those related to depression, burnout, suicidality, substance use disorders, and behavioral disorders. Further, it is also the responsibility of every individual— including program directors, faculty, and trainees to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition. This reporting requirement applies to anyone who observes that a physician may possibly be impaired. Actual evidence of impairment is not required.

**Definition**

For purposes of this policy, a resident will be considered “impaired” if, in the judgment of the program director or designated institutional official (DIO), the resident is unable to reason, communicate or perform medical services in a safe and professionally acceptable manner or carry out any duties or assignments or requirements of the residency program, due to a health condition or the adverse influence of alcohol or any substance.

**Procedure**

When a faculty member, non-physician hospital staff member, resident, student, or program coordinator reasonably suspects a resident of being impaired, will notify the program director, and/or the DIO immediately. MUSC will protect, to the extent possible, the identity of the individual reporting suspected impairment. MUSC does not tolerate retaliation against individuals making good-faith reports of suspected impairment. Factors which may establish reasonable suspicion include, but are not limited to:

- excessive absenteeism or tardiness
- deterioration of job performance
- increased mistakes, carelessness, errors in judgment
- significant changes in personality, dramatic mood swings, abusive behavior, or insubordination
- reliable reports from employees or other credible sources
- colleagues and supervisors are often deliberately avoided
- dramatic changes in personal hygiene and appearance
- ability to get along with others deteriorates
- unexplained, frequent absences from normal work area
- unusual, irrational, or erratic behavior
- difficulty in motor coordination, poor muscle control, unsteady walking, nervousness, slurred speech
- direct observation of alcohol or substance use, or discovery of evidence of alcohol or substance use in the Resident’s vicinity
- impaired short-term memory, clinical judgement, or logical thinking

Upon notification, the program director or designee will contact the resident and meet with the resident immediately. The program director will then contact the DIO and arrange for the meeting between the resident, program director, and DIO to take place in a neutral location.

If the resident acknowledges a problem with alcohol, substance use or mental health problems, they will be immediately relieved of any clinical duties, removed from the clinical area, and assessed for impairment. The cost of this testing will be paid by the GME Office. The resident will be placed on a leave of absence pending a further evaluation of their condition. The resident may be reinstated by the DIO in consultation with the program director based on the results of the evaluation.

If a resident requires intervention in the form of treatment, they will remain on a leave of absence. The resident may be reinstated by the DIO in consultation with the program director, based on results of the treatment.

If a resident does not acknowledge a problem with alcohol, substance use or mental health problems, they will be removed from the clinical area. The resident will be asked to submit to a drug/alcohol urine test to rule out these factors. If the resident refuses to submit to this test, they will be immediately suspended from the residency program.

The terms for reinstatement from the suspension will be determined by the DIO and the program director, in consultation with the department chair.

If the resident fails to accept the terms of reinstatement from a leave of absence or from a suspension, or if the resident fails to satisfy the terms of their reinstatement or treatment, they will be dismissed from the residency program.

### **Leave Status**

Residents who must undergo inpatient treatment and rehabilitation will automatically be placed on leave of absence during this period. Unused paid leave may be used if approved by the program director. Depending on the duration of leave, the resident may be required to extend their training in order to meet ACGME and/or board minimum training requirements.

### **Return to Work**

Residents who have been successfully treated for impairment may return to training. The program and the GME Office will make the decision about accepting a trainee back into training only after full consultation with the treatment facility. Residents will sign a Return-to-Work Agreement, supplemental to the residency agreement that outlines conditions under which the resident may continue in the training program and any other matters specific to the individual resident's circumstances. In some cases, trainees may undertake limited duties as a part of the Return-to-Work Agreement. In some cases, return to training may not be recommended.

Trainees who return to training will be required to enroll in a monitoring program as determined by the treatment facility. The treatment facility will be responsible for arranging chemical, behavioral, and worksite monitoring that allows for the endorsement that the trainee is safe to practice. The program will allow reasonable accommodations for trainees to meet the requirements of this monitoring program.

### **Employee Assistance Program**

Residents experiencing problems with impairment are urged to seek assistance voluntarily through the MUSC Employee Assistance Program (EAP) before the problems become serious enough to require disciplinary action. Self-referral to the EAP for a drug or alcohol problem is encouraged and will not jeopardize a resident's job. However, participation in the EAP will not prevent normal disciplinary action for a violation of any MUSC work policy or rule which may have already occurred or relieve a resident of the responsibility to perform assigned duties in a safe and efficient manner.

Please see the [MUSC Employee Assistance Program](#).

### **Resources**

[South Carolina Recovering Professionals Program](#)

Toll-Free, 24-hour Helpline 1-(877)-349-2094 or  
(803)-737-9280

[MUSC Employee Assistance Program](#)

(843)-792-2848

[MUSC Center for Drug and Alcohol Programs \(CDAP\)](#)

(843) 792-5201

*Updated: April 2024*

---

## Professional Liability Insurance (Malpractice) (IR 4.6.)

---

MUSC provides residents with medical professional liability insurance through the South Carolina Insurance Reserve Fund (IRF). This coverage includes all patient care activities required by the residency programs, including any approved “internal” moonlighting. The policy is an “occurrence” policy; therefore, protection extends beyond the last day worked.

### Coverage

The policy will pay all sums the insured is legally obligated to pay, up to the limits stated in the policy, due to an occurrence which results in injury arising out of rendering or failure to render one or more of the professional services listed in the policy.

### Not Covered

Residents are not covered under this policy for any act arising out of dishonest, fraudulent, criminal, malicious, or deliberately wrongful acts or omissions. The following are also not covered:

- Any resident whose acts or omissions are responsible for false and fraudulent claims
- Any resident who violates or shows disregard for federal and state statutes and regulations
- Any resident who engages in external moonlighting

**NOTE:** *The IRF has the option to refuse defense for deliberately unreported; untimely reported; and/or misrepresentation of occurrences when claims and suits are filed against the Insured (individual involved).*

### Your Responsibility for Your Insurance Coverage

Reporting any and all occurrences with particulars, names and circumstances thereof as soon as practical following the occurrence. Occurrences must be reported to the Professional Liability Division, within the Department of Insurance Services, who is MUSC’s connection to the Insurance Reserve Fund. Reporting can be done by calling the Professional Liability Manager at 843-876-8289. As an MUSC resident, you may have the opportunity to practice medicine in various facilities throughout the state. Residents are to report occurrences according to the guidelines within various clinical departments, hospitals, or facilities where care is provided.

Residents must cooperate with the Department of Insurance Services, Legal Office, and the IRF upon any and all requests made to them.

**NOTE:** *In the event a claim or suit is filed after a resident leaves MUSC, it is still the resident’s responsibility to cooperate with the departments listed above. Again, the policy is “occurrence” based, therefore, residents will not have to purchase “tail coverage.”*

**Occurrences or Reportable Incidents:** “Occurrence” means any accident, incident, or other event (including non-action) which does occur or may reasonably be expected or intended by the insured.

Examples of occurrences:

- Unexpected death
- Serious medication reaction
- Loss of limb(s)
- Hospital acquired fractures or lacerations

- Loss of eye
- Loss of reproductive function
- Total or partial paralysis
- Unplanned returns to the operating room
- Unplanned transfers to a critical care unit
- Delays in D/C greater than 2 days unplanned readmission or ER visit “against medical advice” situations

**NOTE:** *The patient and/or family may believe an injury has occurred and bring legal action against a caregiver.*

### **Injury as Defined by IRF**

“Injury” means bodily physical injury, sickness, disease, mental or emotional distress accompanied by physical manifestation thereof, or death resulting from any one or more thereof.

### **Limits of Liability**

For physicians and dentists, the limits are 1.2 million dollars for a single occurrence with no annual aggregate. A representative from the Professional Liability Division, Insurance Services is available to discuss any concerns residents may have about risk issues, reporting occurrences, insurance coverage, and responsibility for maintaining coverage. For further information, call 843-876-8289.

*Updated: April 2024*

---

## **Professionalism (IR 3.2.f.)**

---

### **Policy**

Physicians must recognize their responsibility to meet their obligations to their patients, their communities, and their profession. Deficiencies or concerns of professionalism may be identified by various sources and methods. The PD or DIO (or delegate) triage the concern(s) and determine an appropriate evaluation process.

### **Procedure**

1. Each program will develop a curriculum to teach medical professionalism.
2. Residents and fellows will review and sign a Professionalism Agreement each year that outlines by program the general expectations of Professionalism.
3. Each program will develop methods to evaluate professionalism as part of the residents’ overall evaluation.
4. It is not possible to list all accounts and behaviors which constitute unprofessional conduct. The following are some common types of unprofessional (and unacceptable) behaviors:
  - a. Failure to Engage (absent or unreliable, being late or leaving early, missing deadlines, poor initiative, disorganization, cutting corners, poor teamwork)
  - b. Dishonesty (cheating on exams, lying, plagiarism, misrepresentation, acting without required consent, not obeying rules & regulations, unethical actions)
  - c. Disrespect (poor communication, inappropriate or condescending jargon or body language, inappropriate use of social media, inappropriate clothing, disruptive behaviors, privacy & confidentiality violations,

- bullying, discrimination, sexual harassment)
  - d. Poor Self-Awareness (avoiding feedback, lacking insight, lack of empathy, blaming external factors, resisting change, unaware of limitations)
  - e. Inappropriate Patient Care (poor patient-doctor relationship, lack of ownership/accountability, not responding promptly to pages, signing out inappropriate types/amounts of work to others)
5. Identification: Program directors may learn about professionalism concerns from evaluations, through the CCC, or other incident reports. Program directors should escalate potential moderate to severe concerns to the GME office. The GME office may also learn about concerns from patient safety reporting systems (SHIELD), compliance reporting, and external complaints.
6. Triage Team: The Medical Director for GME Professionalism in conjunction with the DIO (or delegate), relevant program director, and other members of GME leadership as needed will review potential concerns to determine the appropriate assessments pathway.
7. Triage Algorithm:
- a. Mild and single concerns may be handled by the program as an informal but documented discussion or as an academic deficiency. See separate policy.
  - b. Patterns of behavior may require a program NOC or GME PIP.
  - c. Moderate to severe concerns may require a Just Culture assessment, referral to the GME Peer Review Professionalism Committee, and/or a Fitness for Duty evaluation.
  - d. Concerns for patient safety will refer to the Misconduct pathway. See separate policy.
8. Outcomes:
- a. Resident or fellows who exhibit a pattern of unprofessional behavior (e.g., repeated incidents) or egregious behavior may receive a suspension, a non-renewal, and/or termination from the program as determined by the DIO and relayed by a formal letter.
  - b. The Grievance and Due Process policy will be provided with the letter of notification to the resident/fellow.

*Updated: May 2025*

---

## Quality Assurance Activities

---

### Policy

Although residency training in itself is a quality assurance activity of sorts, residents and faculty must participate in the same quality assessment and improvement process as other members of the Medical University Hospital's medical staff.

### Procedure

1. Through the appropriate faculty, each resident is accountable to the hospital and its medical staff for quality assurance activities.
2. All quality assurance activities are performed in accordance with MUSC's hospital-wide quality assurance plan and in conjunction with each teaching clinic. (More information is located on the MUSC Quality Management website.)

