

# GME Handbook 2023 – 2024

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## **INTRODUCTION**

The 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 departments may have supplemental policy manuals providing additional guidance. These will be provided by your specific department. The MUSC Graduate Medical Education Resident Handbook will be reviewed on an annual basis.

<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 has the right to modify any policy at its discretion.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Medical University Hospital Authority**  
**College of Medicine**


**Institutional Commitment to Graduate Medical Education**

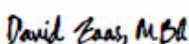
Medical education is a major component of the mission of the Medical University of South Carolina, the Medical University Hospital Authority and the College of Medicine. The Board of Trustees, the President of MUSC and the administrators, Faculty and Staff are committed to provide graduate medical education 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 the State of South Carolina while providing the highest quality care for our patients to include:

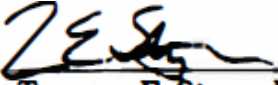
- Patient Safety – including opportunities for Residents to report errors, unsafe conditions and near misses, and to participate in interprofessional teams to promote and enhance safe care. SHIELD is MUSC Health’s method to report unsafe conditions or any event that adversely affects patients, whether or not there is patient harm. Residents are also invited to participate in Serious Safety Solutions (S3), where patient safety events are discussed in detail with an interdisciplinary team.
- 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. All residents and fellows have access to the Institute for Healthcare Improvement (IHI) Quality Improvement curriculum. The hospital sponsors a Resident Incentive Project that facilitates program-level involvement in QI projects.
- Transitions of Care – including how sponsoring institutions demonstrate effective standardization and oversight of transitions of 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 Hour 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.

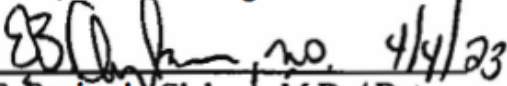
We pledge to emphasize coordinated care with community physicians and to take advantage of cooperative opportunities to work with other institutions to fulfill mutual educational objectives.

We commit ourselves to provide 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 assure 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 conduct 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 will encourage Residents to participate in a wide range of scholarly activities including research and publications.

 4/4/2023  
\_\_\_\_\_  
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**President, MUSC**

 4/4/2023  
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\_\_\_\_\_  
**E. Benjamin Clyburn, M.D. / Date**  
**Senior Associate Dean for GME**  
**ACGME Designated Institutional Official for GME**

## **ADMINISTRATION & GOVERNANCE - GRADUATE MEDICAL EDUCATION (GME) PROGRAMS**

### **GME Mission Statement**

The purpose of the Graduate Medical Education (GME) Office at the Medical University of South Carolina is to provide a structured framework for all the educational programs to guide and supervise Resident (specialty and subspecialty) Physicians. Our goal is to facilitate the Residents' professional and personal development fostering an environment where they have the opportunity to excel in service, teaching and research while exhibiting ethical and professional modes of practice. While maintaining compliance standards in accordance with the Accreditation Council for Graduate Medical Education, we strive to maintain our reputation as a nationally recognized GME program. As we achieve these goals, our office will continue to provide optimal customer service as we recognize the importance of teamwork, synergy and an efficient, enthusiastic attitude.

### **GME Staff**

#### **GME Staff**

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## MUSC Resident Organization Bylaws

### PREAMBLE

We, the House Staff, hold a unique position in the medical profession as physicians receiving specialty training. As such, we have a different perspective of the profession, its organization and its activities in patient care. Consequently, we also have different needs and grievances. The House Staff Council will, to the best of our ability, represent the views, needs and grievances of the House Staff in order to effect positive change in our profession. This alliance and its duties and responsibilities set forth herein are established in accordance with the bylaws, rules and regulations of the medical staff of the Medical University of South Carolina.

### ARTICLE I

The official name of this organization is the Medical University of South Carolina House Staff Council (HSC). The organization will hereafter be referred to as the House Staff Council (HSC).

### ARTICLE II

#### *The purpose of this organization shall include:*

1. To promote and maintain high quality residency education by fostering communication with the faculty, Program Directors, MUSC administration, Medical University Hospital Authority (MUHA), hereafter referred to as the "Administration."
2. To maintain the highest level of patient care by fostering communication with the Administration, support staff and educators.
3. To address issues and concerns that affect Residents, Interns and Fellows during their training period.
4. To foster communication among the House Staff from different departments and divisions.
5. To provide a mechanism for open relations and accountability of Administration to the House Staff.
6. To provide the means by which the House Staff can monitor the quality of benefits provided by our parent institutions(s).

### ARTICLE III

#### *Membership:*

1. Membership is open to all medical staff interns, Residents and Fellows holding an active appointment to the House Staff through a department of the Medical University of South Carolina.
2. Each member must be in good standing with the Administration at the time of his or her appointment and throughout the time they serve on the HSC.

### ARTICLE IV

#### *Responsibilities:*

1. Conducting the business of the organization.
2. Investigating problems or concerns of the House Staff.
3. Formulating the organization's position in response to changes in residency education at MUSC.
4. Making decisions for the organization.
5. Amending the organization's bylaws as necessary.
6. Communicating with the associate Deans for GME.
7. Communicating meeting discussions to house staff.

### ARTICLE V

#### *Officers:*

1. Officers of the House Staff Council:
  - a. The officers of the HSC shall be President, Vice President, and Secretary/Treasurer.
2. Election of Officers:
  - a. Any Resident can be nominated to serve as an officer of the MUSC HSC. In May of each year, nominations



for officers (by colleagues or self) will be submitted to the council of representatives and the officers will be elected by the members of the council.

### 3. Duties of Officers:

#### a. President

- Preside and edit the agenda for all meetings of the organization.
- Serve as a representative on the Graduate Medical Education Committee.

#### b. Vice President

- Assume duties and responsibilities of the President in his/her absence.

#### c. Secretary/Treasurer

- Keep accurate and complete minutes of the HSC general meetings.
- Maintain copies of all correspondence involving the organization.
- Manage the budget of the MUSC HSC.

## ARTICLE VI

### *Meetings:*

1. The MUSC HSC will meet monthly on the 2nd Tuesday of the month and on an as needed basis by convening the council of representatives and officers. Meetings are open to all Residents.
2. Quorum and Voting:
  - a. Quorum - For purposes of voting, a quorum will consist of 7 council members with at least one officer being present.
  - b. Voting - Each representative and each officer shall have one and only one vote

## ARTICLE VII

### *Amendments:*

These bylaws may be amended or repealed by 7 House Staff members and 2 officers.

## ACGME

### **ACGME 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:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise;
2. Set learning and improvement goals;
3. Identify and perform appropriate learning activities;
4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
5. Incorporate formative evaluation feedback into daily practice;



6. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
7. Use information technology to optimize learning; and,
8. 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:

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

### ***Professionalism***

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

1. Compassion, integrity, and respect for others;
2. Responsiveness to patient needs that supersedes self-interest;
3. Respect for patient privacy and autonomy;
4. Accountability to patients, society and the profession; and,
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

### ***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:

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

## **ACGME Duty Hour Standards**

### **Professionalism, Personal Responsibility, and Patient Safety**

Programs and sponsoring institutions must educate Residents and Faculty Members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

The program must be committed to and responsible for promoting patient safety and Resident well-being in a supportive educational environment.

The Program Director must ensure that Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must:

The Program Director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility.

Residents and Faculty Members must demonstrate an understanding and acceptance of their personal role in the following:

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

All Residents and Faculty Members must demonstrate responsiveness to patient needs that supersedes self- interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

## **GME POLICIES & PROCEDURES**

### **Academic Deficiencies and Corrective Action**

#### **Policy**

Each Residency Program Director is responsible for assessing and monitoring each Resident's academic and professional progress including knowledge, skills and professional behavior as well as adherence to any applicable departmental policies and procedures concerning Resident education and the Hospital's Graduate Medical Education policies. Failure to meet the established academic standards will result in corrective action(s) up to and including dismissal from the program.

#### **Procedure**

1. Each Residency Program Director will create program-specific guidelines concerning Resident accountability, monitoring and disciplinary actions.
2. Program-specific policies regarding academic deficiencies should include the following categories of corrective actions:
  - a. Oral reprimands or written warnings may occur for deficiencies for which some corrective action is necessary. The Resident will have the opportunity to correct the deficiency. If the deficiency is corrected, no further action will be taken. If the deficiency is not corrected, the Program Director, via the GME Office, may request that the Resident be placed on a Performance Improvement Plan (PIP), suspended or dismissed from the program depending on the circumstances and after a thorough review by the Designated Institutional Official (DIO).
  - b. A PIP will be imposed for more serious and/or prolonged deficiencies. The Resident will have the opportunity to remediate the deficiency within a defined period of time, as set forth in the PIP established by the Residency Program Director. The Resident will receive the plan describing remediation measures to be corrected, the specific time period in which improvement must be demonstrated, and the possible

consequences if no improvement is made. The Resident, the Residency Program Director and the DIO will be required to sign the plan. (Note: If a fitness-for-duty evaluation is deemed necessary as a requirement of the PIP, either by a representative from Employee Health Services or an MUSC-based or community-based physician, any associated costs will be shared between the department and the GME Office.)

