

GME Handbook 2020 – 2021

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INTRODUCTION

The Resident Handbook is designed to guide residents ¹ 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) 792-0761 or (843) 792-8681. ²

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.

¹ Throughout this Handbook, the word “resident” refers to all specialty and subspecialty residents. (The latter were called “fellows” in the past).

² 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.

INSTITUTIONAL COMMITMENT

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

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

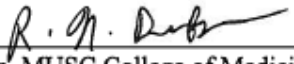
We commit ourselves to provide graduate medical education programs that enable physicians in training to develop personal, clinical and professional competence under the guidance and supervision of the faculty and staff. The program directors will assure that patients receive safe, appropriate and humane 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.




 President, MUSC



 CEO, Medical University Hospital Authority



 Dean, MUSC College of Medicine



 Senior Associate Dean for GME
 ACGME Designated Institutional Official for GME

July 1, 2018

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.

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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 Co-Presidents.

Auxiliary President:

Caitlin Spencer

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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

1. Responsibilities
 - a. Conducting the business of the organization.
 - b. Investigating problems or concerns of the House Staff.
 - c. Formulating the organization's position in response to changes in residency education at MUSC.
 - d. Making decisions for the organization.
 - e. Amending the organization's bylaws as necessary.
 - f. Communicating with the associate Deans for GME.
 - g. 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.

Duties of Officers:

1. President
 - a. Preside and edit the agenda for all meetings of the organization.
 - b. Serve as a representative on the Graduate Medical Education Committee.
2. Vice President
 - a. Assume duties and responsibilities of the president in his/her absence.
3. Secretary/Treasurer
 - a. Keep accurate and complete minutes of the HSC general meetings.
 - b. Maintain copies of all correspondence involving the organization.
 - c. 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:

1. 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, 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 departmental policies and procedures concerning resident education and the hospital's graduate medical education policies. If a Residency Program Director determines that a resident should undergo a mental health assessment as part of an educational consultation, the cost for this will be split evenly between the Department and the Office of GME. Failure to meet the established academic standards will result in corrective action(s) up to and including dismissal from the program.

PROCEDURES

1. Each Residency Program Director will devise written guidelines concerning resident accountability, monitoring and disciplinary actions, all of which are subject to the initial approval and annual review of the GMEC.
2. Policies regarding academic deficiencies will be generally uniform throughout all residency programs and will 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 resident may be placed on "Formal Academic Remediation", suspended or dismissed from the program.
- b. Formal Academic Remediation 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 a remediation plan 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 Designated Institutional Official will be required to sign this plan.
 - 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 will be placed on remediation 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 imposition of any action that may result in remediation, suspension, the repetition of any academic year or dismissal, the Residency Program Director must submit the recommendation to the Designated Institutional Official.
 4. A resident who does not report to work for three (3) consecutively scheduled work days, without speaking directly to his/her Residency Program Director, will be dismissed from the residency program and his/her Resident Agreement will be terminated. The resident will have five (5) business days from the date of dismissal to contact the Designated Institutional Official for GME and explain the reason(s) for the failure to contact the Residency Program Director. If the Designated Institutional Official accepts the explanation, the resident will be reinstated. If the Designated Institutional Official does not accept the explanation, the dismissal will be upheld.

Duty Hours

POLICY

Residents' duty hours must reflect and reinforce the physician's obligation for adequate, continuous patient care while at the same time recognizing that prolonged and difficult hospital duties detract from this obligation. It is further recognized that adequate leisure time is important for the resident's personal development and health.

For specialty-specific duty hour definitions, please refer to this

link: https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf

Note: Non-ACGME Residents are not required to log duty hours within E*Value. This decision will be up to each individual program.

PROCEDURE

1. All Residents are required to report their duty hours using the E*Value system. Residents must log their duty hours a minimum of once every fifteen days. If fifteen days pass without a resident logging his/her duty hours, an E*Value-generated email will be sent to the Program Director, Coordinator, affected Resident(s) and the GME Office. The Program Director will be expected to contact his/her affected Resident(s) and instruct the Resident(s) to post past due duty hours immediately. A follow up email will be sent from the GME Office notifying the Program Director and Coordinator of the Residents who have violated the policy and how many days they are past due and that they have 24 hours to log their past due duty hours. The next business day (excluding State holidays), a status check will be done to verify the residents have logged their past due hours. The appropriate Program Director and Coordinator will be notified if any of their Residents remain on the past due list. The Program Director will be asked to pull any affected Resident from duty immediately to be sent home using a vacation day so that s/he may immediately log delinquent duty hours. (Note: Falsification of duty hours will result in suspension and/or termination from the residency program.)

First Infraction: The Program Director or Program Coordinator should issue a verbal or written reminder of the duty hour logging requirement to the Resident.

Second Infraction: The Program Director or Program Coordinator should issue a verbal or written reminder of the duty hour logging requirement to the Resident. In addition, it is suggested the Program Director or Program Coordinator discuss the GME Duty Hour Policy with the Resident and emphasize that a third infraction will result in a violation of the Professionalism competency and will lead to a formal remediation via the GME Office.

Third Infraction: The term of the remediation plan will begin on the day the plan is presented to the Resident and **will continue through the remainder of the Resident's academic year.** (Note: The end date of the plan will vary relative to off-cycle Residents.) At that point, the Resident must log duty hours **weekly** (every seven days) for the remainder of the remediation plan (remainder of the applicable academic year). If, at any time, the Resident fails to log his/her duty hours on a weekly basis while on remediation, the Resident may be terminated. (The GME Office will monitor the Resident's duty hour logging requirement of every seven days though it is expected the Program Director will also monitor his/her remediated Resident(s) to ensure compliance with the terms of the remediation plan.)

1. Residents are expected to log their duty hours before they leave for vacation/leave of absence. If a resident appears on the "Delinquent Duty Hour" list but is on vacation/leave of absence, it is the Program Director's responsibility to ensure the past due hours are logged **before the resident may return to duty.** Once the hours are logged, the GME Office is to be notified by the Program Director or the Coordinator. Once the GME Office has confirmed the past due duty hours have been logged, the Program Director and Coordinator will be notified the resident has been reinstated and can return to duty. (If a Resident is scheduled to return to duty, from vacation/leave of absence, outside of business hours but has logged his/her delinquent duty hours and needs to be reinstated, the Program Director or the Coordinator will need to contact the GME Office on the **next business day during office hours - Monday - Friday 8:00 a.m. - 4:30 p.m.** (excluding State holidays) to have the

Resident's duty hours verified. Once they are, the GME Office will notify the Program Director and Coordinator to inform them the Resident has been reinstated to duty.)

Residents are prohibited from logging future work hours. However, it is permissible to log future vacation/leave of absence (as described above) or annual leave hours.