3. Quality assurance activities in the Hospital's clinics are monitored and coordinated separately through a designated faculty member in each training clinic.
4. All of the above activities are assisted and monitored by the hospital's Quality Assurance Coordinator.
5. Identified patient care concerns are brought to the attention of the resident's faculty member and, through the faculty, to the resident. Performance Improvement Plans (PIP) and improvement processes are carried out in accordance with the hospital's and clinical department's quality assurance plans.
6. On a semi-annual basis (or more frequently if necessary) the Quality Assurance Coordinator provides the DIO for GME with a report of hospital-wide quality assurance activities as they pertain to the residents and the teaching programs. These are reviewed by the DIO for GME and discussed with the faculty and/or the resident where appropriate.
7. Data from autopsies are used whenever possible to aid in both the continuous quality assurance processes and the residents' education.
8. Each residency program's quality assurance activities are reviewed annually by the GMEC and as part of the Annual Program Evaluation.

---

## **Resident Religious Observance**

---

The Medical University of South Carolina does not discriminate on the basis of race, color, national origin, religion or sex. MUSC recognizes that trainees come from many religious faiths and practices. The observance of religious holidays and practices is important and should be accommodated whenever possible. However, first priority is always given to patient care and religious leave/observances cannot be guaranteed.

For those individuals who observe religious practices that, at times, may conflict with discharge of clinical duty, it is imperative patient care is not compromised. At such times when observation of religious practices conflict with clinical duties, it is the responsibility of the resident to make appropriate arrangements with his/her colleagues for equivalent or greater patient care coverage.

In the event of a religious holiday/observance not presently covered by scheduled University or MUHA holidays, the following procedure should be followed:

1. Trainees should, first, address their fellow trainees and program chiefs to obtain acceptable patient coverage. If coverage cannot be found, then the holiday/observance may not be taken.
2. Substitute coverage should be approved/disapproved by the respective program director.

MUSC will support religious accommodations if they do not impose an undue hardship on its patients, the institution, the affected departments, or other individuals. MUSC adheres to all state and federal laws pertaining to religious discrimination and accommodation.



---

## **Selection and Appointment of Residents (IR 4.2.-4.2.a.)**

---

**Purpose:** The sponsoring institution must have written policies and procedures for resident recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance.

### **Resident Selection**

#### **Policy**

Residents are selected on a fair and equal basis without regard to race, color, religion, sex, national origin, or sexual orientation. Selection is based upon the applicant's preparedness, ability, aptitude, academic credentials, interpersonal and written communication skills.

#### **Procedure**

1. All programs are encouraged to participate in the National Residency Matching Program (NRMP).
2. Only applicants with qualifications as required by the Accreditation Council for Graduate Medical Education are considered eligible for residency positions.
3. All PGY1 applicants are required to complete an application form and submit this along with board scores, letters of reference, a dean's letter, and a medical school transcript. All applicants must have successfully passed USMLE Step 1 and Step 2 exams (or the equivalent COMLEX Step 3 Exam or MCCQE Parts I and II). In addition, PGY 3 residents and above must have successfully completed the USMLE Step 3 exam (or equivalent).
4. The department's Resident Selection Committee (consisting of appointed faculty and residents) screens applications according to established departmental criteria and selects applicants for interview.
5. A personal interview is granted to those applicants selected through the screening process. During this interview, applicants are informed of the terms and conditions of appointment, stipend, annual leave, professional leave, maternity/paternity leave, sick leave, professional liability insurance, hospital and insurance benefits, call rooms, meals, laundry, etc.
6. At the end of the interviewing period, the Resident Selection Committee objectively evaluates each candidate and prepares a list of applicants in rank order, which is then entered for participation in the NRMP.
7. Any resident who has a disability (according to the Americans with Disabilities Act) and/or special restrictions on his/her medical license MUST report this information to the Program Director and the GME Office no later than the first day his/her residency program begins.

### **Resident Appointment**

#### **Policy**

Each accepted resident is appointed to a specific ACGME or CODA-approved position in the Program.

#### **Procedure**

1. Each program is required to submit an appointment letter to the GME Office that identifies the residents appointed for the academic year.
2. Each new resident is required to sign a Resident Agreement with the GME Office. This signature signifies acceptance of the appointment. Note: Residents and fellows will be paid for the clinical position, not for previous training. Thus, a PGY-1 residency position will pay at a PGY-1 salary, regardless of previous residency experience. Similarly, a fellow will be paid at the established PG level of the position, regardless of previous fellowships or residencies completed.

3. Each new resident must comply with the GMEC policy for USMLE Step 3 (or the equivalent COMLEX Step 3 Exam or MCCQE Parts I and II) exam.
4. Each new resident must complete an orientation as prescribed each year by the GME Office. Orientation topics may include, but are not limited to: sexual harassment, professionalism, residents as teachers, and HIPAA compliance. In addition, new residents must complete required online orientation modules.
5. Each new resident must pass a drug screen test and satisfactorily complete a criminal background check along with other orientation requirements.

## **Resident Reappointment**

### **Policy**

Resident Agreements are one (1) year terms or to completion of training, whichever comes first. Residents can and should expect to complete their GME program providing they successfully complete the previous year's training requirements, and they adhere to the program's and institution's established policies and procedures.

### **Procedure**

1. Residents are promoted each year on the basis of their clinical performance, as measured by the faculty's evaluations and other evaluation methods; by the recommendation of the department's GME or promotions committee, CCC, and the Residency Program Director.
2. Each program is required to submit a reappointment letter to the GME Office that identifies the residents reappointed for the academic year.
3. Each reappointed resident is required to sign a Resident Agreement with the GME Office.
4. Each resident must comply with the GMEC policy for USMLE Step 3 (or the equivalent COMLEX Step 3 Exam or MCCQE Parts I and II). See the USMLE Information section below.
5. If a Program Director decides not to reappoint a resident, the resident will be notified by March 1st of the academic year. If the cause for non-reappointment occurs after March 1st of the academic year, the program director will notify the resident about the non-renewal of the Resident Agreement as soon as circumstances will reasonably allow. The resident may appeal a decision of the non-reappointment (see section on Grievance Procedure).

---

## **Resident and Faculty Member Well-Being (IR 3.2.g.)**

---

**Purpose:** Residents and faculty members are at risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their sponsoring institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in the clinical learning environment models constructive behaviors and prepares residents with the skills and attitudes needed to thrive throughout their careers.

**Policy**

MUSC-GME Charleston recognizes the importance of the well-being of our residents and faculty and works with the residency programs to ensure that processes are in place to assist the residents in developing the skills to achieve and faculty members to maintain their personal well-being.

Each residency program shall have policies and schedules in place that spell out ways in which the residents will be supported in their efforts to become competent, caring, and resilient physicians.

These must include:

1. Schedules that
  - a. Ensure residents have protected time with their patients.
  - b. Are not unduly burdensome with intensity and compression
  - c. Have contingency plans in place for when there are circumstances in which residents may be unable to attend work, including but not limited to fatigue, family emergencies, parental leave, and illness. These contingencies must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.
2. Policies for time away from the residency that allow the resident the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
3. Education regarding recognizing the symptoms of burnout, depression, and substance abuse (see Physician Impairment Policy). Including recognizing these symptoms in themselves and others and means to assist those who experience these conditions.
4. Provide access to appropriate tools for self-screening and access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
5. Resources that minimize non-physician obligations and undue administrative burdens
6. Supervision policies that promote progressive autonomy and flexibility (see Supervision Policy)
7. Monitoring workplace safety data to address the safety of residents and faculty members.
8. Programs and resources available that encourage optimal resident and faculty well-being

All of these must be implemented without fear of negative consequences for the resident and faculty members who may be having any issues interfering with their well-being.

**Procedure**

The institution will verify that each program has a program level resident well-being policy which describes how the program provides resources to the resident to promote their well-being.

Programs are responsible for monitoring resident and faculty well-being and recommending any appropriate resources that they may need. Residents and faculty members are encouraged to alert the program director or other designated personnel or programs when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Call rooms are available for residents to utilize for rest and strategic napping as needed. MUSC Wellness Center membership is available to residents and is paid by the GME Office for all ACGME and ADA residents contracted with the GME Office.

**MUSC Employee Assistance Program (EAP)**

The EAP offers a range of services to help staff and faculty address personal or work-related problems and is available 24/7 to Residents.

For more information of problem areas frequently addressed and services available:

1-843-792-2848

[MUSC Employee Assistance Program](#)

## Other Resources

### 1. **National Suicide Prevention Lifeline**

The National Suicide Prevention Lifeline is available 24/7 for any individual who needs to talk or is concerned about someone else.

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat [988lifeline.org](https://988lifeline.org).

Veterans, press 1 when calling.

[988lifeline.org](https://988lifeline.org)

### 2. **[SC Department of Health - Office of Suicide Prevention](#)**

### 3. **Crisis Text Line**

Text TALK or HOPE4SC to 741-741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7.

### 4. **Veterans Crisis Line**

Send a text to 838255.

24/7, confidential crisis support for veterans and their loved ones

You don't have to be enrolled in VA benefits or health care to connect.

### 5. **[Vets4Warriors](#)**

We are a 24/7 confidential peer support network for veteran and military communities.

### 6. **SAMHSA Treatment Referral Hotline (Substance Abuse)**

1-800-662-HELP (4357)

This helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

### 7. **[RAINN National Sexual Assault Hotline](#)**

1-800-656-HOPE (4673)

[En Español](#)

RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline in partnership with more than 1,000 local sexual assault service providers across the country and operates the DoD Safe Helpline for the Department of Defense. RAINN also carries out programs to prevent sexual violence, help survivors, and ensure that perpetrators are brought to justice.

### 8. **The Trevor Project**

1-866-488-7386

Crisis counselors are trained to answer calls, chats, or texts from LGBTQ young people who reach out on our free, confidential, and secure 24/7 service when they are struggling with issues such as coming out, LGBTQ identity, depression, and suicide.

---

## Substantial Disruptions in Patient Care or Education (IR 4.14.)

---

**Purpose:** This policy addresses support for ACGME-accredited programs and residents in the event of a disaster or other substantial disruption in patient care or education. This policy includes information about assistance for continuation of stipend, benefits, professional liability coverage, and resident assignments.

### Policy

In the event of a disaster impacting the graduate medical education programs sponsored by MUSC-GME Charleston, the GMEC has established this policy to protect the well-being, safety, and educational experience of residents enrolled in our training programs.

### Definitions

**Extreme emergent** situation is defined as a local event (such as a hospital-declared disaster for an epidemic) that impairs the ability of MUSC-GME CHARLESTON to support resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined by ACGME policies and procedures.

**Disaster** is defined as an event or set of events causing significant alteration to the ability of MUSC-GME CHARLESTON to support many residency programs as defined by the ACGME policies and procedures (e.g., Hurricane Katrina).

### Declaration of Extreme Emergent Situation

A declaration of an extreme emergent situation may be initiated by the DIO in collaboration with the hospital chief executive officer, chief operating officer, chief medical officer, and affected program directors. The first point of contact for answers to questions regarding a local emergent situation shall be the GMEC/DIO. When possible, an emergency GMEC meeting will be convened to assess the situation.

### 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 will be posted on the ACGME website with all information relating to ACGME's response to the disaster.

