

NSU

Florida

Dr. Kiran C. Patel College
of Osteopathic Medicine

**NOVA SOUTHEASTERN
UNIVERSITY**

**GRADUATE MEDICAL EDUCATION (GME)
SPONSORING INSTITUTION HANDBOOK**

2023-24

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PURPOSE OF GRADUATE MEDICAL EDUCATION

“Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.”

Accreditation Counsel for Graduate Medical Education

The American Osteopathic Association (AOA) is organized to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession.

American Osteopathic Association

WELCOME TO KPCOM GRADUATE MEDICAL EDUCATION

Welcome to Graduate Medical Education at the Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (KPCOM). We are dedicated to the development of residents and fellows in their progression to become exceptional physicians, encompassing excellence in each of the core competencies.

The GME office assumes stewardship in creating a supportive and safe clinical learning environment that facilitates residents' professional, ethical, and personal development. The GME office ensures that each program, through curricula, evaluation, and resident supervision, provides a residency training that enables safe and appropriate patient care.

As the Assistant Dean for Graduate Medical Education and Clinical Education Development and Designated Institutional Official (DIO), I oversee all KPCOM GME activities. I am here to ensure that our programs meet and exceed the ACGME requirements for GME while fostering a supportive work and learning environment for faculty, staff, and trainees. My door and email inbox are always open to each of you. It is my sincere desire that we work together as a collegial team, supporting and challenging each other to do our best in the areas of graduate medical education and patient care.

If I can assist you in any way during your years of training at KPCOM, please do not hesitate to contact me at lesross@nova.edu.

Les Ross, Jr.

Les Ross, Ed.D., MHRD/MGT
Assistant Dean of Graduate Medical Education & Clinical Education Development
Designated Institutional Official (DIO)

HANDBOOK PURPOSE

The Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (KPCOM) Graduate Medical Education (GME) Manual is provided as a guide to and summary of the various policies, benefits, and services available and applicable to our GME Trainees (Residents and Fellows) as of the date published.

The policies, benefits, and services described in this guide may be changed or discontinued at any time, with or without additional notice. Trainees are encouraged to consult the various booklets, summaries, and governing documents as appropriate, and to contact the Office of Graduate Medical Education for more detailed and up-to-date descriptions when necessary.

Information contained in any handbook, guide, manual, or document prepared for or relating to GME Trainees is for informational purposes only and shall not be construed as a contract.

This manual is renewed on an annual basis and posted on the KPCOM GME website and in MedHub, KPCOM's resident management system. Each training program is required to maintain its own program manual (resident manual) covering items specific to that program based on specific program requirements and items common to all programs as illustrated in the ACGME Common Program Requirements. Programs are expected to have sections regarding expectations for residents and faculty to participate in Quality Improvement, Patient Safety, Moonlighting, Fatigue Mitigation, and Supervision to name a few. Should any residency manual items come into direct conflict with stated policies and guidelines of the GME manual or NSU Policy and Procedure, the Office of GME and NSU policies and guidelines will take precedence.

Should you have any questions or needs, do not hesitate to visit or contact the Office of GME. We are here to assist you and look forward to having you in our training programs.

GRADUATE MEDICAL EDUCATION DIRECTORY

Executive Administration:

Les Ross, Ed.D., MHRD/MGT
Assistant Dean of Graduate Medical Education and Clinical Education Development
Designated Institutional Official (DIO)
Assistant Professor
E-Mail: lesross@nova.edu
Phone: 813-574-5321

Office of Graduate Medical Education Personnel:

Tamera Vickerson, Ph.D., M.A.
Director of Graduate Medical Education - Tampa Bay Regional Campus
E-Mail: tvickers@nova.edu
Phone: 813-574-5270

Kristopher Lalji, M.A.
Administrative Coordinator II
E-Mail: kl437@nova.edu
Phone: 954-262-1547

Vacant
Administrative Coordinator III
E-Mail:
Phone: 813-574-

Justin Sowards
Instructional Technology Specialist I
E-Mail: jsowards@nova.edu
Phone: 954-262-1459

Graduate Medical Education Program Managers & Program Coordinators:

Pamela Zerblas
Program Manager – Residency Programs
E-Mail: Pamela.Zerblas@va.gov; pzerblas@nova.edu
Phone: 407-496-7810 (office); 352-223-8948 (cell)

Aubrey Zakshevsky, MBA
Program Coordinator – Evara Family Medicine Residency
E-Mail: apaffenr@nova.edu
Phone: 813-574-5294