- c. Suspension may be imposed. During suspension, the Resident will be removed from his/her clinical rotations and will not receive credit for training during this time period. Suspension will be for a specified period of time and specific corrective measures will be required. Following successful completion of the terms of the suspension, the Resident may be placed on a PIP upon reinstatement into the residency program as outlined in 2.b.
  - d. Dismissal of a Resident may occur for academic reasons, disciplinary reasons, or if s/he is deemed to be an immediate threat to patient safety. ([See Resident Dismissal Policy](#))
3. Prior to the recommendation of any action that may result in a PIP, suspension, the repetition of any academic year or dismissal, the Residency Program Director must confer with the DIO.

A Resident who does not report to work for three (3) consecutively scheduled workdays, without speaking directly to his/her Residency Program Director, may be dismissed from the residency program and his/her Resident Agreement may be terminated. The Resident will have five (5) business days from the date of dismissal to contact the DIO and explain the reason(s) for the failure to contact the Residency Program Director. If the DIO accepts the explanation, the Resident will be reinstated. If the DIO does not accept the explanation, the dismissal may be upheld.

## Accommodation for Disabilities (IR.IV.I.4)

**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 Medical University Health Authority HR Policy (MUHA-HR #24).

### Reasonable Accommodation

It is the policy of MUHA to comply with the provisions of the various applicable State and Federal laws prohibiting discrimination against applicants and Residents/Fellows on the basis of 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 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.

In order to comply with these laws and to promote a diverse workforce, MUHA has adopted the [Reasonable Accommodation Policy \(MUHA #24\)](#).

## Appointment of New Residents (IR.IV.B.1-2; IR.IV.B.2.a-c)

### Policy

Each resident is appointed to a specific ACGME-approved position in the Program in which he/she has been accepted.

### Procedure

1. Each new 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 PGlevel 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 the orientation modules on MyQuest, which may mirror the orientation topics.
5. Each new resident must pass a drug screen test and satisfactorily complete a criminal background check along with other orientation requirements.

## 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. 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 PGY level of the position, regardless of previous fellowships or residencies completed.
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](#)).

## 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 Designated Institutional Official for GME recommending a course of action (i.e. Performance Improvement Plan or dismissal).

2. If the Designated Institutional Official for GME concludes that there is sufficient evidence to justify dismissal from the residency program, the Designated Institutional Official 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 Designated Institutional Official 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 Designated Institutional Official 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 remedial plan will be reviewed by the Program Director and signed by him/her 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 Designated Institutional Official for GME.

The above provision for termination for cause shall not apply to the decision to not reappoint a Resident resulting from his/her failure to attain educational objectives of his/her training program. (See [Grievance Procedure for Academic Deficiencies.](#))

## Clinical and Educational Work Hours (IR.IV.K)

**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 Educational and 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, inclusive of 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, inclusive of 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 are responsible for accurately reporting their duty hours in MedHub. They must complete a weekly timesheet in MedHub by recording their start and end times for each shift where they participate in Resident duty. (**Note:** 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. (**Note:** Residents can enter time for the current week and the previous 2 weeks [a total of 21 days]. After that period, they are locked out of their timecard and will no longer be able to log their hours. The Coordinator will have to log the hours for the Resident if they are outside of the 21-day window.)

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. (If any program has difficulty getting their Residents to comply, they are to reach out to the GME Office for support.)

Residents will be allowed two chances to miss logging their duty hours without penalty. If residents miss logging their duty hours a third time, they will be pulled from resident duty to input their hours at that time. They may not return to resident duty until all duty hours are made current. Additional penalties will be decided by each program director.

Each Program Director is responsible for monitoring work hour review periods. Program Directors receive an email when a potential violation is noted within Med Hub. 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.”

**Note:** *At the beginning of each academic year, Program Coordinators should have their Residents start logging duty hours immediately. Programs may start running the “Work Hours Summary Report” on July 21<sup>st</sup>. For off-cycle Residents, the same period applies depending on the start date.*

### ***Duty Hour Reporting – GME Responsibilities***

On the 15<sup>th</sup> of each month, GME will run the following reports (Note: If the 15<sup>th</sup> 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.
- **“Work Hours Institutional Summary Report”** This report shows how many programs have violated the 320-hour/month duty hour rule. GME will monitor those programs violating this rule and will contact Program Directors, as needed.

### ***Transitions of Care***

Programs must design clinical assignments to minimize the number of transitions in patient care.

Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

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

The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and Residents currently responsible for each patient’s care.

### ***Alertness Management/Fatigue Mitigation***

The program must:

- Educate all Faculty Members and Residents to recognize the signs of fatigue and sleep deprivation;
- Educate all Faculty Members and Residents in alertness management and fatigue mitigation processes; and,
- Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

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



The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for Residents who may be too fatigued to safely return home. (The MUSC GME Office will reimburse Residents who find they need to utilize other transportation (taxi, Uber, Lyft, etc.) when sleepy and/or fatigued and need to travel home. Transportation costs will only be reimbursed for travel from assigned MUSC rotations to and/or back from the Resident's home. Travel must be contained within Charleston, Dorchester or Berkeley Counties. Receipts may be submitted to the GME Office.)

### **Monitoring**

The GMEC reviews and monitors working conditions, Resident supervision via the MUHA policy, Clinical Education and Work hours for Residents and Resident participation in department scholarly activity as set forth in the ACGME institutional, common and applicable specialty program requirements.

- Clinical and Educational Work Hours is a standing item on each month's GMEC agenda where this topic may be discussed, concerns addressed, and questions answered.
- Program policies: Copies of program-specific policies and procedures are maintained on MedHub.
- Annual GME Faculty and Resident evaluation of program: Faculty and Residents are asked to complete a confidential (only the program is identified) web-based survey. Included in the survey are questions about program compliance with Clinical Education and Work hours and other work environment issues.
- ACGME Resident survey: The ACGME surveys Residents about their clinical and educational experiences. This survey is not administered in conjunction with a program's site visit, although the information gathered will be used at the time of the program's site visit.
- Anonymous contact: Residents are encouraged to contact the anonymous email address on the MUSC-Charleston website to report violations of the Clinical Education and Work hour policy or any other concern.
- Special review: Questionnaire includes specific questions regarding program policies on Clinical Education and Work hours and compliance with requirements. Special review committee members meet with Residents and ask for their confidential assessment of program compliance with requirements.
- Resident Council – Residents have the opportunity to report any complaints to their council representative or to bring the matter to the attention of the council directly. The council will address the issue with the GMEC and provide information back to the Resident on any resolutions that may occur.

## **Closures and Reductions (IR.IV.O)**

**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 an MUSC- Charleston GME 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- 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, in a timely manner, to the program accepting the Resident.

## 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.

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 writing and signed by the Program Director or Department Chair. 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. Certificates are only released to the department Program Coordinator or his/her designee.

Please Note: It is the Program Coordinator's responsibility to obtain the required signatures on each completion certificate.

## Disasters or Substantial Disruptions in Patient Care or Education (IR.IV.N)

**Purpose:** This Policy and Procedure addresses support for ACGME-accredited programs and Residents/Fellows in the event of a disaster or other substantial disruption in patient care or education. This policy includes information about assistance for continuation of salary, benefits, professional liability coverage, and Resident/Fellow assignments.

### Policy

In the event of a disaster impacting the graduate medical education programs sponsored by MUSC-Charleston, the GMEC has established this policy to protect the well-being, safety, and educational experience of Residents/Fellows 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-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-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, as well as 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 emergency 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.

## **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 Designated Institutional Official 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 Designated Institutional Official.
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 Designated Institutional Official for GME within 48 hours of the offense. The Resident will immediately be placed on a "leave of absence" by the Designated Institutional Official for GME. If the Resident fails to notify his/her Program Director, Chair or the Designated Institutional Official for GME within 48 hours of the offense, the Resident will be suspended from the residency program. The Designated institutional Official for GME, in consultation with the Department Chair, Residency Program Director and the MUSC Legal Office, will determine the conditions for reinstatement. The Designated Institutional Official for GME will notify the Resident, in writing, of the terms of the leave of absence, or suspension, and the reinstatement.

## **Employee Assistance Program**

## 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. ([See Physician Impairment Policy](#))
3. Residents may voluntarily seek counseling and information from the MUSC EAP (843-792-2848 or [www.mushealth.com](http://www.mushealth.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.

## 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 faculty's evaluations 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 and the Resident must sign the PIP before it is implemented.
8. A copy of the PIP for any Resident on this plan must be submitted to the Designated Institutional Official for GME or the Associate Dean for GME before the PIP period commences.