### Procedure for Extreme Emergent situation

Once a declaration of an extreme emergent situation is declared:

- Administrative support for all GME programs and residents, as well as assistance for continuation of resident assignments, will be provided to all programs.
- Program directors of each program will meet with the DIO, or their designee, and/or other hospital officials to determine the clinical duties, schedules, and alternate coverage arrangements for each residency program.
- The DIO and hospital administration will continue to follow all ACGME institutional, common, and specialty-specific program requirements which continue to apply in an emergent situation with regard to clinical assignments within a training program.
- Program directors will remain in contact with the DIO regarding plans to address the situation and request additional resources as needed. ACGME guidelines for development of those plans will be implemented.
- Residents are, first and foremost, physicians, whether they are acting under normal circumstances or in an extreme emergent situation. Residents are expected to perform according to their degree of competence, level of training, scope of license, and context of the specific situation.
- Residents will not be first-line responders without consideration of the need for appropriate supervision based on the clinical situation and their level of training and competence. Residents at an advanced level of training

who are fully licensed in the state of South Carolina may provide patient care independent of supervision but according to the privileges and policies of the institution.

- The following factors are examples which may be taken into consideration regarding a resident's involvement in an extreme emergent situation:
  - The nature of the health care and clinical work that a resident will be expected to deliver
  - The resident's level of post-graduate education, specifically regarding specialty preparedness
  - Resident safety, consideration of their level of training, associated professional judgment and the nature of the situation
  - Board certification eligibility during or after a prolonged extreme emergent situation
  - Reasonable expectations for duration of engagement in the situation
  - Self-limitations according to the resident's maturity to act under significant stress or duress for an extended period of time.
- The DIO will contact the ACGME Institutional Review Committee (IRC) executive director if the situation causes serious, extended disruption that might impair the ability of MUSC-Charleston to support the institution/program ability to remain in compliance with ACGME requirements. The DIO will alert the respective residency review committee.
- If the situation is complex, the DIO may need to submit in writing a description of the situation to the IRC executive director.
- The DIO will receive electronic confirmation of the extreme emergent situation from the ACGME.
- Upon receipt of this confirmation by the DIO, program directors may contact the executive directors of their respective RRCs, if necessary, to discuss any specialty-specific concerns regarding interruptions to resident education or the effect on the educational environment. There should be communication to update the DIO of any specialty-specific issues. The DIO will have an active role in any emergent situation, ensuring the safety of patients and residents through the duration of the situation.
- If notice is provided to the ACGME, the DIO will notify the ACGME IRC executive director when the extreme emergent situation has been resolved.

#### **Procedure for When a Disaster is Declared**

- Administrative support for all GME programs and residents, and assistance for continuation of resident assignments, will be provided to all programs.
- To maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO, or their designee, will meet with each program director and appropriate hospital officials to determine whether transfer to another program is necessary to provide adequate educational experiences to residents and fellows.
- In the event the decision is made that the sponsoring institution can no longer provide an adequate educational experience for residents, the sponsoring institution will, to the best of its ability, arrange for the temporary/permanent transfer of residents to programs at other sponsoring institutions until such time as the participating institution is able to resume providing the experience. (Notification of placement will be communicated to residents no less than 10 days after the declaration of the disaster.) Residents who transfer to other programs as a result of a disaster will be provided (by their program directors) an estimated period necessary for relocation within another program.
- Should that initial time estimate need to be extended, the resident will be notified by his/her program director via written or electronic communication identifying the estimated period of the extension.
- It will be the intent of MUSC-Charleston to provide the appropriate administrative support, to the extent possible, to re-establish a permanent educational experience that meets the standards of the ACGME as quickly as possible. If this cannot be achieved within a reasonable amount of time following the disaster, MUSC-Charleston will take appropriate steps to arrange permanent transfers of residents to other accredited programs.

- Assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments will be provided.
- If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident should be considered.
- The program director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process.
- The DIO will provide initial and ongoing communication to hospital officials and all affected program directors.
- Program directors and the DIO will determine/confirm the location of all residents, determine the means for ongoing communication, and notify emergency contacts of any resident who is injured or cannot be located.
- The DIO will contact the ACGME Institutional Review Committee executive director within 10 days after the declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers.
- The ACGME website will provide phone numbers and email addresses for emergencies and other communication with the ACGME from disaster-affected institutions and programs. The DIO will ensure that each program director and resident is provided with information annually about this emergency communication availability.
- The DIO will access information on the ACGME website to provide program directors and residents with assistance in communicating and documenting resident transfers, program reconfigurations, and changing participating sites.
- The DIO and program director will call or email the IRC executive director with information and/or requests for information. Residents will call or email the IRC executive director with information and/or requests for information if they are unable to reach their program director or DIO.
- In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at MUSC-Charleston will work collaboratively with the DIO, who will coordinate on behalf of the school of medicine the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to accept transfer residents.

All program directors and residents must be familiar with this policy and communication plan.

---

## **Promotion, Resignation, Transfer or Non-Reappointment of Residents (IR.4.4., CPR 3.5.)**

---

### **Policy**

A resident is promoted on the basis of acceptable periodic clinical evaluations, which may be augmented by other evaluation methods, by recommendation of their department's promotion committee, the program director, and by final approval of the GMEC.

Each program's director and faculty members review the resident's performance during the academic year for reasons of promotion, performance improvement, transfer, or non-reappointment.

### **Promotion**

If it is determined by the department's residency program director and faculty that the resident is eligible for promotion, this recommendation is forwarded to the GME Office (See Appointment of Residents Policy).

## Performance Improvement

1. If significant deficiencies in the resident's performance are identified, a plan for remedial work, including monitoring performance, may be arranged by the resident's program director. The resident will remain at his/her current stipend level during the performance improvement period.
2. If a resident fails to make satisfactory progress in performance:
  - a. The resident may be dismissed from the program, or
  - b. The Resident Agreement may not be renewed and will not receive credit for the work completed.
3. If significant deficiencies in the resident's performance are identified and the program director and faculty determine that remedial program is not possible, the resident will be dismissed from the program.

## Resignations and Transfers

1. Any resident in an ACGME-approved program may request permission to resign from the current program or to transfer to another program at MUSC or another institution during the academic year.
  - a. Resignation
    - i. STEP ONE: Resident Request  
This request must be made by the resident in writing to his/her program director. The program director must submit a copy of the Resident Request to the ACGME DIO for GME. The resident must make the request on or before March 1 of the current academic year. Requests after March 1<sup>st</sup> will be considered on a case-by-case basis.
    - ii. STEP TWO: Program Director Release Letter  
Upon receipt of the Resident Request, the program director will forward the recommendation, either in writing or by email, to the DIO to either deny or approve the request to be released from the program. The program director's recommendation must be received by the DIO by March 15 of the current academic year.
  - b. Transfer within MUSC
    - i. STEP ONE: Resident Request (as outlined above)
    - ii. STEP TWO: Program Director Release Letter (as outlined above)
    - iii. STEP THREE: Program Director Acceptance Letter  
A request to transfer to another program within MUSC must also include a letter of approval/acceptance from the program director of the ACCEPTING program, either in writing or by email, to the DIO). The ACCEPTING program director's approval must be received by the DIO by March 31 of the current academic year.
  - c. Transfer to Another Institution
    - i. STEP ONE: Resident Request (as outlined above) year.
    - ii. STEP TWO: Program Director Release Letter (as outlined above)
  - d. Transferring from an Outside Institution
    - i. STEP ONE: Outside Institution Release Letter  
All ACGME residents from outside institutions wishing to transfer to one of MUSC's ACGME residency programs need to provide a letter from their current program director releasing them from their program. The program director's release must be received by the DIO by March 31 of the current academic year. The letter also needs to state the resident is in good standing, list previous educational experiences, and provide a summative competency-based performance evaluation of the transferring resident.



## **Non-reappointment**

In some cases, the program director and faculty may determine that a resident receives credit for the current year, but the Resident Agreement will not be renewed at MUSC.

In a situation where a resident is not going to be reappointed, the sponsoring institution must ensure that each of its programs provides a resident with a written notice of intent when that resident's agreement will not be renewed, when that resident will not be promoted to the next level of training, or when that resident will be dismissed.

If a decision is made not to reappoint a resident, the resident can request a grievance hearing to review the decision (See Grievance Procedure).

---

## **Vendor Interactions between Representatives/Corporations and Residents (IR 4.12.)**

---

**Purpose:** MUSC recognizes the value of its relationships with the healthcare industry. The University also believes that such relationships must be entered into based on a partnership that advances the benefits of biomedical research, education, and clinical care in pursuit of improving human health. Importantly, these activities must avoid both the existence or impression of professional impropriety by all University or MUSC individuals who are entrusted with the integrity of the institution's educational, clinical or research programs.

### **Policy**

This policy addresses MUSC-GME Charleston programs and resident behavior in outside relationships with vendors in educational contexts, which may include clinical training sites.

Clinical decision-making, education, and research activities must be free from influence created by any financial relationships with, or gifts provided by, Industry. For purposes of this policy, "Industry" is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital equipment supply industry entities and their representatives. In addition, clinicians, Resident and MUSC staff should not be the target of commercial blandishments or inducements - great or small - the costs of which are ultimately borne by our patients and the public at large. These general principles should guide all potential relationships or interactions between MUSC-GME Charleston GME personnel and Industry representatives. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, MUSC-GME CHARLESTON GME personnel should consult in advance with their Program Directors or senior administrators to obtain further guidance and clarification. Charitable gifts provided by industry in connection with fundraising done by or on behalf of MUSC-GME Charleston GME shall be subject to other policies. (reference)

### **Activities Included but not limited to:**

**Gifts:** Residents and their immediate family members may not accept gifts of value exceeding \$10 from vendors or other representatives of industry. Examples of gifts include, but are not limited to, travel and lodging expenses; membership dues; admission fees; preferential terms on a loan, goods, or services; or the use of real property. Acceptance of travel funds to participate in meetings or training directly related to ongoing sponsored research is not considered a gift and is allowable. Residents may accept travel funds from scientific or professional societies that are funded by industry, as long as the society controls the selection of the recipient. Residents may not accept travel funds directly from industry, but travel support from industry funds provided to MUSC is allowed.

**Meals:** Except as noted below, residents should not accept food and beverages, support for social events, or other hospitality offered directly by industry to the resident. Industry support for food and beverages for college, department or division meetings or retreats is prohibited. Residents may attend an educational meeting or conference which include food, beverages and social receptions sponsored by industry as long as invitation to these events is open to non - MUSC attendees as well, e.g., the event is open to all meeting attendees. A resident engaged in off-site consulting may accept food and beverages as a part of a reasonable compensation package for consulting services. Residents cannot participate in industry sponsored food, beverages, and/or entertainment events that are provided only for a select invited individual or group of individuals if the primary purpose of the event is for marketing and promotional purposes. However, this restriction does not preclude allowable activities, such as site visits and meetings with potential vendors, which may occur when obtaining contracted goods and services; these activities are governed by state and MUSC and/or MUHA procurement guidelines. Residents should recognize that attendance at an industry supported event may cause their name and institutional affiliation to be reported as required by federal regulation. This can be avoided by paying for one's own meal at such events and removing one's name from the attendance list.

**Consulting Relationships:** Consulting interactions can facilitate the advancement of innovative ideas and discoveries, both of which ultimately benefit the general public through the transfer of scientific discovery. This section of the policy clarifies the terms of interactions with Industry where the primary goal is scientific exchange.

**Approved consulting activities include but are not limited to the following:**

1. Serving on advisory boards, expert panels, leadership groups, data safety monitoring boards, and/or similar groups.
2. Providing expert witness testimony. (See MUSC Faculty Handbook)
3. Providing scientific or medical presentations or expertise to industry scientists, research and development staff, and/or their staff.
4. Providing product review, product evaluation, and product feedback for Industry.
5. Demonstrating an Industry product (*i.e.*, teaching when and how to appropriately use a product) for medical or research professionals in the context of medical or scientific education.
6. Providing consultation to venture capital firms and serving as a scientific or medical advisor to Industry for purposes of MUSC intellectual property development.