1. Each Tuesday morning, Residents, Program Directors, Program Coordinators and E*Value Administrators within the GME Office will receive a RIDeR (Report Identifying Delinquent Residents) Report via email (residents via email and pager) detailing which individual ACGME residents are within 24 hours of violating the Duty Hour policy. This early warning gives the residents one last chance to bring their hours current before the Wednesday morning Duty Hour Report is generated.
2. Residents who encounter problems or difficulty complying with the ACGME duty hours requirements should resolve this matter with his/her Program Director. If the matter cannot be resolved with the Program Director or if the resident encounters violations, s/he should contact the Designated Institutional Official for GME.

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:

1. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
2. Educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
3. 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.)

Supervision of Residents

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

1. This information should be available to residents, faculty members, and patients.
2. Residents and faculty members should inform patients of their respective roles in each patient's care.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

Levels of Supervision

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

1. Direct Supervision – the supervising physician is physically present with the resident and patient.
2. Indirect Supervision:
 - a. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

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

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

1. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
2. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
3. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

1. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - a. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved

competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]

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

Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. [Optimal clinical workload will be further specified by each Review Committee.]

Teamwork

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

Each Review Committee will define the elements that must be present in each specialty.

Exemptions to the Policy

An increase in duty hours, up to 10% of the 80-hour per week limit, can be granted only when there is a legitimate educational justification for the added hours. The expectation is that all hours in the extended week contribute to resident education. Programs may ask for an extension that is less than the maximum of eight additional weekly hours, and for a subgroup of the residents/fellows in the program (e.g. the chief resident year) or for individual rotations or experiences.

Programs must submit their request in writing to the GME Office two weeks prior to the GMEC meeting where the issue will be discussed. The program must document clear evidence that the exception is necessary for educational reasons. The GMEC will consider the following documentation before granting approval/disapproval:

1. Patient Safety - Information must be submitted that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended Resident work hours.
2. Educational Rationale - The request must be based on a sound educational rationale, which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. Moonlighting Policy - Specific information regarding the program's moonlighting policies for the periods in question must be included.
4. Call Schedules - Specific information regarding Resident call schedules during the times specified for the exception must be provided.
5. Faculty Monitoring - Evidence of faculty development activities regarding the effects of Resident fatigue and sleep deprivation must be appended.

Because nine Review Committees categorically do not permit programs to use the duty hour exception, the GMEC will not consider requests from: Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, Nuclear Medicine, Pediatrics, and Diagnostic Radiology. (The remaining two programs are Family Medicine and Transitional Year which are not sponsored by MUSC.)

If a program has an exception and wishes to continue it, the DIO and the GMEC shall re-evaluate, both, patient safety and the educational rationale for the exception prior to each site visit and review and may append the findings to the program's request to the RRC for a continued exception. The RRC may continue, deny or modify the exception.

1. Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.
2. Not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

Resident Duty Hours

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

1. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.
2. PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Duty

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

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

1. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
2. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
 - a. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - b. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - c. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:

1. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
2. Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

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

Minimum Time Off between Scheduled Duty Periods

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

1. Intermediate-level residents [as defined by the Review Committee]
2. Should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
3. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - a. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

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

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. 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 duty, when averaged over four weeks.

1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

Appointment of New Residents

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 PG level of the position, regardless of previous fellowships or residencies completed.
3. Each new resident must comply with the GMEC policy for USMLE Step 3 (or the equivalent COMLEX Step 3 Exam or MCCQE Parts I and II) exam.
4. Each new resident must complete an orientation as prescribed each year by the GME Office. Orientation topics may include, but are not limited to: sexual harassment, professionalism, residents as teachers, and HIPAA compliance. In addition, new residents must complete 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

Each Resident Agreement has a one-year term. 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.).

USMLE Information

This policy is designed to ensure that all MUSC specialty and subspecialty residents complete all 3 steps of the USMLE sequence as part of their graduate medical education. It will also enable training programs to assess the general medical knowledge of their residents.

Procedure

1. All PGY-1 residents are required to register for and take the USMLE Step 3 Exam (or the equivalent COMLEX Step 3 Exam or MCCQE Parts I and II) prior to completion of the PGY-1 year on June 30th.
2. If a PGY-1 resident does not take the USMLE Step 3 examination (or COMLEX Step 3 Exam or MCCQE Parts I and II) during the PGY-1 year, the resident's MUSC Resident Agreement will NOT be renewed for the PGY-2 year.
3. All PGY-1 residents must PASS the USMLE Step 3 Examination (or COMLEX Step 3 Exam or MCCQE Parts I and II) by the end of the PGY-2 year on June 30th. If a resident does not pass the USMLE Step 3 Exam (or COMLEX Step 3 Exam or MCCQE Parts I and II) by the end of the PGY-2 year, the resident's MUSC Resident Agreement will NOT be renewed.
4. If a resident enters MUSC at the PGY-2 level and has not passed the USMLE Step 3 exam (or COMLEX Step 3 Exam or MCCQE Parts I and II), the resident must PASS the USMLE Step 3 Exam (or COMLEX Step 3 Exam or MCCQE Parts I and II) by the end of the PGY-2 year on June 30th. If a resident does not pass the USMLE Step 3 Exam (or COMLEX Step 3 Exam or MCCQE Parts I and II) by the end of the PGY-2 year, the resident's MUSC Resident Agreement will NOT be renewed.

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

5. All specialty and subspecialty residents accepted into MUSC GME programs at the PGY- 3 level or above MUST have passed USMLE Step 3 Exam (or the equivalent COMLEX Step 3 Exam or MCCQE Parts I and II) BEFORE entering the residency program on July 1.
6. Every resident is responsible for providing copies of the USMLE Step 3 examination results (or COMLEX Step 3 Exam or MCCQE Parts I and II) to the program director and, if requested, the GME Office. It is the program coordinator's responsibility to input all scores into E*Value.
7. The resident will be allowed two (2) days off from the program to take the USMLE (or COMLEX or MCCQE) exam. These two days will NOT be counted as annual or sick leave.
8. Program Directors are responsible for ensuring all USMLE information (date taken, score, status, etc.) is posted within their residents' E*value profiles in a timely manner. All information is to be current by June 30th of each year.
9. Exceptions to this policy will only be made by MUSC's Designated Institutional Official for GME, in consultation with the program director and department Chair, and only then in rare and unusual circumstances.

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. remediation 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 remediation, 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.](#))

Completion Certificate Policy

Completion certificates are ordered by the GME Office for completion of Internships, Residencies and Fellowships for residents/fellows in ACGME and ADA-accredited programs with contracts through the GME Office.