## 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. A copy of this form can be found on the [GME website](#).
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. These forms can be found on the [GME website](#). 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.
  6. 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.

## **Fatigue Mitigation (CPR.VI.D)**

**Purpose:** MUSC is committed to promoting patient safety and Resident wellbeing in a supportive educational environment and ensuring faculty and Residents appear for duty appropriately rested and fit for duty.

### **Policy**

Programs must:

- Educate all Faculty Members and Residents to recognize the signs of fatigue and sleep deprivation;
- Educate all Faculty Members and Residents in alertness management and fatigue mitigation processes; and,
- Encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Each program must have a process to ensure continuity of patient care in the event that a Resident may be unable to perform his/her patient care responsibilities due to excessive fatigue.

The sponsoring institution must provide adequate sleep facilities and safe transportation options for Residents who may be too fatigued to safely return home.

### **Procedure**

All Faculty Members are provided annual educational materials to assist in identifying, monitoring, and addressing Resident fatigue and alertness management. Residents are oriented with additional educational materials to assist in identifying, managing, and preventing their own fatigue as well as in their colleagues.

#### ***Transportation options for fatigued Residents***

The GME Office will provide reimbursement to Residents who find they are sleepy and/or fatigued and need to utilize alternative transportation (taxi, Uber, Lyft, etc.) to travel home. Transportation costs will only be reimbursed for travel from assigned rotations to and/or back from the Resident’s home. Travel receipts are to be turned in to the GME Office for reimbursement processing. Please contact the GME Office for guidance.

## **Grievance Procedure (IR.IV.E)**

### **Policy**

The procedures as stated herein are for the purpose of residency matters related to the performance of the Resident of an MUSC-sponsored residency program. The affected Resident may be entitled to a grievance hearing 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 felt by the Resident to be detrimental to his/her 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.

## Identification Badges

### Policy

#### *MUSC ID Badges*

While in the MUSC Medical Center, Residents are required to wear identification cards in such a manner that name, picture, and department are unobstructed (clearly visible) and worn at eye level. The identification card is the official I.D. card for all Residents. All specialty and subspecialty Residents' ID badges state "Resident" to comply with the Lewis Blackman Hospital Patient Safety Act. The Resident is the only individual authorized to wear his/her MUSC I.D. card.

Any Resident reporting to duty without his/her official MUSC I.D. badge must obtain a temporary one. The I.D. 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 such individuals who are identified as such will be reported to Hospital Administration.

#### *VA ID Badges*

Residents who are assigned clinical rotations at the Ralph H. Johnson VA Medical Center (VAMC) as part of their program requirements (or as a requirement for another program's rotation) must obtain a VA ID badge. These badges provide access to the VA facility and are used for identification purposes while at the VAMC. Once a Resident leaves MUSC, s/he must return his/her VA ID badge directly to the VA Education Office and complete all clearance items.

### Procedure

Residents may have their VA ID badges made at the Ralph H. Johnson VA Medical Center located at 109 Bee Street near the MUSC campus. Once all VA onboarding requirements are completed, Residents may report to the receptionist in the VAMC Security Office (843-789- 7251) located on the first floor near the main lobby. Residents are encouraged to make appointments to have their badges made anytime Monday through Friday from 1:30 pm to 3:30 pm (except federal holidays). Walk-ins are welcome but must anticipate a wait. A Resident who loses his/her VA ID badge, or has it stolen, must notify the VAMC Security Office immediately once it is deemed the badge is missing.

It is important to note, as with MUSC, the VAMC expects each Resident to wear the appropriate ID badge at its facility at all times. Residents who do not adhere may expect to be approached by VAMC Hospital Security.

## Malpractice Coverage

### Professional Liability Insurance

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.

- a. Any Resident whose acts or omissions are responsible for false and fraudulent claims;
- b. Any Resident who violates or shows disregard for Federal and State statutes and regulations;
- c. 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 care giver.*

### **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.

### **Moonlighting (IR.IV.K.1)**

**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**

#### **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.

## Non-Competition (IR.IV.M)

**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/Fellow to sign a non-competition guarantee or restrictive covenant

### Policy

The MUSC GME Office mandates that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a Resident/Fellow to sign a non-competition guarantee or restrictive covenant.

## Physician Impairment (IR.IV.I.2)

**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/Fellows, to ensure that the health and safety of patients, MUSC-Charleston Residents, others are protected. This policy addresses Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements IV.I.2. Physician Impairment.

This policy does not alter the right of MUSC Charleston to assess and address a Resident's behavior according to the following Medical University Hospital Authority (MUHA) policies:

[Employee Health v.3 \(policytech.com\)](http://policytech.com)  
[Drug Free Workplace v.3 \(policytech.com\)](http://policytech.com)  
[Corrective Actions v.2 \(policytech.com\)](http://policytech.com)

### Policy

MUSC-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 his/her 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 and Fellows 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, s/he will notify the Program Director, the Associate DIO, 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; or
- 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 Associate DIO and arrange for the meeting between the Resident, Program Director and Associate DIO, to take place in a neutral location.

If the Resident acknowledges a problem with alcohol, substance use or mental health problems, s/he 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 paid leave of absence pending a further evaluation of their condition. The Resident may be reinstated by the DIO in consultation with the Program Director and Associate DIO based on the results of the evaluation.

If a Resident requires intervention in the form of treatment, s/he will remain on a leave of absence. The Resident may be reinstated by the DIO in consultation with the Program Director and the Associate DIO, based on results of the treatment.

If a Resident does not acknowledge a problem with alcohol, substance use or mental health problems, s/he will be removed from the clinical area. The Resident will be asked to submit to a drug/alcohol urine test in order to rule out these factors. If the Resident refuses to submit to this test, s/he will be immediately suspended from the residency program. The terms for reinstatement from the suspension will be determined by the Designated Institutional Official 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 his/her reinstatement or treatment, s/he 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. Depending on the duration of leave, the Resident may be required to extend his/her 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 s/he 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 Authority's 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 MUHA 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 refer to Page 18 for the MUSC-Charleston GME EAP Information.

For the MUHA Employee Assistance Policy, please see this link: [Employee Assistance Program \(EAP\) v.2 \(policytech.com\)](https://policytech.com)

### **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

## Processing Physician Practitioners Through Medical Staff Office (MSO) vs Graduate Medical Education (GME)

Medical Staff Office Effective 10/22/08

### Procedure

#### **Processing Physician Practitioners Through MSO vs GME**

1. If a physician practitioner is at MUSC as a trainee (under supervision in an accredited or non-accredited program), then the practitioner should be processed through the GME Office.
2. If a physician practitioner will be functioning independently (without supervision), then the practitioner should be processed through the MSO.
3. If part of the time the practitioner will function as a supervised trainee and part of the time will function independently, then the practitioner should be processed through BOTH the MSO and GME. \*
4. The above is to be followed regardless of whether a physician:
  - does or does not have a faculty appointment
  - will be paid or unpaid
  - will or will not be billing for services
  - has a limited, academic, or full medical license

#### **NOTE:**

- a. *If the physician practitioner is attending faculty orientation, then GME orientation is waived.*
- b. *The GME Office needs to be given a letter indicating the physician practitioner's area of training, dates of training and the designated supervising physician.*

### Professionalism

#### Policy

There has been an increased focus on professionalism in medicine over the past decade. Many within and outside medicine have called for training medical students and Residents in order to develop the attributes of medical professionalism. Physicians must recognize their responsibility to meet their obligations to their patients, their communities and their profession.

ACGME Definition of Professionalism - As manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

#### Procedure

1. Each program will develop a curriculum program to teach medical professionalism.
2. Each program will develop methods to evaluate professionalism as part of the Residents' overall evaluation.
3. Each program will develop policies and procedures to handle incidents of unprofessional behavior, including documentation of the incident(s) and counseling of the Resident.
4. The assessment of professionalism must begin with a shared definition of the knowledge, skills and attitudes to be assessed. Some of the following sets of behaviors, but not all, comprise medical professionalism. \*
  - Physicians subordinate their own interests to the interests of others;
  - Physicians adhere to high ethical and moral standards;
  - Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served;
  - Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for self, patients, peers, attendings, nurses, and other health care professionals;

- Physicians exercise accountability for themselves and for their colleagues;
- Physicians recognize when there is a conflict of interest to themselves, their patients, their practice;
- Physicians demonstrate a continuing commitment to excellence;
- Physicians exhibit a commitment to scholarship and to advancing their field;
- Physicians must (are able to) deal effectively with high levels of complexity and uncertainty;
- Physicians reflect critically upon their actions and decisions and strive for IMPROVEMENT in all aspects of their work;
- Professionalism incorporates the concept of one's moral development;
- The profession of medicine is a "self-regulating" profession, dependent on the professional actions and moral development of its members; this concept includes one's responsibility to the profession as a healer;
- Professionalism includes receiving and responding to critiques from peers, students, colleagues, superiors;
- Physicians must demonstrate sensitivity to multiple cultures;
- Physicians must maintain competence in the body of knowledge for which they are responsible - they must have a commitment to lifelong learning;
- The attributes of altruism and dutifulness.