**Prohibited consulting activities include but are not limited to the following:**

1. Consulting activities requiring or appearing to require MUSC staff to endorse or appear to endorse a particular product, drug, device, or service (either orally or in writing). This includes demonstrating an Industry product for promotional or sales purposes; and appearing (or being quoted) in a video, television, radio, internet broadcast, web site, or in other publicly broadcasted or distributed materials for promotional or sales purposes without proper authority or approval.
2. Participating in ghostwriting, which is defined as Industry sponsorship for (i) making a major contribution towards the writing and/or research of scientific and medical publications without receiving authorship; or (ii) accepting authorship for a scientific or medical publication without making a major contribution towards the writing and/or the research.
3. Serving as an industry sponsored "named reference" for a product recommendation.
4. Providing MUSC slides, videos, pamphlets or any other MUSC logo or copyrighted materials to Industry for marketing or promotional use. Such use must be approved in accordance with MUSC/MUHA policy or procedure.
5. Providing services that conflict or appear to conflict with SEC rules and regulations for stockbrokers, investment houses, equity management companies, banks, and/or financial institutions.
6. Providing services to an industry that is in a known legal dispute with MUSC.

7. Speaking to investors on behalf of a company, except when the company is an MUSC sanctioned and supported faculty start-up company.

The lists of approved and prohibited consulting activities are the same whether consulting is done on personal or professional time. All covered persons who participate in consulting activities are subject to the approval of the MUSC Conflict of Interest Office.

**Site Access:** The MUSC Medical Center recognizes the value of information provided by various industry representatives but intends to limit access to its personnel and facilities to prevent interference with patient care activities. All vendors are expected to, at all times, adhere to the MUHA Code of Conduct and any applicable contract with the vendor.

All industry representatives must have an appointment before visiting any MUSC office or clinic. Residents may request a presentation by or other information from a particular company.

While in MUSC facilities, all Industry representatives must be identified by name and current company.

All industry representatives with access to MUHA and MUSC clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.

On-campus vendor fairs intended to showcase industry products may be permitted if approved by the appropriate office. Such events must comply with the "Gifts" and "Meals" provisions of this policy.

**Support of Continuing Education in the Health Sciences:**

Continuing Education (CE) programs supported by industry are permitted provided the following criteria are met:

1. Industry sponsored programs offering continuing education (CE) credit must be processed through the Office of Continuing Medical Education if appropriate and adhere to the standards for commercial support established by the ACCME, the ADA CERP, the ACPE, the ANCC, or other such accrediting or licensing body if available.
2. Industry provided food and beverages are prohibited at educational programs in which the only attendees are from MUSC, both on campus and off campus.
3. Students or trainees may participate in the continuing education programs as long as the programs are structured group settings that are supervised by faculty.
4. Appropriate disclosure statements are made in any pre-meeting announcement and by the speaker prior to beginning the program.
5. Companies seeking to provide support for CE programs may do so through unrestricted educational grants.

**Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees:** The MUSC-GME CHARLESTON GME programs may accept industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:

Industry support for scholarships and fellowships must comply with all MUHA or MUSC-GME CHARLESTON requirements for such funds, including the execution of an approved budget and written gift agreement through MUHA Development Office, and be maintained in an appropriate restricted account. Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the program director for the residency or fellowship. Written documentation of the selection process will be maintained.

Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the program administrator for the residency program. Industry

may not earmark contributions to fund specific recipients or to support specific expenses. Residency programs may apply to use monies from this pool to pay for reasonable travel and tuition expenses for resident to attend conferences or training that have legitimate educational merit. Attendees must be selected by the program based upon merit and/or financial need, with documentation of the selection process provided with the request. Approval of particular requests shall be at the discretion of the program director.

**Authorship and Speaking:** Authorship on papers by MUSC-GME Charleston personnel should be consistent with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Authorship and Contributorship developed by [the International Committee of Medical Journal Editors](#). Ghostwriting (honorary authorship) is explicitly forbidden.

The content of all presentations given or co-authored by MUSC-GME CHARLESTON personnel must be evidence based. All clinical recommendations must be in the best interest of patients based on evidence available at the time of the presentation. Participation on pharmaceutical industry funded speaker's bureaus, (i.e., promotional speaking concerning specific pharmaceutical products), is forbidden.

**Other Industry Support for Research:** MUSC-GME Charleston has established policies and contract forms to permit industry support of basic and clinical research in a manner consistent with the non-profit mission of MUHA and MUSC-GME CHARLESTON. Researchers may accept, for testing purposes, samples of unique research items or drugs, produced by only one manufacturer, where no other alternatives exist. Should multiple options exist, acceptance of samples is acceptable only if received from all companies manufacturing similar products, so that a decision to purchase may be made based exclusively on the performance of the product, without preference for any given manufacturer.

All products received as gifts for research must be disclosed and explicitly acknowledged in all pertinent documents, including publications. True philanthropic gifts from industry may be accepted through the MUHA Development Office.

### **Procedure**

MUSC-GME Charleston personnel shall report their outside relationships with industry following the MUSC Conflict of Interest Policies at least annually and more often as needed to disclose new relationships. All relevant outside relationships with industry will be made available to the public via the appropriate channel.

Suspected violations of this policy shall be referred to the individual's program director, who shall determine what actions, if any, shall be taken. The DIO shall also be notified of suspected violations by MUSC-GME Charleston GME resident. Violations of this policy by a MUSC-GME Charleston GME resident may result in the following actions (singly or in any combination), depending upon the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:

1. Counseling of the individual involved
2. Letter of Concern, probation, or other corrective action
3. Banning the violator from any further outside engagements for a period of time
4. Requiring that the violator return any monies received from the improper outside relationship
5. Requiring the violator to complete additional training on conflict of interest
6. Any disciplinary action taken hereunder shall follow the established procedures of the MUSC-GME Charleston

The procedure set forth in this section does not alter the right of MUSC-GME Charleston to take action according to any other organizational policies and procedures.

*Approved: April 2024*

---

## Visiting Residents

---

### Policy

Specialty and subspecialty residents may apply to do clinical rotations at the Medical University of South Carolina (MUSC). The required onboarding steps are outlined on the GME website.

The MUSC supervising physician must notify the visiting resident's program director if any adverse events, involving the visiting resident, take place during the rotation at MUSC.

*Approved: April 2024*

---

## Volunteer Guidelines

---

**Purpose:** Residents and fellows who wish to participate in volunteer activities providing medical care should consider the following guidelines.

### Qualifications

1. Trainee must be in good academic standing (e.g., not on a departmental notice of concern (NOC) or performance improvement plan (PIP)).
2. Volunteer hours should not conflict with scheduled duty hours and should not impact the trainees' ability to perform their assigned program activities.
3. Trainees may not engage in medical volunteer activities in which there may be a conflict of interest with their appointment at MUSC.

### Considerations

For sponsoring entities with which MUSC has an active Affiliation Agreement:

1. MUSC provides residents with medical professional liability insurance through the South Carolina Insurance Reserve Fund (IRF). This coverage includes all patient care activities approved by the residency programs including any volunteering electives within the scope of their residency program.
2. The nature of the volunteer activity must be consistent with the scope of the training program and level of training of the trainee determined by the program director.
3. A qualified supervising physician must be available.

For sponsoring entities with whom MUSC does not have an Affiliation Agreement:

1. Trainees on a limited license are prohibited from providing volunteer (or paid) medical care.
2. Trainees on a permanent license may provide volunteer medical care under their own license and professional liability insurance (malpractice).
  - a. The trainee does not represent MUSC in this circumstance and should not wear MUSC branded clothing.
  - b. The trainee must use their vacation/personal time for volunteer activities.
  - c. MUSC-Charleston bears no legal or professional responsibility for a resident while volunteering as a fully/permanent licensed trainee at an outside facility (i.e., non-MUSC).

*Approved: June 2024*

---

## Record Retention Policy

---

**Purpose:** It is the intent of this policy to standardize records retention practices in order to adhere to minimum standard guidelines of the Accreditation Council of Graduate Medical Education (ACGME), Federal, State, and University regulations. This policy applies to all Office of Graduate Medical Education (GME) training programs including, but not limited to AGGME accredited programs, Commission on Dental Accreditation (CODA) accredited programs, Non-ACGME, Non-Standard Training programs and any previously accredited programs contracted through the GME Office.

### Policy

Each program will maintain a program file for each resident and fellow. The file will contain a record of the resident's specific rotations and other educational experiences (including procedural logs, if applicable), final summative evaluation (End of Program Evaluation) by the program director, any disciplinary actions (i.e. suspension, probation, termination), and other information concerning the resident that the program director judges appropriate to maintain in the file for educational and/or credentialing purposes.

The GME Office will maintain an electronic file within the electronic residency management system or other secure archived source.

The resident's program file will be treated as a confidential document. Files will be maintained in a secure location and will be available only to the program director, the DIO, and the resident. The resident's access to his or her file should be under direct supervision of a designated staff member of the program or the GME Office.

The program director may disclose the program file, or portions thereof, to others judged to have a legitimate need for the information, for reasons relating to the accreditation of the program or of the program's participating institutions. The program director may also disclose the file, or portions thereof, to others, as authorized in writing by the resident.

### Procedure

Programs should follow additional record retention guidelines of the individual Residency Review Committees (RRCs), if available.

#### ***Permanently retained information in GME files:***

- Resident Agreement
- Training History
- Appointment and Reappointment Letters.
- Record of any disciplinary actions (i.e. suspension, probation, termination)
- End on Training Verification Form

#### ***Minimum requirements for program archived Resident files:***

- Application (ERAS or other training application)
- ECFMG documentation
- Summative evaluations or exit interviews
- Records of dates of training, trainee's rotations, training experience and procedures
- Materials required by individual RRCs
- Record of any disciplinary actions (i.e. suspension, probation, termination)

- Completed verification requests and associated release of information forms
- Other records judged important by the program director
- The entire file for residents who do not satisfactorily complete the program should be retained.

NOTE: *Applications for all residents not accepted into the program must be retained for 3 years, regardless of whether the resident was invited for interview.*

*Updated: April 2025*

---

## **Lewis Blackman Act**

---

To access this policy, please click on the link below.

[Lewis Blackman Act](#)

*Updated: April 2025*

---

## **MUSC Policies**

---

The link below provides access to hospital and university policies.

[MUSC Policies](#)

## **Resident Academic Action Policies and Procedures**

---

### **Academic Evaluation, Promotion, and Corrective Action**

---

#### **Policy**

Each program director is responsible for determining the criteria for promotion and/or renewal of a resident/fellow's appointment. Each program director will create program-specific criteria for promotion and/or renewal of a resident/fellow's appointment. (IR 4.4)

Program directors along with their Clinical Competency Committees should assess and monitor each resident/fellow's academic and professional progress including knowledge, skills and professional behavior as well as adherence to any applicable departmental, GME, and hospital policies and procedures. Failure to meet the established academic standards will result in corrective action(s) up to and including dismissal from the program.