Certificate requests for residents/fellows completing on-cycle are due by the last business day of January each year. Certificate requests for residents/fellows 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/fellow'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/fellow –

(See Certificate Request under the Forms: <https://medicine.musc.edu/-/sm/medicine/education/gme/f/resident-certificate-request-letter-template.ashx?la=en>)

Certificate requests must be submitted in writing and signed by the Program Director or Department Chair. All requests must include the following:

- Complete resident/fellow name as it is to appear on the certificate
- Resident/fellow'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.

Disaster Recovery Plan

A disaster is defined as a natural or manmade event that significantly disrupts the environment in which MUSC provides care (for example, damage to the hospital's building(s) and grounds due to severe winds, storms, or earthquakes; loss of utilities such as power, water, or telephones; civil disturbances, accidents, or emergencies within the hospital or in its community); or that results in sudden, significantly changed, or increased demands for the hospital's services (for example, bioterrorist attack, building collapse, plane crash in the hospital's community).

Disaster recovery planning is part of the larger process of business continuity planning which seeks to fully maintain the process of graduate medical education throughout the MUSC system.

In the event that a disaster interrupts any part of GME, MUSC is committed to recovery as it might involve maintenance or improvement in operations or restructuring the educational experience for residents as soon as possible.

Any disaster may also create safety issues and impact the health and well-being of residents, and these issues will need to be assessed and considered in recovery planning.

The Designated Institutional Official (DIO) is responsible for maintaining communications between the various Program Directors (PD), the GME Program Administrator, and the College of Medicine to assess the impact of a disaster on any and all areas of GME and maintaining business and educational continuity. The Dean of the College of Medicine will appoint an interim Senior Associate Dean for Graduate Medical Education, if necessary, and an interim DIO if both parties are unavailable or incapacitated.

The current residency management software system, E*Value, is deployed with complete hardware system redundancies limiting downtime due to hardware failure. Data is backed up continuously and is stored off-site.

Communication between the DIO, GME Office, the PDs, and the residents is critical in the event of a disaster to assess the impact of that disaster on education and the health and well-being of the residents.

The PDs will immediately assess the impact of a disaster on their own programs, assess the programs' function, and if necessary, develop a recovery strategy and timetable and a written plan to address response, recovery, and resumption of education and services. The PD should also assess the health and well-being of the residents within that program. This will be done by the following:

- Contacting residents in the program to gather information
- Referring affected residents to available resources for care
- Assessing the functionality of the facilities and operations in the institution that supports that particular educational program

In the event of a disaster, the DIO will be in contact with all PDs to assist in assessing the impact on the educational experience for that program. The DIO assessment will include the following:

- Immediate contact and discussion with PDs to determine the availability of residents
- The feasibility of continuing on-site training within MUSC

The GME Office expects all residents, Program Coordinators and PDs to be familiar with the Medical Center Policy on Disaster Plans. This policy can be found at <https://www.musc.edu/medcenter/policy/Med/A139.pdf>

Individual residency programs also have disaster plans. Please check with your program coordinator or director for information regarding your department's plan.

ACGME NOTIFICATION

The DIO will notify the ACGME Executive Director of the disaster and, if appropriate, request a declaration of disaster. The ACGME will post a notice on its website, <http://www.acgme.org/>.

As soon as feasible and to the extent that it is possible, the DIO, the GME Office, and the PDs will determine whether the disruption of each program's ability to maintain the educational experience is temporary or permanent.

In the event that the DIO, in conjunction with the PDs, determines that a program can no longer provide an educational experience for the residents, the PDs and the DIO will do the following:

- Arrange for temporary transfers to available programs to complete the educational experience on an interim basis, or
- Assist the residents to achieve permanent transfers to other programs or institutions, if necessary.

The DIO will, within 10 days after the declaration of the disaster, contact the ACGME to discuss the timeframe and dates pertinent to maintaining the education of the residents within affected programs, including

- Submission of program reconfigurations within MUSC to the ACGME, and
- Informing residents of any transfer decisions

This will be accomplished no later than 30 days after the disaster unless other dates are approved by the ACGME.

The ACGME will assist with communications during any declared disaster. The ACGME will maintain phone numbers and email addresses for emergency communications with disaster-affected institutions.

- The DIO will call or email the RRC Executive Director with information or requests for information
- The PDs will call or email the appropriate RRC Executive Director with information and requests for information
- Residents will call or email the appropriate RRC Executive Director with information and requests for information

The ACGME will provide instructions on its website so that a resident can change his/her information on the Web Accreditation Data System. In the event of a disaster, MUSC and the GME Office will communicate directly with PDs and residents via all available communication techniques to provide guidance for the affected residents. These communications will include the MUSC GME website and the ACGME website.

The ACGME will establish a fast-track process for reviewing and approving or not approving submissions by programs related to program changes to address the effects of a disaster including

- Addition or deletion of participating institutions
- Change in format of the educational program
- Change in the approved resident complement

If a resident is **temporarily** transferred, he or she will be informed of the minimum duration and the estimated actual duration of the temporary transfer. In the event that the transfer will continue, the program must inform the resident who has transferred.

The condition of an affected program may determine that a site visit is required by the ACGME. Prior to this visit, the DIO and PD will receive notification of the information that will be required. This information may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed

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 remediation plan 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.muschealth.com) or other treatment systems of their choice.
4. Although a resident's involvement in the EAP is voluntary and confidential, there are times when the EAP can be used as a condition for continuation in the residency program.
5. Sick and annual leave may be granted for the purpose of participating in public or private treatment programs.

24-HOUR ON-CALL SERVICES

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

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

All mental health, on-call and crisis management services shall be provided by MUSC EAP therapists. 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 E*Value system.

PROCEDURES

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 professional 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 formal academic remediation program which details specific corrective actions. The resident will be considered on formal academic remediation during this period. The remediation program 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 remediation program before it is implemented.
8. A copy of the remediation program for any resident on formal academic remediation must be submitted to the Designated Institutional Official for GME or the Associate Dean for GME before the remediation 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 E*Valve system.

PROCEDURES

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 (<https://medicine.musc.edu/education/gme/residents-and-fellows/forms>)
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 (<https://medicine.musc.edu/education/gme/residents-and-fellows/forms>)
Each program is responsible for determining the procedure by which the resident will evaluate the faculty's teaching skills.
4. Once each year, the residents will meet as a group to review the entire residency program and submit a report of this evaluation to the Program Director. This annual evaluation will include but not be limited to,
 - a. each faculty member's supervision and teaching,
 - b. each rotation's benefits or deficiencies for achieving the learning objectives,
 - c. the quality of the didactic sessions,
 - d. the quality of research and scholarly activity,
 - e. the general working conditions,
 - f. the leadership of the Program Director,
 - g. the overall program goals and objectives,
 - h. the ACGME six competency areas in relation to the curriculum and
 - i. the resources available to the residents.