\*Swick, HM "Toward a Normative Definition of Medical Professionalism" Academic Medicine 75(6):612-6, 2000

5. 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; cheating on scholarly activities, plagiarism, falsification of data on personnel records, medical records or other official documents, fraud, forgery, altering medical records without approval, sexual harassment, and inappropriate relationships between administrators, faculty and other supervisory personnel and a Resident, alcohol or substance abuse, etc. A Resident who exhibits a pattern of unprofessional behavior (e.g., repeated incidents) will be suspended and/or terminated from the residency program.

## Promotion, Resignation, Transfer or NON-Reappointment of Residents (IR.IV.D, CPR.III.C)

### Policy

A resident, or subspecialty resident (i.e., fellow) 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.

### Procedure

Each department's Residency Program Director and faculty members review the Resident's performance during the academic year for reasons of promotion, Performance Improvement, transfer or non-reappointment.

### Promotion

1. 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 s/he 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 his/her 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 Designated Institutional Official (DIO) for GME. **The Resident must make the request on or before March 1 of the current academic year.**
    - ii. STEP TWO: Program Director Release Letter

Upon receipt of the Resident Request, the Program Director will forward his/her recommendation, either in writing or by email, to the DIO to either deny or approve the request to be released from the program (See Approval to Release Resident from Program Letter Template). **The Program Director's recommendation must be received by the DIO by March 15 of the current academic year.**
    - iii. STEP THREE: Extenuating Circumstances Letter

The only exception to these deadlines is for reasons of medical emergency or extenuating circumstances that may occur after March 1. In those instances, the Resident must notify the Program Director as quickly as the circumstances will allow, and, in addition, must write a signed explanation to the Program Director. The Program Director must submit a copy of the Resident's letter explaining the extenuating circumstances to the DIO. The final decision regarding the resignation is made by the DIO.
  - b. Transfer within MUSC
    - 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 DIO. **The Resident must make the request on or before March 1 of the current academic year.**
    - ii. STEP TWO: Program Director Release Letter

Upon receipt of the Resident Request, the Program Director will forward his/her recommendation, either in writing or by email, to the DIO to either deny or approve the request to be released from the program (See Approval to Release Resident from Program Letter Template). **The Program Director's recommendation must be received by the DIO by March 15 of the current academic year.**
    - 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 (See Transfer Acceptance Letter Template). **The ACCEPTING Program Director's approval must be received by the DIO by March 31 of the current academic year.**
    - iv. STEP FOUR: Extenuating Circumstances Letter

The only exception to these deadlines is for reasons of medical emergency or extenuating

circumstances that may occur after March 1. In those instances, the Resident must notify the Program Director as quickly as the circumstances will allow, and, in addition, must write a signed explanation to the Program Director. The Program Director must submit a copy of the Resident's letter explaining the extenuating circumstances to the DIO. If the resident does not make the request before March 1 and transfers to another program at the completion of the current academic year, the transfer will be considered unprofessional behavior and will result in academic sanctions against the Resident. The final decision regarding the transfer and/or academic sanction(s) is made by the DIO.

c. **Transfer to Another Institution**

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 DIO. **The Resident must make the request on or before March 1 of the current academic year.**

ii. **STEP TWO: Program Director Release Letter**

Upon receipt of the Resident Request, the Program Director will forward his/her recommendation, either in writing or by email, to the DIO to either deny or approve the request to be released from the program (See Approval to Release Resident from Program Letter Template). **The Program Director's recommendation must be received by the DIO by March 15 of the current academic year.**

iii. **STEP THREE: Extenuating Circumstances Letter**

The only exception to these deadlines is for reasons of medical emergency or extenuating circumstances that may occur after March 1. In those instances, the resident must notify the Program Director as quickly as the circumstances will allow, and, in addition, must write a signed explanation to the Program Director. The Program Director must submit a copy of the Resident's letter explaining the extenuating circumstances to the DIO. If the Resident does not make the request before March 1 and transfers to another program at the completion of the current academic year, the transfer will be considered unprofessional behavior and will result in academic sanctions against the Resident. The final decision regarding the transfer and/or academic sanction(s) is made by the DIO for GME.

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 (See Transfer Release Approval from Outside Institution Letter Template). **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 a summative competency-based performance evaluation of the transferring resident. (Examples of verification of previous educational experiences could include a list of rotations completed, evaluations of various educational experiences, and procedural/operative experiences).

### **Non-reappointment**

In some cases, the Program Director and faculty may determine that a Resident receives credit for the current year, but his/her 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/fellow with a written notice of intent when that resident's/fellow's agreement will not be

renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed.

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

## 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 Designated Institutional Official 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 Designated Institutional Official 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.

## 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 ACGME, Federal, State, and University regulations. This policy applies to all residency programs including, but not limited to Accreditation Council of Graduate Medical Education (ACGME) accredited programs, American Dental Association (ADA) accredited programs, and previously accredited programs.

### 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), evaluations, periodic summative reviews, any disciplinary actions, the final evaluation by the Program Director, and other information concerning the Resident that the Program Director judges appropriate to maintain in the file for educational and/or credentialing purposes.

The Graduate Medical Education (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 Designated Institutional Official, the Administrative Director of Graduate Medical Education, the program's evaluation committee, designated staff, 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 Graduate Medical Education 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 the 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. Documents related to training that may affect training dates.
- 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
  - Release of information form from verification requests
  - Other records judged important by the Program Director
  - Residents who do not complete the training program or Residents who are not recommended for board certification, the entire file should be permanently retained

**NOTE:** *Applications for all Residents not accepted into the Program must be retained for 3 years regardless if the Resident was invited for interview.*

## Resident Dismissal (IR.IV.D)

### Policy

A Resident may be dismissed from his/her residency program. The Resident has the right to appeal the decision through the [Resident Grievance Procedure](#).

### Procedure

1. Each Department will have regular evaluations of Residents and will define specific criteria to recommend dismissal based upon these evaluations and/or other material(s) which document the reason for dismissal.
2. The Program Director will recommend dismissal by notifying the Designated Institutional Official for GME. The Designated Institutional Official for GME will conduct a thorough review of the Resident's situation and share the results with the Program Director. In the event the Designated Institutional Official concurs with the department's recommendation, the DIO will notify the Resident via certified mail and outline a specific timeframe for dismissal.

The Resident will be informed of the right to appeal the decision.

3. Reasons for dismissal include, but are not limited to, the following:
  - a. Incapacitating illness, which, in the judgment of the Program Director and Faculty, precludes the Resident from participation in the graduate medical education program and patient care activities.
  - b. Failure of the Resident to abide by MUSC policies, GMEC policies, Resident-related provisions of the hospital's Medical and Dental Staff Bylaws/Rules and Regulations, and/or any applicable federal and state laws.
  - a. Failure of the Resident to maintain satisfactory levels of academic and clinical performance as determined through periodic evaluations and a Performance Improvement Plan (PIP) plan.
  - b. Actions which directly violate any of the terms of the Resident Agreement.
4. In the event of dismissal, the Resident has the right to appeal the decision through the appropriate Resident Grievance Procedure, academic or disciplinary.
5. In the event the Resident's dismissal is upheld after a formal grievance hearing, the Designated Institutional Official for GME will notify the South Carolina Board of Medical Examiners, the ECFMG when necessary, and when appropriate, the ACGME (**NOTE: For Dental Residents, the Designated Institutional Official will notify the South Carolina Board of Dental Examiners**).

## Resident 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, essential to both men and women, 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 Office of GME, 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 Bee 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 Office of Graduate Medical Education supports the operation of a Resident Auxiliary

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 Diversity (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 Office of 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 a diverse 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.

## Resident Religious Observance Policy

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 not be 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.

## Resident Supervision (IR.IV.J.1)

**Purpose:** The Sponsoring Institution must maintain an institutional policy regarding supervision of Residents/Fellows that ensures that each of its ACGME accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. While the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of patient care. Supervision in graduate medical education provides safe and effective care to patients; ensures each Resident's development of skills, knowledge and attitudes required to enter independent or unsupervised practice of medicine, and establishes a foundation for continued professional development.

### *Definitions*

**Supervision** - Supervision refers to the dual responsibility that an attending physician has to enhance the knowledge of the Resident and to ensure the quality of care delivered to each patient by the Resident. Supervision is exercised by observation, consultation, and direction. It includes the imparting of the attending physician's knowledge, skills, and attitudes to the Resident in an appropriate, respectful, timely, and effective manner.