#### **Procedure**

1. Program-specific policies regarding academic deficiencies should include the following categories of corrective

actions:

- a. Notice of Concern (NOC): written documentation from the program director of deficiencies with an opportunity to improve. For NOCs that do not resolve, the program director can escalate to a GME Performance Improvement Plan.
- b. Performance Improvement Plan (PIP): written documentation from the GME Office regarding the deficiencies as recommended by the program director. The resident/fellow will meet with the PD (or designee) and GME Office to receive and sign the PIP describing the areas to be corrected and the defined period of time for improvement.
  - i. PIPs allow the resident/fellow to remain in “good standing” and continue active participation in the program while addressing the concerns and deficiencies identified in the written notice of the PIP. PIPs are not considered probation or remediation but a plan for the resident/fellow to reach the goals set in the PIP.
  - ii. Successful completion of the PIP is determined by the CCC (Clinical Competency Committee) unless otherwise specified.
  - iii. Renewal of a resident/fellow agreement will not be actualized until it has been determined that the PIP is successfully completed. GME reserves the right to rescind/cancel the renewal agreement.
  - iv. Consequences for incomplete success or recurrence of deficiencies after the ending date of the PIP may include, but not be limited to, an extension of the PIP, non-promotion, non-renewal/revocation/cancellation of any resident/fellow agreement, or dismissal from the program.
  - v. **Important note for those residents/fellows on visas:** PIPs may cause extension of training. The resident/fellow may contact the HR department within the College of Medicine for further assistance.

## **Non-Academic or Misconduct Concerns**

### **Policy**

A resident/fellow can be terminated or suspended at any time and without notice for a significant patient safety concern. Residents and fellows are expected to abide by all state and federal laws. It is not possible to list all acts and omissions which may result in disciplinary action.

### **Procedures**

#### **Concerning Patient Safety**

A resident/fellow can be terminated or suspended at any time and without notice if it is determined by the program director, CCC, or DIO that there is a significant concern regarding patient safety.

#### **Concerning State or Federal Laws**

A resident/fellow, who is charged with violating state or federal laws, may have corrective action initiated by their program director, or DIO.

If a resident/fellow is arrested or formally charged with any infraction of the law, other than a minor traffic violation, they shall report such violation or charges to their program director and/or the DIO at first available opportunity. The program director should communicate this information to the DIO. The resident/fellow may be placed on a leave of absence by the DIO. If the resident/fellow does not provide timely notification, the resident/fellow may be suspended from the residency program. The DIO, in consultation with the program director and the MUSC Legal Office, will determine the conditions, if any, for reinstatement. The DIO will notify the resident/fellow, in writing, of the terms of the leave of absence, or suspension, and if applicable, the reinstatement.

Any resident/fellow assisting other residents/fellow or employees to breach any standards, before, during or after the



fact, can expect to receive the same disciplinary action as the offender.

Action by the State Board of Medical or Dental Examiners revoking or suspending a resident/fellow's license or placing them on probation shall automatically suspend all their hospital privileges and may result in dismissal from the residency program.

A resident/fellow who is dismissed may receive a final paycheck from the hospital for hours worked to the day of dismissal.

## **Grievance and Due Process (IR 4.5)**

### **Policy**

A resident/fellow has a right to a review process and may request a panel review for grievances following suspension, non-renewal, non-promotion, or dismissal.

### **Procedure**

1. Upon receipt of written notice from the DIO of a decision leading to a disciplinary action, a resident/fellow may request a review of that decision by the DIO. The resident/fellow must make this request in writing to the DIO within ten (10) business days of receiving that notice.
2. The DIO, upon receipt of the request, may appoint a review panel to review the disciplinary decision and advise the DIO.
  - a. The panel will meet within ten (10) business days of being named by the DIO. The resident/fellow will be notified of the date, time, and location of the meeting.
    - i. The panel may review any relevant documents and information.
    - ii. The resident/fellow has the right to be accompanied by one advisor (faculty, family member, attorney or other). *Note: Attorneys are not permitted in the grievance panel to represent the resident/fellow. The advisor or an attorney serving as the advisor may not address the committee or pose questions. The advisor may actively advise the resident/fellow but shall have no interaction with other members of the committee.*
  - b. During the meeting, the panel should consider the following questions where appropriate:
    - i. Was the resident/fellow notified of the specific deficiencies to be corrected?
    - ii. Was the resident/fellow given an opportunity to improve?
    - iii. Was the resident/fellow's performance reevaluated by the CCC and/or PD?
    - iv. Any other questions that may be relevant to the decision of the program and DIO.
  - c. After the panel discusses, reviews and considers the information and/or testimony received during the meeting, it will then issue a recommendation to the DIO.
  - d. The DIO will review the circumstances of the action and the review panel's recommendation and may decide:
    - i. The disciplinary action taken was appropriate. There is no further review. The DIO will notify the resident/fellow of the decision.
    - ii. The adverse action taken will be modified. The DIO will inform the resident/fellow and the program director. The DIO and the program director will meet with them to explain any required terms of reinstatement, if applicable. The resident/fellow is not entitled to legal representation during this meeting.
  - e. The decision of the DIO is final.

---

## Automatic Suspension of License

---

Action by the State Board of Medical or Dental Examiners revoking or suspending a resident's license or placing him/her on probation shall automatically suspend all of his/her hospital privileges and may result in dismissal from the residency program.

### Procedure

1. When a question arises concerning the dismissal of a resident, the program director shall first discuss the matter with the resident. The resolution of the matter may invoke appropriate remedial action or the dismissal of the resident. The program director will write a letter to the DIO for GME recommending a course of action (i.e. Performance Improvement Plan or dismissal).
2. If the DIO for GME concludes that there is sufficient evidence to justify dismissal from the residency program, the DIO for GME will notify, in writing, the program director, the department chair and the resident. This notification shall state:
  - a. grounds for dismissal based on evidence of failure to meet the conditions of the resident's appointment to the training program.
  - b. grounds for dismissal with sufficient information, particularly of the underlying facts, to fully inform the resident of the reason for the dismissal.
3. If the program director recommends a Performance Improvement Plan (PIP), the DIO for GME will establish a hearing committee consisting of three individuals: a program director, a chief resident, and a university faculty member or official. The DIO for GME will preside over the committee.
  - a. The purpose of the committee will be to review the information regarding the resident's actions leading to the suspension of his/her license as well as determine the appropriate remedial plan.
  - b. The performance improvement plan will be reviewed and signed by the program director and the resident.
4. The resident's salary and fringe benefits shall be continued during these proceedings until a final decision is made by the DIO for GME.

The above provision for termination for cause shall not apply to the decision to not reappoint a resident resulting from failure to attain educational objectives of the training program. (See Grievance Procedure)

*Updated: April 2024*

---

## Completion Certificate Policy

---

Completion certificates are ordered by the GME Office for completion of Internships, Residencies, and Fellowships for residents in ACGME and ADA-accredited programs with contracts through the GME Office. Certificates are also provided to non-ACGME and Non-Standard Training programs approved by the GMEC Quality and Compliance Sub-Committee.

Certificate requests for residents completing on-cycle are due by the last business day of January each year. Certificate requests for residents completing off-cycle must be submitted 6 weeks prior to the completion date in order to receive their certificate on the last day of the resident's contract.

The GME Office covers the cost of completion certificates ordered through the GME Office with the following exceptions:

- Any request placed 60 days after the completion date is charged to the department.
- All duplicate certificate requests need to be prepaid by the former resident –  
(See Resident Certificate Request Letter Template on the GME Forms website)

Certificate requests must be submitted in the approved template format. All requests must include the following:

- Complete resident name as it is to appear on the certificate
- Resident's credentials
- Degree awarded (i.e., Intern in Medicine, Resident in Medicine, Fellow in Nephrology)
- Dates of attendance

Certificates are not released to the departments until a completed Clearance Sheet is submitted to the GME Office.

*Note:* It is the resident and/or program coordinator's responsibility to obtain the required signatures on each completion certificate.

*Updated: April 2024*

---

## **Disciplinary Problems and Corrective Action (With Respect to State and Federal Laws)**

---

### **Policy**

MUSC has a disciplinary system which, depending upon the circumstances, gives the resident the opportunity to improve his/her performance or conduct after violating state or federal law.

### **Procedure**

1. Residents are expected to abide by all applicable state and federal laws.
2. A resident, who is suspected of violating state or federal laws, will have corrective action initiated by his or her supervising faculty, program director, department chair, and/or the DIO for GME. Length of service and previous disciplinary and work performance records may also be considered. It is not possible to list all acts and omissions which may result in disciplinary action. Violation of these rules will result in disciplinary action ranging from written reprimands to dismissal depending upon the severity of the situation.
3. Any resident assisting other residents or employees to breach any standards, before, during or after the fact, can expect to receive the same corrective action as the offender.
4. Each PIP should contain the specifics of the misconduct discussed with the resident and signed by both the resident and the program director. The plan should also outline what corrective action is required of the resident. The signature of the resident is mandatory and acknowledges that s/he has received a copy of the plan. If a resident refuses to sign the corrective action report, s/he will be suspended from the residency program. The completed corrective action report is forwarded to the DIO.
5. A resident who is dismissed may receive a final paycheck from the hospital for hours worked to the day of dismissal.
6. Residents who engage in scientific research at MUSC are responsible for maintaining the integrity of all research projects in accordance with the policies, rules and guidelines as outlined in the MUSC Faculty Handbook. Furthermore, residents who may produce tangible products from these research endeavors or assets ("Intellectual Property") must comply with the Intellectual Property Policy contained in the faculty handbook.
7. Residents who are dismissed have a right to submit a request for a formal grievance hearing within ten (10)

working days. (See Grievance Procedure Policy).

8. If a resident is arrested or formally charged with any infraction of the law, other than a minor traffic violation, the offending resident shall report such violation or charges to his/her program director, chair, or the DIO for GME within 48 hours of the offense. The resident will immediately be placed on a "leave of absence" by the DIO for GME. If the resident fails to notify his/her program director, chair, or the DIO for GME within 48 hours of the offense, the resident will be suspended from the residency program. The DIO for GME, in consultation with the department chair, residency program director and the MUSC Legal Office, will determine the conditions for reinstatement. The DIO for GME will notify the resident, in writing, of the terms of the leave of absence, or suspension, and the reinstatement.

*Updated: April 2024*

---

## **Grievance Policy (IR 4.5.)**

---

### **Policy**

The procedures stated herein are for the purpose of residency matters related to the performance of the resident of an MUSC-GME CHARLESTON sponsored residency program. The affected resident may be entitled to a grievance following:

1. A decision of dismissal from a program,
2. Failure to obtain credit for academic work completed as a result of academic deficiencies,
3. Non-reappointment (i.e., non-renewal of the Resident Agreement) or
4. Other matters that are detrimental to the resident's career.

*Note:* The resident can be terminated or suspended at any time and without notice if it is determined there is an issue regarding patient safety.

### **Procedure**

1. Upon receipt of written notice from the Designated Institutional Official (DIO) for GME of a decision leading to an adverse action, a resident may request a review of that decision by the DIO. The resident must make this request to the DIO within ten (10) business days of receiving that notice.
2. The resident must submit the decision review request, in writing to the DIO. The DIO, upon receipt of the request, may appoint an ad hoc grievance committee of the GMEC, and this committee will be convened to review the adverse decision and to advise the DIO. The committee will consist of four program directors, one chief resident, one faculty member (not from the same department), and one university official. The resident may choose an additional program director to be on the committee and either a faculty member or a university official. If the resident requesting the review does not choose a program director or university official within ten (10) business days of the date of the decision review request or if the program director, faculty member or university official is unavailable, the DIO will appoint these individual(s).
3. The committee will meet within ten (10) business days of being named by the DIO. The resident will be notified, by certified mail, of the date, time, and location of the meeting. The committee will review the resident's record of performance and any relevant documents. The committee may request and consider any additional information as the members deem necessary. The resident may present any relevant information or testimony from any other MUSC resident, fellow, staff or faculty member. The resident has the right to be accompanied by one advisor (faculty, family member, attorney or other). Note: Attorneys are not permitted in the grievance hearing to

represent the resident. The advisor or an attorney serving as the advisor may not address the committee or pose questions. The advisor may actively advise the resident but shall have no interaction with other members of the committee.