5. To ensure proper anonymity of residents in completing these evaluations, Program Directors will provide each faculty member a “summary report” of the rotation evaluations. Programs with smaller numbers of residents are encouraged to have the residents complete group evaluations of individual faculty members. In other words, the residents meet as a group at least once a year but possibly every six months and develop one composite evaluation for each faculty member. Each resident then signs his/her name to each composite evaluation.
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.

Grievance Procedure

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 GMCC 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 "formal academic remediation?" (If the Resident was not placed on "formal academic remediation," 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 GME Office. It must be given to one of the GME staff members so s/he may sign and date the resident’s clearance form for proof of receipt. (Note: If the VA ID badge is not returned to the GME Office upon a resident’s departure, s/he may not receive his/her certificate.)

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. They 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, University Risk Management who is MUSC's connection to the Insurance Reserve Fund. Reporting can be done by calling the Professional Liability Manager at 843-792-3883. 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, hospital, or facility where care is provided.

Residents must cooperate with the Risk Management Department, 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, University Risk Management 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 843-792-3883.

Moonlighting Policy

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.

PROCEDURES

1. Definition of Moonlighting:

Moonlighting is defined as any activity, outside the requirements of the residency program, in which an individual performs duties as a fully-licensed physician and receives direct financial remuneration. This includes, but is not limited to:

- a. Providing direct patient care
- b. Conducting "wellness" physical examinations
- c. Reviewing medical charts, EKGs, or other information for a company or an agency
- d. Clinical teaching in a medical school or other educational programs involving clinical skills
- e. Providing medical opinions or testimony in court or to other agencies
- f. Serving as a sports team physician or medical official for an event

Any moonlighting by a resident needs to be reported as part of the ACGME 80-hour weekly duty-hours limit.

2. Moonlighting privileges may be curtailed or prohibited by the Residency Program Director on any of the following grounds:
 - a. If it is determined that such activities interfere with the resident's patient care responsibilities and educational performance or if such activity adversely impacts the professional reputation of the resident and/or MUSC; or
 - b. If such limitation is required by the appropriate organization(s) responsible for the accreditation/certification of graduate medical education programs; or
 - c. If the resident fails to abide by the procedures outlined herein.
3. PGY-1 Residents are not allowed to moonlight.
4. Moonlighting on a limited 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.
5. 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. The Medical University bears no legal or professional responsibility for a resident while s/he is moonlighting at an outside

facility (i.e. non-MUSC). Note: 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. Any questions regarding professional liability coverage must be directed to University Risk Management (843) 792-3883.

6. It is the resident's responsibility to obtain a "fee-paid" DEA registration if moonlighting at a non-MUSC site. The "fee-exempt" DEA registration issued to residents at MUSC is only to be used within their residency programs or at MUSC sites.
7. If a resident moonlights, the following conditions must be met:
 - a. It must be clear that such activity does not 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 for the Accreditation of Healthcare Organizations) organizations and/or the facility's credentialing policies and procedures;
 - b. The resident must possess the written approval of his/her Residency Director and the DIO for GME, via the Office of Graduate Medical Education Moonlighting Approval Form. This written statement of permission must be kept in the resident's file in the department. The Resident's performance in the program will be monitored for any adverse effects from moonlighting. In such instances, the Program Director may withdraw his/her permission to moonlight.
 - c. Moonlighting must be counted toward the 80-hour weekly limit for duty hours.
 - d. The Resident is responsible for reporting all moonlighting hours using the E*Value system. Failure to report moonlighting hours may result in suspension and/or dismissal from the residency program.
 - e. All moonlighting activities must be monitored by the residency program director and the documentation of this activity (i.e. hours per week) must be kept in the resident's file. **NOTE: THE RESIDENT MUST HAVE APPROVAL, IN WRITING, FROM HIS/HER PROGRAM DIRECTOR and the DIO TO ENGAGE IN ANY MOONLIGHTING ACTIVITIES. (See Appendix 3 for form.)**
8. Residents working under J-1 sponsorship or an H-1B are prohibited from engaging in moonlighting of any kind or nature whatsoever. Both J-1 sponsorships and H-1B petitions are employer-specific. Residents in violation are immediately considered in violation of status and are subject to disciplinary action up to and including termination from their program and deportation.
9. A resident who is on formal academic remediation is prohibited from engaging in any moonlighting activities during the period of remediation.
10. Moonlighting forms are only valid for the current academic year. They must be renewed prior to July 1st of each academic year.
11. Residents who are approved to moonlight outside of SC must abide by all licensing requirements established by the particular state licensing board and the facility.
12. Non-ACGME Residents are not required to go through the GME Office for moonlighting approval. Any action to moonlight is to take place between the Non-ACGME Resident, the department and any other applicable areas.
13. SPECIAL NOTE: Program Directors may set up Non-Required Elective Rotations with compensation as part of their training programs (within MUSC and MUSC-owned facilities).
 - a. The rotation is to be set up in E*Value as any other with the exception that it may not be submitted to Reimbursement Services.
 - b. Goals and objectives must be developed for the rotation and attached to the approval form.
 - c. Evaluations of the non-required elective rotation must be completed in E*Value every six months (at a minimum).

- d. The time spent in non-required elective rotations count toward the 80-hour work week. All the rules pertaining to duty hours must be followed.
 - e. PGY levels 1 and 2 are not eligible for non-required electives with compensation. Only PGY levels 3 through 8 may participate.
 - f. Residents may not participate if they are currently on remediation.
 - g. Residents may not participate if they are currently on this service during regular rotation.
 - h. A Non-Required Elective Rotation with Compensation form must be completed for each of these non-required electives.
 - i. Residents may not participate in the non-required elective rotation with compensation until all signatures have been obtained.
 - j. Malpractice Insurance is covered through MUSC as part of the training program.
 - k. The initiating service is responsible for underwriting the compensation for this non-required elective rotation.
14. Residents who moonlight without permission from the DIO and his/her Program Director will be sanctioned for such actions. The penalties will be decided on a case-by-case basis by the DIO in consultation with the Program Director.

Physician Impairment

POLICY

The Medical University of South Carolina College of Medicine recognizes it has a fundamental duty and responsibility to assume the health and well-being of its residents. Physician impairment, due to alcohol, substance abuse and emotional illness, is often first manifested during medical school or residency training and may escape detection or intervention. Residents are entitled to the support of an educational environment that is protective, sensitive and able to intervene competency 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.

Definition: For purposes of this policy, "impaired" shall mean under the adverse influence of alcohol or any narcotic or drug; or, mentally 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.