**Resident** - The term "Resident" refers to an individual who is engaged in a graduate training program in medicine (which includes all medical and surgical specialties and subspecialties) or dentistry, and who participates in patient care under the direction of the attending physicians. The term "Resident" includes individuals in approved subspecialty graduate medical education programs who have historically been referred to as "Fellows".

### **Policy**

The intent of this policy is to ensure that patient care is provided by clinicians who are qualified to deliver care and that this care will be documented appropriately and accurately in the patient record. This is fundamental, for the provision of high-quality patient care and for the provision of high-quality education and training.

The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinical educator is the appropriate supervision of the Residents, allowing for graded responsibility as they acquire the skills to practice independently and simultaneously provide high quality patient care.

### *Scope*

- A. Attending physicians are responsible for the care provided to each patient, and they must be personally involved with each patient for whom they are responsible. Each patient must have an attending physician of record whose name is recorded in the patient chart. When patients are transferred between services, the attending physician of record or his/her designee must designate in the order section of the medical record the name of the new accepting attending physician of record. It is recognized that other attending physicians may at times be delegated responsibility by the attending physician of record. In such instances, the attending physician of record is

responsible to ensure that the Residents involved in the care of the patient are informed of such delegation and can readily access an attending physician at all times. Attending physicians must always be available and willing to speak with hospitalized patients about their medical care in accordance with the SC Blackman Patient Safety Act.

- B. Within the scope of the training program, all Residents must function under the supervision of an attending physician. On-call schedules and rotation schedules for each residency program provide Residents with a variety of patient care educational experiences. Backup must be available at all times for on-call Residents by more senior Residents or appropriately credentialed attending physicians.

It is the responsibility of each Program Director to establish categories of Resident activities according to graduated levels of responsibility and appropriate levels of supervision outlined below. The requirements for on-site supervision are established by the Program Director for each residency program in accordance with ACGME, Joint Commission, CMS guidelines and should be monitored through periodic departmental reviews, with institutional oversight through the GMEC internal review process. It is the responsibility of the Program Director to ensure that Resident-specific scopes of practice “privileges” are current and posted to the electronic residency management system so that medical staff and hospital staff can determine which specific patient care activities can be carried out by individual Residents. The level of supervision (physical presence of attending physicians, home call backup, etc.) needed by Residents are the responsibility of the Attending Physician. This level of supervision must be consistent with the concept for progressively increasing Resident responsibility and common standards of patient care.

### ***Levels of Supervision***

To ensure oversight of Resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision:
  - The supervising physician is physically present with the Resident during the key portions of the patient interaction.
  - PGY-1 Residents are supervised directly
  - The supervising physician must be immediately available to be physically present for PGY-1 Residents on inpatient rotations who have demonstrated the skills sufficient to progress to indirect supervision.
  - The supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
- Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### ***Policy Standards***

High-quality graduate medical education can occur only in settings that are characterized by the provision of high-quality patient care, characterized by the following standards.

- A. The attending physician of record is responsible for the quality of all the clinical care services provided to their patients.
- B. All clinical services provided by Resident physicians must be appropriately supervised to maintain high standards of care, safeguard patient safety, and ensure high quality education, based on patient acuity and Resident's graduated level of responsibility.
- C. Each residency program must have written guidelines governing supervision of Residents; these guidelines will vary according to specialty, intensity of patient care responsibilities on a given rotation, level of experience of the Resident, and educational requirements.
- D. Attending physicians directly responsible for the supervision of patient care services provided by Resident Physicians must be available to participate in that care. The presence of Residents to "cover" patients on inpatient services or to provide care in ambulatory settings does not diminish the standards of availability required of the physician of record.

- E. Attending physicians are responsible for determining when a Resident Physician is unable to function at the level required to provide safe, high-quality care to assigned patients, and must have the authority to adjust assigned duty hours as necessary to ensure that patients are not placed at risk by Resident Physicians who are overly fatigued or otherwise impaired.

## Procedure

- A. All patient care performed by Residents during training are under the supervision of an attending physician credentialed to provide the appropriate level of care. The specifics of this supervision must be documented in the medical record by the attending physician or Resident according to Medical Staff rules and regulations.
- B. A supervising/attending physician must be immediately available to the Resident in person or by telephone 24 hours a day during clinical duty. Residency Program Directors must assure this occurs. Residents must know which supervising/attending physician is on call and how to reach this individual.
- C. Inpatient supervision: The supervising/attending physician must obtain a comprehensive presentation from the Resident including a history and physical examination. and provide a co-sign attending attestation for each admission. This must be done within a reasonable time, but always within 24 hours of admission. The supervising/attending physician must also require the Resident to present the progress of each inpatient daily, including discharge planning. All required supervision must be documented in the medical record by the Resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- D. Outpatient supervision: The supervising/attending physician must require Residents to present each outpatient's history, physical examination, and management plans. All required supervision must be documented in the medical record by the Resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- E. Consultative Service supervision: The supervising/attending physician must communicate with the Resident and obtain a presentation of the history, physical examination, and recommendation for each referral. This must be done within an appropriate time but no longer than 24 hours after completion by the Resident of the consultation request. All required supervision must be documented by the Resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- F. Operating Room, Non-Operating Room and Procedural Sedation supervision: The supervising/attending physician must ensure that informed consent has been obtained and procedures performed by the Resident are warranted and the Resident has an appropriate level of supervision during the procedure. Attending responsibilities for procedures may include procedural sedation. The level of supervision (according to the four levels outlined previously in this policy) must match the Resident's ability to determine the appropriateness of the procedure and ability to perform the procedure. The supervising/attending physician is present for the key portions of all procedures performed in the ORs and for all other high-risk procedures, regardless of the setting. For all other procedures, the level of supervision must be commensurate with demonstrated competence by the Resident. The supervising/attending physician's presence for key parts of procedures is governed by both this policy and MUSC Policy A-067 "Compliance Policy and Code of Conduct" (Compliance Policy and Code of Conduct). Further, the key portions of a procedure should be considered to include all periods of more than minimal risk, determination of which will depend on the particular patient and the skills/experience of the Resident being supervised.

When a teaching physician is not present during non-critical or non-key portions of the procedure and is participating in another procedure, he or she must arrange for another qualified physician to be immediately available to assist the Resident in the other case should the need arise. A supervising/attending physician may not be involved in more than 2 overlapping procedures, except in the case of an emergency, anesthesia services, or when all the procedures are office based.

All required supervision must be documented by the Resident and/or the supervising/attending physician according to Medical Staff rules and regulations. Note: This policy is only intended to specify the level of Resident supervision necessary to assure high quality medical care and does not reflect billing guidelines. Medical staff are also expected to provide adequate documentation of levels of care and supervision that conform to compliance and billing guidelines.

- A. Emergency care: Nothing in this policy should limit the immediate provision by Residents of life-saving care or care



deemed essential for emergency circumstances. After the Resident delivers emergency care that would normally require the presence of an attending physician, they must notify the supervising/attending physician of the care delivered and discuss the patient and the justification for emergency interventions as soon as possible.

- B. The clinical responsibilities for each Resident must be based on PGY level, patient safety, severity and complexity of patient illness, and available support services. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each Resident must be assigned by the Program Director. The Program Director will evaluate each Resident's abilities based on specific criteria with input from the Clinical Competency Committee. When available, evaluation shall be guided by specific national standards-based criteria.

### ***Program Responsibilities***

Each residency program has schedules which assign qualified Faculty Physicians, Residents, or Fellows to provide supervision at all times and settings in which Residents provide any type of patient care.

The program must have a list of procedures pertinent to that specialty with an indication of the requirements for performing an activity with or without direct supervision. This list must be updated annually.

All attending physicians are educated regarding appropriate supervision standard requirements, including physical presence and documentation requirements.

Each program specific policy is consistent with the MUSC-Charleston policy. Programs must set guidelines for circumstances and events in which Residents must communicate with the supervising Faculty Members, such as the transfer of a patient to the intensive care unit or end-of-life decisions.

## **Selection of Residents**

### **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 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).
4. Each department compiles the data and prepares a personal record on each applicant.
5. The department's Resident Selection Committee (consisting of appointed faculty and residents) screens applications according to established departmental criteria and selects applicants for interview.
6. 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.
7. 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.
8. 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.

## Standards of Conduct for Treatment of Trainees (Students, Residents and Fellows)

**NOTE:** THE NONDISCRIMINATION, ANTI-HARASSMENT, AND EQUAL OPPORTUNITY 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/Fellows 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 and equity, 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](#) (the “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 Office of Diversity, Equity & Inclusion.