4. The typical process of the hearing will include the following steps
  - a. Statement of Purpose by the chair of the committee
  - b. Introduction of the committee members
  - c. Opening Statement by the program director
  - d. Opening Statement by the resident
  - e. Relevant information/testimonies by MUSC residents, fellows, staff, or faculty invited by the resident
  - f. Questions/clarifications asked of the resident and program director by the committee
  - g. Deliberation by the committee (closed session)
5. During the grievance hearing, the committee will review the following issues:
  - a. Was the resident notified of the specific deficiencies to be corrected?
  - b. Was the resident instructed to correct the deficiencies?
  - c. Was the resident placed on Performance Improvement Plan (PIP)? (If the resident was not placed on a PIP, the program director must provide an explanation.)
  - d. Was the resident's performance reevaluated according to the terms of the remedial program?

After the committee discusses, reviews, and considers the four issues above, it will then issue an advisory opinion to the DIO. The DIO will review the circumstances of the action and the committee's advisory opinion and has the right to disregard the committee's advisory opinion.

6. If, after review of the committee's advisory opinion, the DIO decides the adverse action taken was appropriate, s/he will notify the resident, via certified mail, the program's decision stands and of the final disposition. (i.e., There is no further review.)
7. If, after the review of the committee's advisory opinion, the DIO decides the adverse action taken was not appropriate and/or s/he disagrees with the decision by the residency program, the DIO will inform the resident and the program director.
8. If an adverse action is overturned by the DIO, the DIO will inform the affected resident, via certified mail, of the decision. If a decision is made to reinstate the resident to his/her original status, the DIO and the program director will meet with him/her to explain any required terms of reinstatement. The resident is NOT entitled to legal representation during the reinstatement meeting.
9. The decision of the DIO is final.

*Updated: April 2024*

---

## Evaluation of Residents

---

### Policy

Residents are evaluated in writing at the end of each clinical rotation by their faculty. Residents' professionalism is evaluated by other members of the health care team and included as part of the evaluation process. Residents are expected to evaluate each other in accordance with program policy. Once every six months, each resident receives a formal summative evaluation conducted by his/her program director (or designee). A written summary of this six-month

performance review meeting is part of each resident's permanent file. All evaluation forms and reports will be maintained within the MedHub system.

### **Procedure**

1. Each department has the right to use an evaluation method in compliance with its RRC requirements. All evaluation forms are approved by the GMEC.
2. These evaluation forms are completed by attending faculty upon completion of clinical rotations and other criteria.
3. Completed evaluation forms are signed by the faculty member(s) and the resident and are placed in the resident's file.
4. Evaluations of the resident by nursing, staff and other health professionals who work with the residents will be considered in the overall evaluation of a resident's performance in accordance with departmental policy.
5. At the end of each six-month period of training, the program director or a designated faculty member must meet with each resident to discuss the Clinical Competency Committee's evaluation of the resident, the non-physician evaluations of professionalism and the peer (i.e., resident) evaluations. At this time, the resident is required to sign each of the faculty's evaluation forms to verify s/he has seen its content. A resident may write a letter of dispute for any evaluation s/he feels is inaccurate or incomplete.
6. During the six-month performance review, the program director (or his/her designee), discusses the resident's performance as indicated by the evaluations. The resident's strengths as well as areas for improvement are noted; any corrective measures are also discussed. A written summary, signed by both the program director (or his/her designee) and the resident, of this meeting is placed in the resident's permanent file.
7. Continued unacceptable or marginal performance, as noted on the evaluation forms, will be addressed through the development of a Performance Improvement Plan (PIP) which details specific corrective actions. The resident will be considered on a PIP during this period. The PIP will include a timetable for completion and the actions to be taken as a result of the resident's performance during this period. Both the program director, the resident, and the DIO (or designee) must sign the PIP before it is implemented.

*Updated: April 2024*

---

## **Evaluation of Rotations and Faculty Members by Residents**

---

### **Policy**

Residents are required to provide an evaluation of each rotation, including an evaluation of the faculty involved in that rotation. In addition, they are required to complete an annual summary evaluation of their own residency program and its faculty. All evaluation forms and reports will be maintained within the MedHub system.

### **Procedure**

1. At the end of each rotation, the resident is provided with a confidential evaluation form. This evaluation form includes questions on the rotation's content as well as the quality of supervision.
2. The resident completes the form and returns it to the residency program coordinator.
3. Residents will provide the program director with evaluations of the faculty member's teaching skills. These evaluations will be provided by using the GMEC-approved forms.

Each program is responsible for determining the procedure by which the resident will evaluate the faculty's teaching skills.

4. Once each year, the residents will meet as a group to review the entire residency program and submit a report of this evaluation to the program director. This annual evaluation will include but not be limited to,
  - a. each faculty member's supervision and teaching,
  - b. each rotation's benefits or deficiencies for achieving the learning objectives,
  - c. the quality of the didactic sessions,
  - d. the quality of research and scholarly activity,
  - e. the general working conditions,
  - f. the leadership of the program director,
  - g. the overall program goals and objectives,
  - h. the ACGME six competency areas in relation to the curriculum and
  - i. the resources available to the residents.
5. To ensure proper anonymity of residents in completing these evaluations, program directors will provide each faculty member a "summary report" of the rotation evaluations. Programs with smaller numbers of residents are encouraged to have the residents complete group evaluations of individual faculty members. In other words, the residents meet as a group at least once a year but possibly every six months and develop one composite evaluation for each faculty member. Each resident then signs his/her name to each composite evaluation.

Program directors and faculty are expected to use the information collected to continually improve the quality of the program. To this end, the summary of the annual program evaluation should specifically highlight these program changes.

*Updated: April 2024*

---

## **USMLE Step 3 or Equivalent Policy**

---

**Purpose:** To ensure all MUSC-Charleston specialty and subspecialty residents complete all steps of the USMLE Step 3 or equivalent as part of their graduate medical education. Step 3 completion is required for permanent licensure for the state of South Carolina.

### **Policy**

- Equivalents of USMLE Step 3 include the COMLEX Step 3 and the MCCQE.
- All PGY-1 residents are required to register for and take the USMLE or COMLEX Step 3 exam prior to completion of the PGY-1 year. If a resident does not take the Step 3 exam or has not passed Step 3 by June 30th of the PGY-1 year, the resident will be placed on a Performance Improvement Plan (PIP) for the PGY-2 year. If other concerns of professionalism have been raised regarding the resident, the GME office may bypass the PIP for other processes, to include up to dismissal.
  - If a returning resident on the Step 3 PIP does not pass the exam by March 1st of the PGY-2 year, the resident will receive a notice of non-renewal.
- If a resident enters the training program at the PGY-2 level, the resident must PASS the Step 3 exam by March 1st of the PGY-2 year.
  - If a resident does not pass the Step 3 exam by March 1st of the PGY-2 year, the resident will receive a notice of non-renewal.

- All specialty and subspecialty residents accepted into MUSC-Charleston GME programs at the PGY-3 level or above MUST have already passed the Step 3 exam BEFORE entering the residency program.

#### Procedure

- The resident will be allowed two (2) days off from the program to take the Step 3 exam. These two days will NOT be counted as annual or sick leave.
- Every resident is responsible for providing copies of the Step 3 exam results to the program director/coordinator. It is the program coordinator's responsibility to indicate pass/fail and the date completed in the Resident Demographics section of MedHub. Program coordinators are responsible for ensuring all exam information is to be current by March 1st for PGY-2s and June 1st of each year or PGY-1s. For PGY-3s and above, the information should be complete in Med Hub by July 1st.
- Exceptions to this policy will only be made by MUSC's DIO in consultation with the program director and department chair, and only then in rare and unusual circumstances.

*Updated: June 2024*

---

### Special Review Policy

---

**Scope:** All ACGME-accredited residency and fellowship programs sponsored by the Medical University of South Carolina to fulfil ACGME Institutional Requirement **I.B.6**. The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. <sup>(Core)</sup>

**Purpose:** To define underperforming ACGME-accredited residency and fellowship programs, according to the GMEC Special Review processes. Methods will be defined to oversee and resolve the issues. The process is designed to 1) Identify opportunities for improvement 2) proactively enhance program compliance with ACGME requirements 3) provide guidance to programs for necessary corrective action and 4) support trainees and programs within the MUSC GME environment.

#### Policy:

The GMEC and Program Quality and Compliance subcommittee has established criteria for identifying program underperformance, developed protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use, and the process that the GMEC and its subcommittees will use to monitor outcomes. Programs may be identified as underperforming according to a variety of criteria, including but not limited to: the results of the annual ACGME Resident/Fellow and/or Faculty Surveys; the Annual Program Evaluation (APE) process; accreditation statuses of Initial Accreditation with Warning or Continued Accreditation with Warning, or adverse accreditation statuses as described by ACGME policies; or citations and/or areas for improvement received following the Review Committee's (RC's) annual review of accreditation data or an accreditation site visit <sup>[Institutional Requirement I.B.6.a).(1)]</sup>.

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

- **Program Notice of Concern** - Formal letter notice based on the last ACGME survey and/or recent RRC accreditation letter.

***This is early intervention and support for the PD and program to address new issues and help form effective action plans.***



**Criteria may include:**

- Down trending in Resident/Fellow or Faculty surveys in less than 3 domains.
- New AFI's or Citations.
- Concerns from the annual GME APE review
- **Learning Environment Consult (LEC)** – Programs with continued accreditation with indicators that the program may benefit from a consultation. This focused review process is designed to address and rectify identified deficiencies. LEC may or may not lead to a full special review.

***This is a focused GME review with the program director, coordinators, and residents/fellows to identify root causes and help create effective action plans to improve the overall learning environment.***

**Criteria may include:**

- Significant non-compliance or significant year to year decrease in compliance in ACGME annual resident or faculty survey data. (>20% below the specialty mean).
- Down trending performance on Resident and/or Faculty Surveys in three or more domains.
- Excessive program leadership or faculty turnover (attrition rate > 20% annually for faculty, PD / PC change more than every 2 years).
- Multiple New AFI's or citations
- At the request of the program director
- **Special Review** - Scheduled when significant indicators of concern are identified such as adverse accreditation statuses and lack of substantial compliance with ACGME policies.

***This process involves interviewing program leadership, staff, trainees, and faculty, leading to a comprehensive report focused on themes. This report identifies goals for improvement and establishes a framework for accountability regarding corrective actions and a time for completion.***

**Criteria may include:**

- ACGME program accreditation decision of Initial Accreditation with Warning, Continued Accreditation with Warning or adverse accreditation statuses as described by ACGME policies if a special review has not already been performed on the program relevant to the issues resulting in the negative accreditation outcome.  
[Institutional Requirement I.B.6.a).(1)].
- Lack of substantial compliance with ACGME program requirements evidenced through many new or extended citations.
- Annual Program Evaluation (APE) (reviewer recommendation).
- Resident survey – Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year – minimum 70% completion rate.
- ACGME Resident and/or Faculty Survey results below national norms for compliance and mean in 10 items or more.
- Down trending performance on Resident and/or Faculty Surveys in three or more domains.
- Significant or repetitive noncompliance in program work hours trends relative to ACGME requirements (non-compliant work hours submission rate and/or work hours violations).
- Other significant or repetitive noncompliance with ACGME accreditation requirements.
- Serious or repetitive complaints or concerns relative to program administration or functioning of the learning environment.