South Carolina Recovering Professionals Program
Toll-Free, 24-hour Helpline 1-(877)-349-2094 or 1-(803)-737-9280
www.scrpp.org

MUSC Employee Assistance Program (See Employee Assistance Program in Table of Contents)
1-(843)-792-2848
www.MUSChealth.com

MUSC Center for Drug and Alcohol Programs (CDAP)

(843) 792-5201

www.musc.edu/cdap/

PROCEDURE

1. Impairment in a resident may be subtle or overt, but is most often first noticed as a significant and persistent change in behavior. Such changes may be manifested in any or all of the physical, emotional, family, social, educational or clinical domains of functioning. These behavioral changes are often referred to as “red flags.” In the event that a faculty member, non-physician hospital staff member, resident, student or Program Coordinator notice these “red flags,” s/he will notify the Program Director, the Department Chair, and/or the Designated Institutional Official for GME immediately.
2. The Program Director will contact the resident and demand to meet with the resident immediately. The Program Director will then contact the Designated Institutional Official for GME and arrange for the meeting to take place in a neutral location.
3. If the resident acknowledges a problem with alcohol, substance abuse or emotional problems, s/he will be removed from the clinical area and be tested for impairment. The cost of this testing will be paid by the GME Office. The resident will be placed on an administrative leave of absence pending a further evaluation of their condition. The resident may be reinstated by the Designated Institutional Official for GME in consultation with the Program Director and Department Chair based on the results of the evaluation.
4. If a resident requires intervention in the form of inpatient treatment, s/he will be placed on a leave of absence. The resident may be reinstated by the Designated Institutional Official for GME in consultation with the Program Director and the Department Chair, based on results of the treatment.
5. If a resident refuses to acknowledge a problem with alcohol, substance abuse or emotional 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 for GME and the Program Director, in consultation with the Department Chair.
6. 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.

Warning Signs of Impairment

- Performance Deteriorates
 - Inconsistent work quality and lowered productivity. Spasmodic work pace deteriorated concentration, signs of fatigue
 - Increased mistakes, carelessness, errors in judgement
- Poor Attendance and Absenteeism
 - Absenteeism and lateness accelerate, particularly before and after weekends
 - Often the complaint of flu, stomach distress, sore throat, headache, or other vaguely defined illness
- Attitude and Physical Appearance Changes
 - Details are often neglected, assignments handled sloppily
 - Others are blamed for the individual’s own shortcomings
 - Colleagues and the supervisor himself are often deliberately avoided
 - Personal appearance and ability to get along with others deteriorates

- Colleagues may show signs of poor morale and reduced productivity, often because of the time spent “covering up” for the substance abuser
- Health and Safety Hazards Increase
 - A higher than average accident rate emerges
 - Careless handling and maintenance of machinery and equipment
 - Taking of needless risks in order to raise productivity following periods of low achievement
 - Disregard for safety of colleagues
- Domestic Problems Emerge
 - Complaints about problems in the home and with the family increase. There is talk of separation, divorce, delinquent behavior in children
 - Financial problems recur with frequency

It is impossible to note all the behavioral symptoms that may occur in this process of deterioration, or to define precisely their sequence and severity. They may appear single or in combination, and they may very well signify problems other than substance abuse.

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

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, remediation, 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](#)).

Remediation

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 remediation 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.

PROCEDURES

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.
(Quality Management: <http://horseshoe.musc.edu/clinical/quality>)
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. Remediation 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

Scope:

All Medical University of South Carolina Graduate Medical Education (MUSC GME) 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. For the purposes of this policy, these programs will be referred to as the "Program."

Policy:

It is the intent of this policy to standardize records retention practices in order to adhere to minimum standard guidelines of the ACMGE, Federal, State, and University regulations.

Procedure:

1. Programs should follow the record retention guidelines of the individual Residency Review Committees (RRCs), if available.
2. Permanently Retained Information in GME Files (hardcopy or electronic copy):
 - a. Resident Agreement
 - b. Appointment Letters
 - c. Documentation related to training, leave of absence, or any other document that may affect training dates
3. Permanently Retained Information in E*Value (7/1/2007 – present):

Category	Entered by:	Monitored by:
Resident Demographics: Legal and Preferred Names, Credentials, NPI, Social Security Number, Race, Gender, Date of Birth, Birth Place, Citizenship Country, Email Address	Program Coordinator	GME Office
Resident Training History by Year	Program Coordinator	GME Office
ECFMG Resident Information: ECFMG Certification Date and Number	Program Coordinator	Program Coordinator
Standard Exam Scores: USMLE or COMLEX	Program Coordinator	GME Office
Contact Information	Program Coordinator	Program Coordinator
Licensure Information	GME Office	GME Office
Resident Rotation Schedules and Associated Evaluations	Program Coordinator	Program Director
Resident Duty Hour Logs	Resident	Program Director
Procedure Supervision Levels	Program Coordinator	Program Director

4. Minimum Requirements for Program Archived Resident Files (hardcopy or electronic):
 - a. Application (ERAS or other training application)
 - b. Summative evaluations or exit interviews
 - c. Records of dates of training, trainee's rotations, training experience and procedures
 - d. Materials required by individual Residency Review Committee (RRC)
 - e. Record of any disciplinary actions
 - f. Other records judged important by the Program Director
 - g. 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.

General Records Retention Schedule for Personnel Records of State Agencies. Columbia, SC: South Carolina Department of Archives and History, Archives and Records Management Division, 2002. Web. (https://dc.statelibrary.sc.gov/bitstream/handle/10827/7058/DAH_General_Records_Retention_Schedules_Personnel_2002.pdf?sequence=1&isAllowed=y).

Henderson, Mark C. "The Resident File." *The Toolkit Series: a Textbook for Today's Internal Medicine Education Programs*. Washington, DC: Association of Program Directors in Internal Medicine, Association of Subspecialty Professors, 2007.

Levine, Jeffery L. "Chapter 31 Record Retention." *Guide to Medical Education in the Teaching Hospital*. Irwin, PA: Association for Hospital Medical Education, 2010.

Reduction/Closure Policy for Residency Programs

If the ACGME withdraws accreditation of a program, or if a decision is made voluntarily to close a residency program, the Office of Graduate Medical Education will work with the department to establish a phase-out plan that allows currently enrolled residents to complete their training. If that is not possible, the Office of GME, in conjunction with the department, will assist the displaced residents in obtaining positions in another accredited training program.

In the event, MUSC decides to reduce the number of positions in any residency training program, the residents in that program will be notified by the Designated Institutional Official for GME. Every effort will be made to accomplish the reduction without adverse effect on residents currently in training. If that is not possible, the Office of GME, in conjunction with the department, will assist the displaced residents in obtaining a position in another accredited training program.

Resident Dismissal

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](#).