Complaints may be filed by contacting MUSC’s [Office of Equity](#). Complaints or notices of alleged Policy violations, or inquiries or concerns regarding this Policy should be made to the University Title IX Coordinator or the Director of Equity, EEO, and University Accessibility Services:

University Title IX Coordinator and Director of Civil Rights Compliance  
Daniela Sorokok Harris, JD  
173 Ashley Avenue, MSC 502  
Basic Sciences Building, Suite 102  
Charleston, SC 29425  
(843) 792-1282  
[titleix@musc.edu](mailto:titleix@musc.edu) or [harridan@musc.edu](mailto:harridan@musc.edu)

Director of Equity, EEO, and University Accessibility

Stephanie T. Price, MA  
173 Ashley Avenue, MSC 502  
Basic Sciences Building, Suite 102  
Charleston, SC 29425  
(843) 792-5733  
[pricstep@musc.edu](mailto:pricstep@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

Or

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

## Transitions of Care/Handoff

**Purpose:** To establish protocol and standards within MUSC Medical Center residency and fellowship programs that ensure 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 primary (outgoing) physician to the covering (incoming) physician. The transition/hand-off process is an 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”).

## USMLE Step 3 and COMLEX Step 3

**Purpose:** To ensure all MUSC-Charleston specialty and subspecialty residents complete all steps of the USMLE or COMLEX sequence as part of their graduate medical education. It will also enable training programs to assess the general medical knowledge of their residents.

## Policy

- 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. Note: The MCCQE, in approved sequence, is also accepted as an equivalent exam for this policy.
- If a PGY-1 resident does not take the Step 3 exam during the PGY-1 year, the resident's Resident Agreement will NOT be renewed for the PGY-2 year.
- All PGY-1 residents must PASS the Step 3 exam by the end of the PGY-2 year. If a resident does not pass the Step 3 exam by the end of the PGY-2 year, the resident's Resident Agreement will NOT be renewed.
- If a resident enters the training program at the PGY-2 level and has not passed the Step 3 exam, the resident must PASS the Step 3 exam by the end of the PGY-2 year. If a resident does not pass the Step 3 exam by the end of the PGY-2 year, the resident's Resident Agreement will NOT be renewed.

*NOTE: A resident's PGY-1 or PGY-2 year will NOT be extended to meet these requirements.*

- 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

- Every resident is responsible for providing copies of the Step 3 exam results to the program director and, if requested, the GME Office. It is the program coordinator's responsibility to indicate pass/fail in the Resident Demographics section of MedHub. 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.
- Program directors are responsible for ensuring all exam information (date taken, score, status, etc.) is posted within their residents' MedHub profiles in a timely manner. All information is to be current by June 1<sup>st</sup> of each year.
- Exceptions to this policy will only be made by MUSC's Designated Institutional Official in consultation with the program director and department chair, and only then in rare and unusual circumstances.

## Vendor Interactions between Representatives/Corporations and Residents (IR.IV.L)

**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-Charleston GME 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-Charleston GME personnel and Industry representatives. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, MUSC-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-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:**

- Serving on advisory boards, expert panels, leadership groups, data safety monitoring boards, and/or similar groups.
- Providing expert witness testimony. (See MUSC Faculty Handbook.)
- Providing scientific or medical presentations or expertise to industry scientists, research and development staff, and/or their staff.
- Providing product review, product evaluation, and product feedback for Industry.
- 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.
- 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:**

- 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.
- 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.
- Serving as an Industry sponsored “named reference” for a product recommendation.
- 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.
- 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.
- Providing services to an Industry that is in a known legal dispute with MUSC.
- 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-Charleston office or clinic. Residents may request a presentation by or other information from a particular company.

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

All Industry representatives with access to MUHA and MUSC-Charleston 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 (MUSC-Charleston or MUHA) 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:

- 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.
- Industry provided food and beverages are prohibited at educational programs in which the only attendees are from MUSC, both on campus and off campus.
- Students or trainees may participate in the continuing education programs as long as the programs are structured group settings that are supervised by Faculty.
- Appropriate disclosure statements are made in any pre-meeting announcement and by the speaker prior to beginning the program.
- 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-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-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-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-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-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-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-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-Charleston GME Resident. Violations of this policy by a MUSC-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:

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

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

### *Solicitations During Duty Hours*

Any representative of an organization providing personal or related types of services (e.g., job recruiters, bankers, realtors, insurance agents, financial advisors, accountants, etc.) shall not solicit (i.e., contact without a Resident's permission) any Resident while s/he is on campus performing his/her duties. This contact includes individual, face-to-face meetings, and phone calls or pages through the Simon paging system. Any individual who violates this policy should be reported to the MUSC Charleston GME Office and appropriate action(s) will be taken.

## Visiting Residents

Specialty and subspecialty Residents may apply to do clinical rotations at the Medical University of South Carolina (MUSC). The requirements are outlined below (**NOTE: All requirements must be fulfilled before Visiting Residents may begin their rotations at MUSC.**)

- The DIO must receive written approval of the rotation from the MUSC residency Program Director. The Visiting Resident must be copied on this written correspondence.
- An affiliation agreement (AA) **from the Visiting Resident's sponsoring institution** is required inclusive of the following information: (**Note:** The VR AA must be processed through Symplr using the "Affiliation Agreement: Resident" workflow. You must have training on Symplr prior to accessing the system. To arrange training, please



contact Emily Marcovich at [marcovie@musc.edu](mailto:marcovie@musc.edu) )

- The length of the rotation
- The visiting Resident will be covered under his/her home institution's malpractice insurance policy or other malpractice insurance during the time spent in the MUSC residency program
- The learning goals and objectives
- The institution responsible for paying the Resident's salary and benefits during the time s/he is at MUSC
- The supervising physician at MUSC
- The Program Director at the sponsoring institution

**The affiliation agreement must be received by the host program at MUSC, approved/signed by the University/MUHA Legal Counsel, and by the CEO of MUSC Health/Vice President for Health Affairs of MUSC, Dr. David Zaas.**

**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.**

- The visiting Resident must send a current curriculum vitae to the MUSC Program Director. A copy of the CV must be included in the VR packet.
- A scheduled health clearance appointment with MUSC's Employee Health Services is required.
- The following MUSC University HR form must be completed by the Program Coordinator: [Department Checklist for Unpaid Opportunity](#). (**Important Note RE: Department Checklist for Unpaid Opportunity:** 1. "Opportunity Start Date" should state two weeks prior to the visiting Resident's actual start date. 2. Select YES for NetID. 3. Select NO for MUSC email.)
- MUSC University HR will activate the incoming visiting Resident. If you have specific questions regarding University HR processing, please email them at: [Univ-HR-onboarding@musc.edu](mailto:Univ-HR-onboarding@musc.edu)
- International Medical Graduates (IMGs) or U.S. Foreign Graduates must provide copies of their ECFMG certificates and appropriate visas.
- A South Carolina Medical License must be obtained by the Visiting Resident. For more information, please contact the State Board of Medical Examiners at 803-896-4500. A copy of the SC medical license must be included in the VR packet.
- A federal NPI (National Provider Identifier) for the visiting Resident must be provided. If the Resident does not have an NPI, one must be obtained. An application can be completed online at [National Plan and Provider Enumeration System](#), NPI Enumerator information can be obtained by contacting. For more information, please contact Sonya Floyd, MUSC Managed Care Department at 843-876-1344.
- OurDay Learning lessons will need to be assigned by University Human Resources, the GME Office and the Epic team. Contact the GME Office (2-9304) to request an OurDay Extended Enterprise Learner account for the Visiting Resident.
- If a visiting Resident needs to access the Epic system, they will need to complete OurDay Learning lessons. Contact Sherry Martin at (2-9608) for assistance with Epic lessons.
- MUSC Residency Programs must orient the Visiting Resident on the information within the MUSC [Patient Safety Brochure \(PDF\)](#)
- Program Coordinators are required to arrange for their Visiting Residents to be entered into the MUSC MedHub residency tracking system **prior** to the start of the visiting rotation. All Visiting Residents must log their duty hours during the term of their rotations. Please contact 2-9304 to create all visiting Resident profiles within MedHub.

A copy of the complete packet of required materials detailed in the steps above must be submitted to Angela Ybarra for review. Only when the review is complete and GME approval is obtained, will the Visiting Resident be cleared to begin the visiting rotation.

The [Visiting Resident Information and Signature Form \(PDF\)](#) must be completed and signed by the appropriate individuals. This form is to be included in the VR packet.

## **SALARIES & BENEFITS**

### **Resident Stipend**

#### **Policy**

The following Resident stipends are set for academic year July 1, 2022 - June 30, 2023, and apply to all full-time, ACGME/ADA, medical/dental, specialty/subspecialty Residents contracted through the GME Office. Stipends will be reevaluated in the fall of each year. All Residents will be notified if there are changes to the established stipend levels.

#### **Procedure**

##### ***Resident Stipends***

PGY-1	\$59,225
PGY-2	\$61,207
PGY-3	\$63,306
PGY-4	\$65,974
PGY-5	\$68,616
PGY-6	\$71,543
PGY-7	\$74,519
PGY-8	\$79,227

### **Benefits**

#### **Vacation and Leave of Absence Policy (IR IV.H)**

**Purpose:** The Charleston Graduate Medical Education Office (Charleston GME) at MUSC 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 Charleston GME 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, 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 a 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 additional paid time off for qualifying leaves.