- Request by residents, fellows, faculty, Program Directors, Program Administrator, Department Chair or Designated Institutional Official.

### **Special Review Procedure:**

Special Reviews are conducted by the GMEC via the DIO and the GME Office through a team of reviewers. They will consider program data, documents, and will conduct interviews of residents, faculty, and individuals as relevant to the program's underperformance.

The Special Review team should include the following representation:

1. The Chair of the Quality and Compliance Committee or designee.
2. At least one program director from outside the program being reviewed
3. A resident outside of the program being reviewed
4. Others, including hospital administrative representatives, may also be invited to participate.
5. GME Accreditation Manager and/or other GME Office staff will participate ad hoc to assist with data retrieval/organization of materials for review

### **Method:**

- A) The following data and materials may be reviewed:
  1. The ACGME program requirements in effect at the time of the review
  2. The program's most recent ACGME letter of notification
  3. The program's most recent ACGME resident and faculty survey data
  4. Reports from previous special reviews of the program as applicable
  5. At a minimum, the program's most recent annual program evaluation and action plan
  6. Results from internal or external resident/fellow surveys, as available
- B) The special may conduct interviews with the following:
  1. The Program Director and Associate Program Director(s) as applicable
  2. The Program Coordinator
  3. A representative sample of core clinical faculty, other non-physician faculty or staff involved in resident education and clinical work
  4. A representative sample of residents distributed across each level of training in the program
  5. Other individuals deemed necessary or appropriate
- C) Within approximately 3 months of initiation, the report from each special review will be presented at the Quality and Compliance Subcommittee meeting as part of that committee's responsibilities to the GMEC. The Compliance Subcommittee may suggest changes or additions to the special review report's GMEC monitoring process/schedule.
- D) Upon approval by the Quality and Compliance subcommittee, will be provided to the Program Director within 2 weeks with copies Quality and Compliance Subcommittee of the GMEC, the DIO, appropriate institutional leadership, clinical site and department/division leader(s) containing, at a minimum:
  1. The name of the program reviewed
  2. The period during which the special review was conducted
  3. The reason the special review was conducted
  4. The names and titles of the special review team members
  5. A brief description of how the special Review process was conducted, including a list of the groups or individuals interviewed and the documents/materials/data reviewed
  6. The program's ACGME accreditation status and if applicable, a list of the citations and areas of non-compliance or any concerns or comments from most recent ACGME accreditation letter of notification with a summary of how the program is addressing each area
  7. A summary of the special review findings

8. A list of recommendations for quality improvement and corrective actions
  9. The process for Quality and Compliance subcommittee of actions resulting from the special review including monitoring period, deadlines and goals.
- E) Upon receipt of the special review report, the Program Director, in collaboration with clinical site and/or department/division leadership as applicable, will provide a corrective action plan in response to the report recommendations regarding quality improvement and corrective actions within 30 days. The GMEC Quality and Compliance Subcommittee, as part of its responsibilities to the GMEC, is responsible for ongoing monitoring of the program and verification that the program's corrective actions are complete. Updates will be received from the program at 3- 6-month intervals depending on the situation until the issue is resolved by accreditation letter and/or survey results or other specific indicators.
- F) An executive summary of the Special Review report and the program's corrective actions will be presented to the next GMEC meeting.

*Updated: July 2024*

## Resident Training Environment Policies and Procedures

---

### Clinical and Educational Work Hours (IR 4.11)

---

**Purpose:** This policy is created to ensure MUSC programs design an effective program structure that is configured to provide residents with educational and clinical opportunities, as well as reasonable opportunities for rest and personal development and health.

**Definition:** Clinical and Educational Work is defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care including clinical work done from home, the provision for transfer of patient care, time spent in-house during clinical, and educational activities such as conferences and moonlighting. Clinical education and work hours do not include reading, studying or academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.

#### **Policy**

Resident and core faculty members are educated concerning the fulfillment of educational and professional responsibilities of physicians that include: scholarly pursuits, accurate completion of required documentation, the identification of resident mistreatment and to appear for clinical education and work hours appropriately rested and fit to provide the services their patients require. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Didactic and supervised clinical education must be balanced to assure safe patient care and protected time for learning in the allotment of resident time and energies.

#### **Mandatory Time Free of Clinical and Educational Work**

Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, to include all in-house call activities and all internal and external moonlighting. The maximum clinical and educational work period is 24 hours (24 hours plus four hours transition and education for a total of 28 hours. Additional patient care responsibilities must not be assigned to a resident during this transition time).

Residents must have a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on those free days. Residents should have 8 hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after a 24-hour shift, including In-house call.

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these days. One day is defined as one continuous 24-hour period from all clinical, educational, and administrative activities.

### **In-House Night Float**

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Programs will follow specialty requirements determined by the ACGME.

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

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

### **At-Home Call**

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. This includes time when the resident returns to the hospital while on at-home call to provide direct care for new or established patients. The frequency of at-home call is not subject to the every- third-night limitation but must satisfy the requirement for one day in seven free of clinical education and work 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.

### **Procedure**

Resident clinical work and education hours are self-reported through the electronic residency management system, MedHub. Residents must complete a weekly timesheet in MedHub by recording their start and end times for each shift where they participate in resident duty. Residents cannot log future duty hours but can log future vacation hours.

*Note: If a resident enters duty hours and then goes back into the app or the website to check hours or adjust hours, the **submit button must be clicked**. In other words, any time a resident is on the duty hours page, they must click submit, even if they don't make any changes. This will ensure all duty hours are saved correctly.*

Residents who encounter problems or difficulty complying with the ACGME's CEWH requirements should resolve this matter with his/her program director. If the matter cannot be resolved with the program director, the DIO should be contacted.

**Duty Hour Reporting – Program Director/Program Coordinator and Resident Responsibilities** Every Monday, MedHub will notify program coordinators of those residents who did not enter duty hours for the previous week. In addition, those affected residents will each receive an automated email from MedHub notifying them of the same. Each Friday, the program coordinators are to run the "Work Hours Summary Report." This report shows which residents have been entering their duty hours and how many hours they worked. Each program is responsible for contacting their residents who have not entered their duty hours as well as those who have entered 80+ hours for the week.

Each program director is responsible for monitoring work hour review periods. Program directors receive an email when a potential violation is noted within MedHub. When this happens, the program directors are to access the work hour review periods for their residents, make comments as needed and formally mark as “reviewed.”

**Duty Hour Reporting – GME Responsibilities** On the 15th of each month, GME will run the following reports (Note: If the 15th of any month takes place on a weekend or holiday, the report will be run on the next business day.)

- **Work Hours Summary Report:** This report shows which residents have been entering their duty hours and how many hours they worked. GME will contact those programs which have residents who have not made their duty hours current.
  - Residents who have not submitted one or more weeks in a single month will be recorded on the Work Hours Infractions spreadsheet and programs will be notified.
  - Programs with residents who have not submitted work hours over a period of 3+ months will be reported to GMEC.
- **Work Hours Institutional Summary Report:** This report shows how many programs have violated ACGME work hours compliance rules.
- **Work Hours Compliance Report:** This report shows programs violating any of the ACGME work hour violations over a one-month period by resident. It also shows resident and program director comments/reviews of the violation(s) noted.

GME will monitor programs and review program director and resident comments. GME will also report program violations at quarterly GMEC meetings.

*Updated: June 2024*

---

## **Educational Environment**

---

### **Policy**

The educational environment must be adequate for the physical, emotional, and educational needs of all residents and be conducive to resident education and the care of patients.

### **Procedure**

MUSC provides an educational environment in which residents may raise and resolve issues related to their residency programs without fear of intimidation or retaliation.

1. MUSC provides appropriate physical facilities to meet each residency program's goals. This includes access to appropriate food services in all institutions participating in the residency programs as well as adequate on-call rooms.
2. All residents (specialty and sub-specialty) are expected to dress in appropriate professional attire when engaged in any residency activity. When residents are in an MUSC facility, they must abide by the MUSC Dress Code Policy.
3. MUSC will ensure that all patient care is supervised by qualified Faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules will be structured to provide residents with appropriate supervision and consultation.

4. MUSC provides a medical records system that: documents the course of each patient's illness; adequately supports quality patient care; provides information for residents' quality assurance and quality improvement activities and serves as a resource for scholarly activities.
5. MUSC provides adequate and appropriate patient support services such as phlebotomy, laboratory, transport, messengers, diagnostic testing along with nursing and other allied health professionals.
6. MUSC provides confidential counseling and other support services to meet each resident's unique needs. Any resident in need of such services should contact his/her program director, the GME Office, or the Employee Assistance Program (843-792-2848).
7. Parking is available to all residents in one of the campus garages or lots. A permit and/or parking card are required for all MUSC parking areas. Parking management coordinates all parking for the hospital and is located in the President Street garage. For more information, contact Parking Management at (843- 792-3665).
8. Each residency program recognizes that the resident's personal and family needs must be addressed for them to function optimally. The GME Office supports the operation of the Spouses and Significant Others (SASO) organization for spouses and partners.
9. Each residency program must foster humanistic values and cross-cultural sensitivity and respect for all individuals. If any resident feels s/he is the subject of harassment or discrimination based on race or cultural or sexual orientation, s/he is encouraged to contact the Office of Student Engagement (843-792-2146).
10. Resident Lounge/Call Room (Open to all Residents) First Floor Clinical Sciences Building (CSB) Includes Female Only Call Room, Lounge/Call Room, Medical Student Call Room, Floater Call Room (for those who take call from home)

*Note:* For door lock combinations, please contact your program coordinator, chief resident, or the Graduate Medical Education Office.

If you experience any problems with your call room(s), please contact your program coordinator or the Graduate Medical Education Office.

11. MUSC, the program director, the faculty, and the GME Office will provide an environment by which a) residents can develop a personal program of learning to foster continued professional growth with guidance from the teaching staff; b) participate fully in the educational and scholarly activities of their programs and, as required, assume responsibility for teaching and supervising other residents and students; c) have the opportunity to participate on appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care; d) participate in an educational program regarding physician impairment, including substance abuse.
12. MUSC provides appropriate security and personal safety measures to residents at all hospital locations including but not limited to: parking facilities, on-call rooms, hospital and institutional grounds, and related facilities. For more information, please see the Medical Center's policy titled, "Medical Center- Wide Security."
13. MUSC ensures that each program defines, in accordance with its program requirements, the specific knowledge, skills, attitudes and educational experiences required for residents to demonstrate attainment of the ACGME Six General Competencies:
  - a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
  - b. Medical knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological, social and behavioral) sciences and the application of this knowledge to patient care;

- c. Practice-based learning and improvement that involves investigations and evaluations of their own patient care, appraised and assimilation of scientific evidence and improvements in patient care;
- d. Interpersonal and written communication skills that result in effective information exchange and "teaming" with patients, their families and other health professionals;
- e. Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to our patient population;
- f. Systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

*Updated: June 2024*

---

## **Moonlighting (IR 4.11.a.)**

---

**Purpose:** To define the process to allow moonlighting by residents who are enrolled in MUSC-Charleston programs.

### **Policy**

Residency training is a full-time educational experience. Extramural paid activities (moonlighting) must not interfere with the resident's educational performance; nor must those activities interfere with the resident's opportunities for rest, relaxation, and independent study. As a result, residents are not required to engage in moonlighting activities as a condition for appointment to an MUSC residency program.