PROCEDURES

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 time-frame 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.
 - c. Failure of the resident to maintain satisfactory levels of academic and clinical performance as determined through periodic evaluations and a formal academic remediation plan.
 - d. 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.

PROCEDURES

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 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 the 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) or Dr. Marques Bradshaw (843-792-0337).
10. Resident Lounge/Call Room (Open to all residents)
(Main Hospital/Across from "D" Elevators)

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 insures 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, appraisal 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

(Resident Supervision: <https://www.musc.edu/medcenter/policy/Med/C074.pdf>)

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.

PROCEDURES

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.

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 Office of Graduate Medical Education and appropriate action(s) will be taken.

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

GOALS

The Medical University of South Carolina is committed to maintaining an academic and clinical environment in which faculty, fellows, residents, students, and staff work together to further education and research and to provide quality patient care in the community in which MUSC is located, whether in the classroom, the laboratory, or clinical settings. MUSC's goal is to educate health care providers and scientists achieve high standards of professionalism and practice in an environment where effective, humane and compassionate patient care can be offered to all patients.

PHILOSOPHY

MUSC recognizes that each member of the University community should be treated civilly, which entails mutual acceptance among autonomous individuals without regard to their race, color, religion, gender, sexual orientation, national or ethnic origin, age, disability or any other factor irrelevant to participation in the activities of the University. The concept of educational pluralism embraces the idea that diversity in background, outlook and interest among faculty, fellows, residents, staff and students advances the

University's objectives. Appreciation and understanding of "pluralism" (diversity) is a vital aspect of health professional and graduate training.

POLICY

MUSC strives to impart the values of professional and collegial attitudes and behaviors in interactions among members of the University community. MUSC prohibits attitudes and behaviors toward students, residents and fellows that are unfavorable to the development of mutual respect. Such prohibited behaviors may include, but are not limited to.

1. Discrimination and Harassment
 - a. Denying the opportunity for training or rewards because of age, race, religious affiliation or any attribute other than merit or performance;
 - b. attribute other than merit or performance;
 - c. Any conduct directly intended to insult or stigmatize;
 - d. Exclusion from any reasonable educational opportunity for any reason other than performance or merit;
 - e. Requesting performance of personal services such as babysitting or shopping;
 - f. Differential treatment based upon any attribute other than performance or merit that reduces educational opportunities;
 - g. Grading or evaluating based upon any attribute other than performance and/or merit;
 - h. Any inappropriate physical treatment, such as hitting, slapping or kicking, or threatening such treatment;
 - i. Requesting performance of menial tasks with the intent to humiliate
 - j. Creation of a hostile work place/environment by words or conduct

2. Harassment of a Sexual Nature
 - a. Denying the opportunity for training or rewards because of gender;
 - b. Requesting sexual favors in exchange for grades or other awards;
 - c. Making unwanted sexual advances or inappropriate verbal comments of a sexual nature;
 - d. Displaying sexually suggestive or pornographic materials; or
 - e. Grading or evaluating based upon gender rather than performance or merit.

In addition, sexual relationships between a trainee and a supervisor even when consensual are not acceptable regardless of the degree of supervision in any given situation. The supervisory role for that particular trainee should be discontinued. A new supervisor should be appointed to evaluate that trainee.

3. Other Forms of Inappropriate Treatment
 - a. Public belittling
 - b. A consistent pattern of neglect or lack of communication
 - c. Taking credit for another individual's work

Ongoing Education about Standards of Conduct

Part of a teacher's responsibility is to maintain a positive atmosphere for learning. In health professional and graduate education, an equally important role for teachers is to emphasize appropriate values, including an attitude of caring. One of the effective ways in which teachers can emphasize this attitude of caring and promote a positive learning environment is to show an attitude of respect toward trainees. Such an attitude can be demonstrated by providing support and encouragement to trainees and showing an interest in their

educational development. Inappropriate treatment of students represents the opposite of a supportive and caring approach to teaching.

Educating the MUSC community concerning appropriate treatment serves several purposes. First, it promotes a positive environment for learning, characterized by attitudes of mutual respect and collegiality. Second, it informs persons who believe that they have been treated inappropriately that avenues for seeking redress are available. Third, it alerts potential offenders to the University's policy about and responses to allegations of inappropriate treatment.

Methods of communicating the appropriate treatment policy to specific groups are as follows:

1. Trainees

A section on appropriate treatment will be included in the University Bulletin. Each year, this topic will be included in the agenda for the orientation of students. Reference to this topic will be made in the course policies for all preclinical courses, clinical rotations, and graduate courses. A university web site containing the policy and the contact information will be available.

2. Faculty

Each year each Dean's office will remind Associate Deans, department chairs and faculties of the policy. During orientation, Deans' Offices are responsible for making available the contact information about the policy. The Deans' Offices will designate a resource person whom trainees can contact for guidance about the policy.

3. Health Professionals

An informative written message will be sent each year from the Provost's Office to the office of the Administrator for Clinical Services to explain the policy. In turn, the clinical directors will convey the policy to the nursing and health professional staff to ensure that they know and understand the policy. A copy will be available on the Clinical Service's Intranet web site with contact information.

Response Process

The following procedures will be used to respond to complaints about perceived mistreatment, but are not to be used in cases of sexual harassment. MUSC has determined that all complaints that include allegations of gender inequity or sexual harassment involving faculty or trainees must be resolved according to the policies established by the MUSC Office of Gender Equity, without exception. If a trainee, mediator or faculty member is unsure of whether the complaint should be referred to the MUSC Office of Gender Equity, they should contact that Office for advice. In cases that do not involve elements of sexual harassment or gender inequity, the following will apply:

1. Introduction

When an allegation of inappropriate treatment occurs, the parties directly involved should try to resolve the matter themselves, since most incidents are amenable to resolution in this manner. In some situations, however, this informal approach might be hindered by various factors, including reluctance of the complainant to approach the respondent, intransigence of the respondent, or differing perceptions of the incident by the parties involved. In such cases, a more formal process is available for resolving the matter. This formal process can be initiated by requesting formal conduct

standard mediation. This process is designed to be fair to both the complainant and the respondent and to be perceived by both parties as effective, impartial and unlikely to result in retaliation.

Participation in this process, or agreement to participate in this process, is in no way an indication of one's desire or intention to set aside one's right to due process under the law. MUSC respects each person's right to due process. MUSC will direct all behavior that may be criminal in nature to the proper governmental authority.

2. The Conduct Standard Mediators

The professional staff of the student Counseling and Psychological Services (CAPS) will serve in the primary role as conduct standard mediators. Additional trained mediators as selected by CAPS may also perform mediation as needed. The role of the mediator is to mediate between the conflicting parties and strive for reconciliation. Either the complainant or the respondent may contact CAPS staff in their role as conduct standard mediators to seek assistance in resolving the conflict and should do so as soon as possible. The conduct standard mediator will encourage the parties to work out the problem between them, and will also be available as facilitator for this process. Mediators will receive mediation training.