## Policy

### **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 from MUSC 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.

### **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 designees) 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 Designated Institutional Official or designee.

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, does not accrue over time will be forfeited at the termination of the training program, if not used, and will not be paid out.

### **PARENTAL/CAREGIVER/MEDICAL (PCM) LEAVE**

#### **A. Parental Leave**

##### **a. About Parental Leave:**

- i. Grants up to six (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.

##### **b. Eligibility:**

- i. Available to birthing and non-birthing parents, adoptive/foster parents, and surrogates.
- ii. Must be taken within one year of the birth or adoption/foster placement of the child.
- iii. There is no minimum duration of service requirement.
- iv. If the trainee is also FMLA eligible, FMLA will run concurrently with Parental Leave.

#### **B. Caregiver Leave**

##### **a. About Caregiver Leave:**

- i. Grants up to six (6) consecutive weeks of paid time off to care for the Resident's spouse, child, or parent who has a serious health condition.

##### **b. Eligibility:**

- i. Must be taken for the purpose of caring for a spouse, child, or parent.
- ii. The individual being cared for must meet the criteria for a serious health condition.
- iii. There is no minimum duration of service requirement.
- iv. If the trainee is also FMLA eligible, FMLA will run concurrently with Caregiver Leave.

#### **C. Medical Leave**

##### **a. About Medical Leave:**

- i. Grants up to six (6) consecutive weeks of paid time off to care for a serious health condition that makes the Resident unable to perform essential job functions.

##### **b. Eligibility:**

- i. Must meet the criteria for a serious health condition that makes the Resident unable to perform essential job functions.
- ii. There is no minimum duration of prior service requirement.
- iii. If the trainee is also FMLA eligible, FMLA will run concurrently with Medical Leave.

#### **D. Family and Medical Leave Act of 1993 (FMLA)**

##### **a. About FMLA:**

- i. Federal allowance of job protection for up to 12 calendar weeks of leave for qualifying reasons.
- ii. 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")
- iii. FMLA allowances operate in accordance with the Charleston GME academic calendar, which resets on July 1 of each year.
- iv. 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.
- v. May be taken as a continuous or intermittent leave.

##### **b. Implications on Annual Leave: See "Paid Leave During Leaves of Absence."**

##### **i. Eligibility:**

1. Must have worked for Charleston GME 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.

#### **E. Parental, Caregiver, and Medical Allowance (PCM)**

- a. Charleston GME has updated procedures to support salary and benefits coverage for the length of time

away outlined in the July 1, 2022, the (ACGME policy for reasonable leave allowances for GME trainees in the interest of wellness.

- b. Applied to an eligible leave, allowing for additional leave:
  - i. 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.
  - ii. Benefits coverage during Parental Leave: See “Impacts of Leave on Benefits Coverage”
  - iii. Implications on Annual Leave: See “Paid Leave During Leaves of Absence.”
- c. Eligibility:
  - i. There is no minimum duration of service requirement.
  - ii. PCM can only be used once during the training program, regardless of the type of leave taken

### ***Professional 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 Residency Program Director. The terms and conditions of the leave of absence will be given to the Resident in writing and the GME 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 will be permitted to return to the residency program.

### ***Other Leave***

#### **A. Military Leave**

In the event of military leave, the Resident is required to provide his/her 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 plan, along with a letter approving the LOA, should be submitted to the Designated Institutional Official 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**

1. Physicians are not exempt from jury duty; all trainees will have to respond to any summons to serve on a jury.
2. The Program Director, Program Coordinator, and the Resident’s currently scheduled hospital/rotation

- must be notified immediately of a jury summons or potential jury summons.
3. Jury duty will not reduce paid leave benefits, and the Resident will remain in paid status for the duration of jury service.
  4. Subpoenaed Residents are permitted to be absent with pay when serving as a court witness.

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

- A. If ineligible for the one-time PCM Allowance:
  - a. The total bank of allowable paid leave for the current academic year will be six (6) consecutive weeks as outlined above, including up to three (3) weeks Annual Leave and up to three (3) weeks Sick Leave.
  - b. 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.
  - c. If the Resident does not use all six (6) consecutive 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:
  - a. The Resident is eligible for six (6) consecutive weeks of paid leave (42 calendar days) during training for eligible PCM absences.
  - b. One week (7 calendar days) of paid leave will be allowed for use outside of the PCM leave period.

### ***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 departmental policies and procedures.**

### ***Approval for Parental/Caregiver/Medical (PCM) 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 GME 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 GME Extended Leave/Leave of Absence form.

### ***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. See GME Travel Policy.

## **Insurance Coverage**

### **State Insurance Benefits**

[MUSC Benefits Overview](#)



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 basis via payroll deduction. (See link above for details including monthly insurance premiums).

**A. 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 effective date of coverage. The 'basic' life insurance & 'basic' long term disability coverage are included (free), if health coverage is elected.

**B. Life Insurance**

Residents are eligible to elect optional life, dependent life spouse and coverage for children. 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

**C. Flexible Spending Accounts**

Residents are eligible to elect Medical & Dependent Care Spending Accounts. Deductions are taken on a pretax basis.

**D. 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.

**E. Disability Insurance**

Residents will receive basic long-term disability insurance if health insurance is elected. 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.

**F. Professional Liability Coverage**

The Resident will be covered for malpractice liability while performing duties and responsibilities in the program. The policy provides \$1,200,000 per medical occurrence.

**State Retirement****[SC State Retirement Website](#)**

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 participant's salary. This deduction is set & determined by SC PEBA



Retirement. Election of membership is permanent until separation of employment. (See link for plan details).

- Optional Retirement Plan, (ORP) vested immediately
- 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.

## Parking Permits

### Policy

The Office of Parking Management is responsible for registration of vehicles, keeping registration records, making parking assignments and issuing parking control devices.

### 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.

## In-House On-Call Meals

### Policy

MUSC provides money for meals from 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 provided money to purchase gift cards at other establishments, i.e., Starbucks.

### Procedure

All Residents will receive \$60 per month for a meal allowance. Those Residents who are scheduled for 24-hour in-house call shifts will receive an additional \$25 per scheduled shift. Residents in departments with inpatient services scheduled for home-call shifts receive an additional \$5 per scheduled shift. Residents that conduct a night float shift will receive \$1 per scheduled shift. Residents are only allowed to maintain a maximum balance of \$500.00 for their meal allowance at the time of the monthly deposit.

Only clinical programs (including Residents and Fellows) that are accredited, either by the ACGME or the ADA, and have a Resident agreement with the GME Office will participate in the meal card program.

The \$60 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 three business days prior to the end of the preceding month to ensure timely disbursement onto the Residents' meal cards. Any departments who do not submit this list on time will only receive the \$60 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.

## Employee Health

### Policy

1. A Pre-Employment Health assessment to include: urine drug test, immunization review, blood pressure, color/vision screen, tuberculosis screen, and respirator mask fitting are required of all new Residents and must be completed prior to starting their program. Appointments for health screenings will be scheduled by the designated HR representative within each department. Confirmation that the employee has completed the health screening shall become a part of each Resident's personnel record.
2. All Residents entering MUSC programs after April 1, 2006, will not be authorized to begin their programs unless they satisfactorily complete a drug screen test. If they refuse or test positive to drug use, they will be reported to their Program Director and the Designated Institutional Official for GME for further action.
3. Residents with job related injuries will be treated by Employee Health Services.

### ***How to prepare for your Employee Health appointment:***

- Bring a government-issued picture ID (ex. Driver's License, Military ID or Passport)
- Bring glasses or contacts if you wear them
- Have a clean-shaven face if you have facial hair- this is to ensure a safe seal on the N95 respirator
- Bring Immunization records
- Take any blood pressure medications before you come
- Be prepared to produce a urine specimen. You must produce a specimen within three hours.
- You cannot exit the office until your appointment is complete.
- Drug screen results are instant, however, depending on the outcome, results may be delayed for one week or longer.

### Procedure

#### ***On the Job Injuries***

For any on the job injuries, Residents should report immediately to their Program Director and a Workers' Compensation Employer's First Report of Injury or Illness Form (ACORD) should be filled out. (Please refer to the Workers' Compensation Policy #27 in the MUSC Human Resources Policy Manual). The Resident should then report to Employee Health Services (57 Bee Street) if the incident occurs Monday-Friday 7:30 a.m. - 4:00 p.m. If assistance is needed after hours or on weekends or holidays, the Resident should report directly to 1-West Trauma. Note: If the injury is an occupational exposure to blood borne pathogens, the Resident should contact Medical University Employee Health Services at 843-792-2991 or, if after hours or on holidays and weekends, the Health Services Coordinator (HSC) should be called. The HSC can be reached by calling Hospital Communications at 843-792-2123. **It is extremely important all BBP exposures be reported ASAP so that prophylactic medication can be started within two hours of exposure.**

#### ***Non-Job-Related Injuries***

- A. Injuries or illnesses which are non-job-related and non-emergent should be cared for by the Resident's private physician. If a Resident does not have a physician, s/he may contact the MUSC Health Connection (843-792-1414) for information and assistance. (Residents with acute injuries/illnesses can be seen in the Emergency Services department at any time.)
- B. Employee Health Services will not provide Residents with permission to be excused from work due to non-job-related injuries or illnesses. It will be the responsibility of the Program Director to make the decision when a Resident requests to leave work because of illness or to receive medical treatment. Program Directors will not be asked to make medical decisions, but to make sound decisions, based on their observations of the Resident.