### **Definition of Moonlighting**

Moonlighting is defined as any activity, outside the requirements of the residency program, in which an individual performs additional duties eligible for direct financial remuneration. This includes, but is not limited to clinical, educational, administrative, or research activities. This activity must be outside the scope of practice, or additional "shifts" taken outside that required for the training program.

### **Who may not Moonlight**

- PGY-1 residents
- Residents under J-1 or H1-B sponsorship by the condition of their visas
- Residents on a Performance Improvement Plan (PIP)
- Residents of a program that does not allow moonlighting

### **Moonlighting Activities MUST NOT:**

- Create a conflict of interest for MUSC, the residency program, or the resident
- Adversely impact the professional reputation of the resident and/or MUSC
- Result in impaired efficiency, absenteeism or tardiness for patient care or educational activities of the residency program
- Violate the rules and regulations of any federal (e.g., CMS) or state agency, or patient care regulations (e.g., HIPAA) or accrediting (e.g., Joint Commission) organizations and/or the facility's credentialing policies and procedures

### **Policy Violation:**

- Programs will assure resident compliance with approval, reporting and monitoring of the moonlighting process.

- The resident's performance in the program will be monitored for any adverse effects from moonlighting. In such instances, the program director may withdraw permission to moonlight.
- Residents who do not abide by the policy and procedures, including failure to report moonlighting hours, may be subject to disciplinary action up to and including dismissal.

### **MUSC GME Moonlighting Procedure**

1. The resident must initiate the request through MedHub with the Moonlighting Request Form.
2. Upload the Moonlighting Procedure with type of moonlighting checked, name of Activity Director, and attestation box checked.
3. Upload your full & unrestricted medical license (permanent license), malpractice for the site, and a fee-paid DEA registration, if applicable (see below).
4. Mandatory signatures required and routed by MedHub: program director and DIO
5. The request form must be renewed every academic year
6. A separate MedHub request form and attested/completed moonlighting policy is required for each activity for each resident.
7. Once fully approved (and not before), the resident may proceed with the activity. There are no retroactive approvals.
8. After the moonlighting activity (internal or external), all time spent must be logged into MedHub as moonlighting and counted as part of the 80-hour work week.

### **License and Insurance Requirements of Moonlighting**

#### **Internal Moonlighting:** Location within MUSC or MUHA facilities

##### ***Activity as a resident, supervised by a licensed faculty member with no independent billing***

- No additional licensing or insurance coverage is required
  - Per the Risk Management Department, if a resident moonlights at an MUSC/MUHA facility, supplemental liability insurance is not required. The resident will be covered under a liability insurance policy with the SC Insurance Reserve Fund (SCIRF). Any questions regarding professional liability coverage must be directed to University Risk Management (843) 792- 3883.

##### ***Activity as a fully licensed provider with insurance billing for services rendered***

- Additional documents required and obtained by the resident at the resident's expense:
  - Full, unrestricted South Carolina medical license
    - Independent moonlighting on a limited (training) license is prohibited by the South Carolina Board of Medical Examiners. It is the responsibility of the resident to obtain a permanent South Carolina medical license.
    - Liability (malpractice) insurance coverage: It is the responsibility of the resident to obtain and provide professional liability insurance (malpractice) coverage with MUSC at the level of a fully licensed provider.

#### **External Moonlighting:** Location outside MUSC or MUHA facilities

- Additional documents required and obtained by the resident at the resident's expense:
  - Full, unrestricted South Carolina medical license
    - Independent moonlighting on a limited (training) license is prohibited by the South Carolina Board of Medical Examiners. It is the responsibility of the resident to obtain a permanent South Carolina medical license.
  - Liability (malpractice) insurance coverage



- It is the responsibility of the resident to obtain and provide professional liability insurance (malpractice) coverage for all moonlighting outside of MUSC and its affiliates. MUSC-Charleston bears no legal or professional responsibility for a resident while s/he is moonlighting at an outside facility (i.e., non-MUSC). Residents who are approved to moonlight outside of SC must abide by all licensing requirements established by that particular state licensing board and the facility.

To request approval for a moonlighting activity, log in to MedHub and submit the MUSC Moonlighting Request Form.

*Approved: December 2023*

---

## Transitions of Care/Handoff (IR 3.2.c.)

---

**Purpose:** To establish protocol and standards within MUSC Medical Center residency programs that ensures the quality and safety of patient care when transfer of responsibility occurs due to shift changes or unexpected circumstances. Transfers of care have been associated with adverse clinical outcomes and improving handoffs is a national patient safety goal.

### Definition

A **clinical handoff** is the transfer of care and responsibility from the outgoing covering physician to the incoming covering physician. The transition/handoff process is an organized and interactive communication process of passing specific, essential patient information from one caregiver to another.

### Policy

Individual residency programs must design schedules and clinical assignments to maximize the learning experience for residents, respect duty hour requirements, and to optimize patient safety. This includes efforts to minimize transitions of care. Programs must ensure that all residents have received training on handoffs and transitions of care. All PGY1 residents are required to undergo formal training during GME orientation.

### Procedure

- Handoff should be face-to-face interaction for verbal communication whenever possible; when face-to-face handoff not possible (ex: home call), handoff should be verbal with both parties following along with the same handoff tool in the electronic health record (EHR). Solely written handoff with no verbal interaction is unacceptable.
- There should be no gap in coverage of patients by providers who have received handoff (i.e., team should not be covering who has not yet received handoff).
- Each program will use our EHR tool, unless the program has developed a HIPAA compliant alternative approved by GMEC. APE will inquire about handoff annually.
- Each program will have a faculty handoff champion responsible for oversight of supervised handoffs.
- The person receiving the handoff is expected to ask pertinent questions to clarify any unanswered questions. Handoffs should occur in a quiet place and be uninterrupted (office, call room, lounge) whenever possible.
- Clear accurate information needs to be handed off and received back ("close the loop").

*Updated: June 2024*

---

## ACGME Core Competencies

---

The program must integrate the following ACGME competencies into the curriculum:

### 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.

### Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

### 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:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise;
- Set learning and improvement goals;
- Identify and perform appropriate learning activities;
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Incorporate formative evaluation feedback into daily practice;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- Use information technology to optimize learning; and,
- Participate in the education of patients, families, students, residents and other health professionals.

### 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:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- Communicate effectively with physicians, other health professionals, and health related agencies;
- Work effectively as a member or leader of a health care team or other professional group;
- Act in a consultative role to other physicians and health professionals; and,
- Maintain comprehensive, timely, and legible medical records, if applicable.

### Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles. Residents are expected to demonstrate:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society and the profession; and,
- Sensitivity and responsiveness to our patient population

### **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:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk benefit analysis in patient and/or population- based care as appropriate;
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and implementing potential systems solutions.

*Updated: June 2024*

---

### **Assessment of Educational Effectiveness (CPR 5.5.)**

---

#### **Policy**

The MUSC-GME Charleston Graduate Medical Education Committee (GMEC) is responsible for oversight of all MUSC-GME Charleston-sponsored Graduate Medical Education programs in accordance with the ACGME Institutional Requirements. Annual Program Evaluations (APEs) and Action Plan for Improvement for all ACGME-accredited programs are reviewed by GMEC or its subcommittees which present summaries and recommendations to the GMEC each year as part of the Annual Institutional Review.

ACGME programs must have a Program Evaluation Committee (PEC) appointed by the program director to conduct and document the APE as part of the program's continuous improvement process. The PEC functions in compliance with both the common program and program-specific requirements. Each ACGME-accredited residency program shall establish a program specific policy, describing the responsibilities, procedures, and members of the program's PEC.

Each PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member and at least one resident from the program (unless the program does not have any enrolled residents). Faculty members may include physicians and non-physicians from the core program or required rotations in other specialties that teach and evaluate the program's residents. The PEC will meet at least annually even if there are no residents enrolled in the program.

The PEC committee's responsibilities must include:

- Acting as an advisor to the program director, through program oversight.
- Review of the program's self-determined goals and progress toward meeting them.
- Guiding ongoing program improvement, including development of new goals, based upon outcomes, and
- Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
- Review the program and document on behalf of the program the formal, systematic evaluation of the curriculum at least annually and render a written APE using the standard GME template. This APE and written Action Plan for Improvement which delineates how initiatives will be measured and monitored must be submitted to the GMEC (or its subcommittee) annually.

Using the APE and Action Plan for Improvement the PEC should consider the following elements in its assessment of the program:

- Curriculum
- Outcomes from prior APEs
- ACGME letters of notification, including citations, areas for improvement, and comments
- Quality and safety of patient care
- Aggregate resident and faculty:
  - well-being
  - recruitment and retention
  - workforce
  - engagement in quality improvement and patient safety
  - scholarly activity
  - ACGME resident and faculty surveys
  - written evaluations of the program – including the Annual GME Resident/Faculty Evaluation of the Program
- Aggregate Resident:
  - achievement of the milestones
  - in-training examinations (where applicable)
  - board pass and certification rates
  - graduate performance
- Aggregate Faculty:
  - evaluation
  - professional development

The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

In order to assist the PEC in their endeavors they will be provided with data by the program's administrative staff. Data that includes but it is not limited to:

#### *Program Quality*

- ACGME Program Requirements
- Program Goals and Objectives
- Program Policies
- Program Block Diagram
- Most recent ACGME Letters of Notification, including citations
- ACGME and Annual GME Resident Survey
- ACGME and Annual GME Faculty Survey
- Resident evaluation of the Program, Rotations, Faculty
- Faculty Evaluation of the Program
- Clinical Learning Environment focus areas

#### *Faculty Development*

- Summary of faculty development efforts completed during academic year
- Summary of faculty scholarly activity (will also be used to update ADS)

#### *Resident & Graduate Performance*

- Summary of resident scholarly activity (will also be used to update ADS)

- Recommendations from the Clinical Competency Committee regarding resident performance
- Aggregate data from general competency assessments, including in-training examination performance
- Aggregate resident case or procedure logs
- Resident remediation or attrition
- Graduate performance, including board pass rates

*Progress on the previous year's action plan*

- The prior year's APE and Action Plan for improvement as well as data to be used to measure progress on individual initiatives, as specified in the prior year's APE.

*Other information the PEC deems appropriate.*

The program director is ultimately responsible for the work of the PEC. The annual review, including the action plan, must:

- Be distributed to and discussed with the members of the teaching faculty and the residents; and, be submitted to the DIO (or appropriate GMEC sub-committee).
- The program must complete a self-study prior to its 10-year accreditation site visit.
- A summary of the self-study must be submitted to the DIO.

#### **Procedure**

The DIO (or appropriate GMEC sub-committee) will review the APE material and resulting Action Plan for Improvement and will render a Program Scorecard. The scorecard may also determine the need for a Special Program Review, Focused Review, or Learning Environment Consult (LEC). An institutional scorecard will be presented to GMEC annually.

*Updated: June 2024*

---

## **Resident Supervision Policy**

---

To access this policy, please click on the link below.

### **[Resident Supervision Policy](#)**

*Updated: April 2025*