If mediation is successful, both parties will sign a written mediation agreement. The original agreement will be kept in a confidential file in the CAPS office. Copies of the signed agreement will be given to both parties.

3. The Conflict-Resolution Council

It is anticipated that mediation will result in the resolution of most cases. However, if a reasonable effort does not yield a solution, the complainant has the option to refer the matter to a Conflict Resolution Council. The Council becomes involved in a given case only after the mediator has made reasonable efforts to resolve it. The respondent does not have the right to prevent the Council from meeting. The complainant may stop the process at any time. The purposes of the Council include the following:

- a. Ascertain the facts by interviewing other individuals with relevant knowledge review any documentary evidence or take other actions deemed necessary to establish the facts of the matter.
- b. Mediate between the parties
- c. Strive for reconciliation

The Council will assess the evidence as objectively as possible to protect the rights of the respondent and complainant.

The Conflict Resolution Council will be a university-wide committee appointed as needed by the Provost. It will consist of at least three faculty members from the colleges not involved in the conflict. The Deans of those colleges will recommend the faculty for the Council. The Council will also contain at least three trainees not involved in the conflict as selected by the Provost from the University Honor Council and or House Staff Council. The Provost will name a chair for the Council.

Any member with a conflict of interest should not be selected to participate in the Council for that particular case. Before the Council meets, Council members will submit a signed written disclosure

indicating they are free from conflict. Neither CAPS nor any other participating mediator is involved in the Conflict Resolution Council process.

4. Council Procedures

The Chair of the Council is responsible for notifying the parties concerning the time and place of the Council meeting. The complainant and the respondent both have an opportunity to speak and to bring witnesses to speak. The order of speakers is as follows: (1) the complainant; (2) witness for the complainant; (3) the respondent; and (4) witnesses for the respondent. Unless the Council deems otherwise, speakers will be present only when they are called to give information in order to protect the confidentiality of the parties involved. Both the respondent and the complainant can be harmed by breaches of confidentiality. In some situations the Council might be justified in communicating ordinarily confidential information to other university officials, provided there is a legitimate “need to know.” The complainant and respondent will not bring lawyers to council meetings, as advocates, advisors, or observers, as this process is administrative and academic rather than judicial.

It is in the interest of the respondent to meet with the Council, in an attempt to seek an appropriate resolution. If the respondent refuses to attend the Council meeting, the Council will still meet and consider the case.

At the conclusion of the Council’s deliberations, a letter will be sent from the Council to the Provost with a copy to the respective Dean, summarizing the findings of the Council. A copy will be provided to the complainant and respondent. The Provost, in consultation with the Dean, will then decide if any further action is warranted.

The Council chair should maintain essential records of the proceedings and forward for storage to the Provost’s Office.

5. Protection from Retaliation

Retaliation against a complainant, a respondent or witnesses for exercising their rights under this policy and complaint resolution process is strictly prohibited. Retaliation is grounds for disciplinary action, up to and including dismissal or termination of employment

6. Relation to Other University and Hospital Policies

This policy is intended to complement, supplement and clarify existing and future departmental, college and University policies aimed at informally resolving miscommunications or disputes between trainees and faculty members or supervisors. However, this policy regarding Standards of Conduct for Treatment of Trainees (Students, Residents and Fellows) shall be controlling.

Transitions of Care/Handoff

Purpose:

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

Definition:

A **clinical handoff** is the transfer of care and responsibility from the 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”).

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.**)

1. The visiting resident must have written approval from the MUSC residency program approving the rotation. In addition, the DIO must receive written approval of the rotation from the MUSC residency program director.
2. An affiliation agreement from the visiting resident’s sponsoring institution is required stating the following information:
 - a. the length of the rotation;
 - b. 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;
 - c. the learning goals and objectives;
 - d. the institution responsible for paying the resident’s salary and benefits during the time s/he is at MUSC;

- e. the supervising physician at MUSC.
- f. 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, Annette Drachman, and by the CEO of MUSC Health/Vice President for Health Affairs of MUSC, Dr. Pat Cawley.

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.

3. The visiting resident must complete and return to the MUSC Program Coordinator the attached Visiting Resident Information form.
4. The visiting resident must send a current curriculum vitae to the MUSC Program Director.
5. All Visiting Residents must be cleared by Employee Health Services. Health clearance appointments will be scheduled by University HR. Coordinators are to provide the following "Resident Vaccine Requirement" form to their VRs so they may provide the required immunization documentation to EHS staff at their scheduled health clearance appointments. [Resident Vaccine Requirements \(PDF\)](#)

In addition, coordinators are to contact EHS to schedule offsite drug screens. (Note: Results may take 7 – 10 days.) Email ehs1@musc.edu

6. International Medical Graduates (IMGs) or U.S. Foreign Graduates must provide copies of their ECFMG certificates and appropriate visas.
7. 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.
8. 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 <https://nppes.cms.hhs.gov> NPI Enumerator information can be obtained by contacting 1-800-465-3203. For more information, please contact Sonya Floyd, MUSC Managed Care department, at 843-876-1344.
9. MyQuest lessons will need to be completed once a NetID is assigned by University Human Resources. MyQuest may be accessed at: <http://myquest.musc.edu>
10. If a Visiting Resident needs to access the EPIC system, a classroom training session will be required. Please contact the EPIC System Education Team at epicregassistance@musc.edu to schedule training.
11. MUSC Residency Programs must orient the Visiting Resident on the information within the MUSC Patient Safety Brochure.
12. The following MUSC University HR form must be completed by the Program Coordinator: "Checklist for Unpaid Opportunity" found at <https://horseshoe.musc.edu/~media/files/hr-files/univ-files/hr-forms/unpaid-opportunity-checklist.pdf?la=en>

The following MUSC University HR forms must be completed by the Visiting Resident: "Application for Unpaid Opportunity" found at: <https://horseshoe.musc.edu/~media/files/hr-files/univ-files/hr-forms/unpaid-opportunity-application-and-paperwork-non-minor.pdf?la=en>

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 an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

Annual leave, like all other benefits to residents, does not carry over from year to year. It does not accrue over time. The Resident Agreement is for one year only, thus, at the end of each year, the terms of the agreement are void and all benefits end on the final day of the Agreement.