## MUSC Wellness Center Membership

### Policy

MUSC Residents are eligible to be members of the MUSC Wellness Center. The MUSC Wellness Center may provide spouses with a discounted yearly membership. Fees are subject to change annually.

### Procedure

1. New memberships are obtained at the membership desk in the MUSC Wellness Center.
2. Membership will span from the enrollment date to the end of the current academic year. Annual re-enrollment is required to maintain membership.
3. All ACGME Residents contracted through the GME Office are eligible for GME paid membership.
4. Membership fees to the Wellness Center that are paid by the GME Office will be reported as taxable income on the Resident's federal W-2 form.
5. Spouses must bring their marriage licenses to obtain the special rate. The GME Office does not pay for spouses' memberships.

## Lab Coats

### Policy

New ACGME Residents will receive two white clinic lab coats, which are indirectly funded through the GME Office funds flow allocation. After the first year, each Resident will be provided with one new lab coat at the beginning of each new year of training. New lab coats are typically not provided for name changes. If a Resident changes departments, s/he is provided with two new lab coats during his/her first year and one new lab coat each subsequent year of training. Residents who continue to a sub-specialty in the same department will also receive two new lab coats for the first year of training and one for each subsequent year of training.

The Residency Program will coordinate the ordering and payment of all lab coats for Residents using the following guidelines:

1. All Residents (specialty and sub-specialty) will have 'Resident Physician' embroidered on all lab coats.
2. All Residents for adult services will bear the MUSC Health logo.
3. All Residents for pediatric services will bear the MUSC Children's Health logo.

Exception: For Pediatric Dentistry and Oral Surgery, the GME Office will reimburse these programs directly, if both proof of payment and a list of Residents receiving the lab coats are submitted.

## Student Loan Payment Postponement

Certain undergraduate and medical school loan payments can be postponed for part or all of a Resident's training period. The Office of Graduate Medical Education is authorized to complete deferment and forbearance forms. 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.

## GME Travel Policy

### Policy

This policy provides guidelines for planning and submitting reimbursement for GME sponsored travel and is in addition to the [MUSC Finance and Administration Travel Policy](#).

All MUSC faculty, staff, trainees, and students **are required** to register their university-related international travel plans prior to departure. Registration forms are located on the [MUSC Travel Registry site](#). If you have any questions, please reach out to Chris Fuglestad ([fuglesta@musc.edu](mailto:fuglesta@musc.edu)) in the Center for Global Health for assistance.

### **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 before prior approval is provided 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 Manager to arrange direct payment for any registration fees.
- Program Directors/Faculty – Contact the GME Business Manager to arrange for direct payment for any registration fees or submit receipts after the conference.

### **Transportation**

All employees are expected to choose the most economical method of transportation (to the conference and while attending).

### **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 employee's expense.
- Residents – Contact the GME Business Manager to arrange direct payment of airfare expenses.
- 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 time period is required.

### **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 GME Office, 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 allowable.
- 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 allowable.
- Additional hotel charges will not be reimbursed (ex. room service, spa services, movie rental, fitness room charges, and any non-required resort fees).

**Per Diem**

- Per diem will be calculated based on departure and arrival times (outlined in the University Travel Policy 7).
- Maximum per diem is \$50/day (\$10 breakfast, \$15 lunch, \$25 dinner).
- 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 or Orbitz unless you know you can receive all the documentation needed for reimbursement. The MUSC 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. If in doubt, please contact the GME Business Manager for guidance.

**Reimbursement Procedure**

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

- Copy of conference agenda - this is required.
- Paid receipts for airfare. Receipts should include dates/times of departure and arrival and notate 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.

**MUSC Provided Mobile Devices****Policy**

This policy describes the assignment, use and management of State issued mobile communication devices (e.g., cell phones, pagers, related accessories) and associated services by ACGME and ADA Residents contracted with the Graduate Medical Education Office (GME Office) and is in addition to the [MUSC Electronic Communications Policy](#).

**Service Provided**

All ACGME and ADA GME Residents will be issued a mobile communication device along with a paid monthly Verizon Wireless service plan providing unlimited talk and data (within the US) for the duration of their GME training.

**Usage**

Mobile communication devices are to be used for official use just as other office equipment. The devices can be used for personal use, as long as it does not increase the State's cost or violate any laws or ethical standards.

**Privacy**

Residents have no expectation of privacy as to the use of a MUSC issued mobile communication device. Information

Solutions University Communications will have access to detailed records of mobile communication device usage from the vendor service provider, which will be subject to audit.

### ***Security***

Mobile communication devices 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 device.

All Residents utilizing a mobile device for paging needs must install the [Spok Mobile Application](#).

### ***Non-covered Charges***

Residents should avoid making directory assistance (411) calls from a State issued mobile communication device unless the call is necessary for official business purposes and the Resident has exhausted all options to obtain directory information from no-cost services.

Employees 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 University Communications, 30 days prior to the travel, to make arrangements for international usage plans if using the MUSC supplied mobile device.

### ***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 Information Solutions University Communications regarding all damages related to the mobile device. A replacement will 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. Replacement phones at the end of training are not likely to be available. The MUHA Communications Office at Ashley River Tower can provide an encrypted pager to assist with paging needs.

Replacement of device accessories such as charging cables, cases, and screen protectors are the responsibility of the Resident.

### ***Replacement Phones***

Replacement of phones for Residents in extended programs will be handled on a case-by-case basis.

### ***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.

### ***Porting a Personal Number to the MUSC Device***

Residents are permitted to utilize a third-party application to port a personal number to the MUSC device. The Resident will be responsible for any additional charges incurred as a result of adding a line to the device.

## **Procedure**

1. Information Solutions 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 RoomM105).
    - 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 Information Solutions University Communications (2-4040 or email [uctcell@musc.edu](mailto:uctcell@musc.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 Information Solutions University Communications (843-792-4040) 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 Information Solutions University Communications (843- 792-4040) 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:
          - i. No action needed. The line will be cancelled after your last day of employment (based on information provided by the GME Office).

## **RESIDENT SUPPORT**

### **MUSC Resident Auxiliary**

The MUSC Residents' Auxiliary offers a forum for friendship and support among the spouses and partners of MUSC specialty and subspecialty Residents.

Auxiliary activities include playgroups, holiday celebrations, parties, dinners, park and beach outings, charity work, seminars and monthly meetings.

The Office of Graduate Medical Education and the Auxiliary encourage all spouses and partners of Residents to become active participants in the MUSC Resident Auxiliary.

For questions, please do not hesitate to contact the Auxiliary President:

Rebekah Hall

[rebekahlewishall@gmail.com](mailto:rebekahlewishall@gmail.com)

704-689-1919

## Resident and Faculty Member Well-Being

**Purpose:** Residents and Faculty Members are at risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is 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 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 program at MUSC should have policies and schedules in place that spell out ways in which the Residents will be supported in their efforts to become a competent, caring and resilient physician.

These include:

- Schedules that
  - Ensure Residents have protected time with their patients.
  - Are not unduly burdensome with intensity and compression
  - 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.
- 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.
- 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.
- 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.
- Resources that minimize non-physician obligations and undue administrative burdens

- Supervision policies that promote progressive autonomy and flexibility (see Supervision Policy)
- Monitoring workplace safety data to address the safety of Residents and Faculty Members.
- 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

Each program is 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, Fellow 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. In addition, membership to The Wellness Center at MUSC is provided to Residents.

MUSC Employee Assistance Program (EAP) - The EAP offers a range of services to confidentially 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:  
843-792-2848

## ***Other Resources***

### **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. Veterans, press 1 when calling.

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

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

### **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

### **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.*

### **[Vets4Warriors](#)**

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

### **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.

### **[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.

**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.

## **MUSC GME FORMS AND ADDITIONAL POLICIES**

[Resident Agreements](#)

[Evaluation Forms](#)

[Forms](#)

[Scopes of Practice](#)

[Program Resources](#)

[ACGME Institutional Requirements](#)

[ACGME Website](#)

### **MUSC POLICIES**

The link below provides access to hospital and university policies.

[MUSC Policies](#)

[Lewis Blackman Act](#)