2. SICK LEAVE

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

If an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

3. MATERNITY/PATERNITY/MEDICAL LEAVE

Residents are eligible to utilize their paid annual and sick leave for maternity/paternity/other approved medical leave. The Resident may request additional unpaid time off beyond this initial six (6) weeks. This request must be approved by the Program Director in writing, in advance. If an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

Official Approval for Maternity/Paternity Leave

The Resident must make a written request for Maternity/Paternity leave to the Program Director the beginning of the second trimester so that appropriate accommodations (rotation schedules, call schedules, etc.) can be made. 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

Maternity/Paternity leave must be approved by the Program Director or designee using the GME Leave of Absence form. A copy of this approval form must be received by the GME Office one month before the Resident begins the Maternity/Paternity leave in order for the leave to be official.

A Resident who is approved for maternity or paternity leave must comply with the requirements of the federal Family Medical Leave Act (FMLA). The appropriate FMLA notifications and paperwork must be provided to the resident by the Program according to the set FMLA timeline.

4. **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 may be required to make-up the time missed in accordance with the RRC and/or Specialty Board Eligibility requirement(s).

5. **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 Designated Institutional Official for GME 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 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 the Residency Program and Board Eligibility requirements. Terms of reinstatement after a leave of absence will be developed, written and approved by the Program Director and the Designated Institutional Official for GME before the resident will be permitted to return to the residency program.

6. **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. The plan, along with a letter approving the LOA, should be submitted to the Designated Institutional Official for GME 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 will be given up to 15 work days 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.

7. **INSURANCE COVERAGE**

State Insurance Benefits

<https://web.musc.edu/human-resources/university-hr/benefits>

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 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 & '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)

- 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**

All MUSC residents are covered by Workers' Compensation which is designed to provide benefits for individuals who have incurred medical expenses or are unable to work due to bona fide occupational injuries or illnesses.

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, 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.

8. **STATE RETIREMENT**

<http://www.peba.sc.gov/plans.html>

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.

9. **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.

10. IN-HOUSE ON-CALL MEALS

Policy: MUSC provides money for meals from the MUSC cafeteria, Subway, Chick-Fil-A, Baja Fresh, Pandini's, the Ashley River Tower Cafeteria, and all other MUSC Sodexo cafés while the resident is on-call within the Hospital.

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 \$15 per scheduled shift. Residents in departments with inpatient services scheduled for home-call shifts receive an additional \$2 per scheduled shift. Residents are only allowed to maintain a maximum balance of \$300.00 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.

In addition to the \$15 meal card supplement, residents working 24-hour in-house weekend call will also receive a \$15 weekend meal voucher.

Each resident will receive a voucher with his/her name on it. The voucher can only be used for delivery orders during the scheduled 24-hour in-house weekend call shift. Meal vouchers are only to be used on Friday nights, Saturdays, and Sundays and only with the vendors listed on the vouchers. Residents cannot tip with the vouchers nor can change be received. All vouchers must be used prior to the expiration date printed on the voucher. Any resident who misuses a 24-hour in-house weekend call voucher will be subject to disciplinary action by the Designated Institutional Official.

Employee Health

POLICY

1. Health assessment screenings, including a pre-employment drug test, are required of all new residents and shall be scheduled and completed prior to starting their program. Visiting residents are required to complete all health screenings except the drug screen test prior to starting their rotation(s).

Appointments for health screenings will be scheduled by the designated representative within each department. Confirmation that the employee has completed the health screening shall become a part of each resident's personnel record.

2. Tuberculin (TB) testing and evaluation or TB symptom updates will be done on all paid and non-paid employees who have the potential for exposure to M. tuberculosis. Each employee will be assigned a level of TB risk and corresponding testing intervals. Frequency of TB testing is dependent upon each employee's work environment (Level 1 = Annual testing, Level 2 = Every 6 months testing for high risk areas, Level 3 = Every three months post exposure follow-up, Level 4 = Every two years for employees not working or frequenting hospital facilities, i.e. business offices off campus).
3. 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.

Call Employee Health Services at (843) 792-2991 (Hours are Monday through Friday from 7:00 am to 4:00 pm) to schedule your urine drug screening test. Please note the following:

- Appointments are scheduled between 7:00 am and 1:15 pm ONLY.
 - Bring a government-issued picture ID (ex. Driver's License, Military ID or Passport)
 - 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. Plan accordingly and allow plenty of time for your appointment as you may be occupied for up to three hours.
 - Drug screen results are typically received within two business days. However, depending on the outcome, results may be delayed for one week or longer.
4. Residents with job related injuries will be treated by Medical University Employee Health Services. Worker's Compensation Reports for job related injuries must be completed by the Program Director.

PROCEDURE

1. 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 and signed by the Program Director (Please refer to the Workers' Compensation Policy #27 in the MUSC Human Resources Policy Manual). The resident should then report to Medical University Employee Health Services (57 Bee Street) if the incident occurs Monday-Friday 7:00 a.m. - 5:00 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 within two hours so that the appropriate medical attention can be administered.**

2. 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. Medical University 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 request 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. Memberships 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 funded by the GME Office. After the first year, each resident will be provided with one new lab coat at the beginning of each new year of training. The GME Office will not provide new lab coats 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 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.

The GME Office will reimburse the departments if both, proof of payment and a list of residents receiving the lab coats, are submitted.

Note: Pediatric Dentistry and Oral Surgery residents contracted through the GME Office also receive this benefit.

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 7

<https://sitecore.horseshoe.musc.edu//university/finance/policies/travel>.

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 – Submit receipt for reimbursement 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 \$32/day (\$7 breakfast, \$9 lunch, \$16 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 12 (<http://horseshoe.musc.edu/~media/files/hr-files/univ-files/policies/policy12.pdf?la=en>).

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) <http://carcweb.musc.edu/mdm/ios.html> 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 <http://horseshoe.musc.edu/everyone/communications/ccs/spok-mobile>.

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 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 them 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
 2. If the resident would like to take over ownership of the number and responsibility of billing:

- a. Contact Information Solutions University Communications (2-4040) at least two weeks prior to leaving to make arrangements.
 - b. 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.
3. 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).

Workers' Compensation Policy

<https://horseshoe.musc.edu/~media/files/hr-files/univ-files/policies/policy27.pdf?la=en>

Workers' Compensation Form

<https://www.carc.musc.edu/acord/>

MUSC GME FORMS

Resident Agreements

<https://medicine.musc.edu/education/gme/residents-and-fellows/agreements>

Evaluation Forms

<https://medicine.musc.edu/education/gme/residents-and-fellows/forms>

Forms

<https://medicine.musc.edu/education/gme/residents-and-fellows/forms>

Scopes of Practice

<https://medicine.musc.edu/education/gme/residents-and-fellows/scope-of-practice>

Program Resources

<https://medicine.musc.edu/education/gme/program-resources>

MUSC POLICIES

<https://medicine.musc.edu/education/gme/residents-and-fellows/policies>