Nicole DeKorte
Program Coordinator – Bay Pines Psychiatry Residency
Program
E-Mail: ndekorte@nova.edu
Phone: 813-574-5277

Graduate Medical Education Program Directors and Associate Program Directors:

ACGME Accredited Sponsored Programs:

Jose Torres-Miranda, M.D.
Psychiatry Residency Program Director – Orlando
E-Mail: Jose.Torres-Miranda@va.gov
Phone: 407-242-0732 (office); 407-639-2497 (cell)

Laura Sunn, M.D.
Psychiatry Residency Program Director – Bay Pines
Email: Laura.Sunn@va.gov
Phone: 262-914-1813

Sunil Bhairo, D.O.
Psychiatry Residency Co-Associate Program Director - Bay Pines
Email: Sunil.Bhairo@va.gov
Phone: 727-398-6661

Seth Ahrendt, M.D.
Psychiatry Residency Co-Associate Program Director - Bay Pines
Email: Seth.Ahrendt@va.gov
Phone: 727-398-6661

Carlos Rodriguez, M.D.
Family Medicine Residency Program Director – Evara Health
Email: cbrrodriguez@hcnetwork.org

Unaccredited Sponsored Programs:

Shahnaz Fatteh, D.O.
Allergy/Immunology/Rheumatology Fellowship Program Director
E-Mail: sfateh@nova.edu
Phone: 954-723-0334

Edward Geihler, M.D.
Urology and Sexual Medicine Fellowship Program Director
E-Mail: egurology@gmail.com
Phone: 305-822-7227

John May, M.D.
Correctional Medicine Fellowship Program Director
E-Mail: jmay@teamcenturion.com
Phone: 954-298-1292

Alessandra Posey, D.O.
Sports Medicine Fellowship Program Director
Mail: adl555@nova.edu
Phone: 954-262-5592

Irma Rey, M.D.
Environmental Medicine Fellowship Program Director
E-Mail: irey1@nova.edu
Phone: 954-262-2854

SECTION 1: INSTITUTIONAL GME POLICIES AND ORGANIZATIONS

GMEC: COMPOSITION, MISSION & RESPONSIBILITIES

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements I.B. Graduate Medical Education Committee, including:*

I.B.1. Membership

I.B.2. Additional GMEC Members and Subcommittees

I.B.3. Meetings and Attendance

I.B.4. Responsibilities

I.B.5. Oversight of the Sponsoring Institution through an Annual Institutional Review

I.B.6. GMEC oversight of Underperforming Programs through a Special Review Process

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

ACGME requires every Sponsoring Institution to identify a Designated Institutional Official who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

POLICY:

In accordance with ACGME Institutional Requirements, KPCOM's Graduate Medical Education Committee (GMEC) must have oversight of all accredited programs sponsored by the institution, to ensure the highest quality education to residents in training.

The following procedure outlines the membership and oversight responsibilities of the GMEC:

GMEC MEMBERSHIP and SUBCOMMITTEES:

The GMEC consists of, at minimum, the following voting members:

1. The Designated Institutional Official (DIO)
2. A Program Director of each accredited program or designee
3. A Core Faculty Member from each accredited Program or designee
4. Two (2) Peer-Selected Residents from among ACGME-accredited programs
5. A Quality Improvement or Patient Safety Officer or designee

The DIO may identify additional members, in accordance with ACGME requirements.

Ex officio (non-voting) members: KPCOM GME Administrative Staff and Program Coordinators.

The DIO chairs the GMEC.

The peer-selected residents are identified annually at a regularly scheduled Resident Forum Meeting, typically either June or July. Only the residents may be present during the time of selection. There is no limitation or stipulation from either the program or institution as to who the residents may select as their representatives to the GMEC. Peer-selected residents will serve a one-year term but may be re-selected by their peers for the following academic year(s).

Any resident or fellow may attend the GMEC meeting to present ideas and concerns after notifying the GME Office to provide time on the agenda. These additional residents and other occasional invited guests are not voting members; however, they are expected and encouraged to discuss fully their areas of concern.

All sub-committees of the GMEC must have peer-selected residents/fellows as members. They must report to the GMEC according to a schedule established by the GMEC.

GMEC ORGANIZATION/MEETING TIMES:

The GMEC meets monthly on the 2nd Thursday of the month at 10:00am.

All members of the committee may recommend agenda items and may attend the meeting. Agenda items should be sent to the DIO at least five (5) business days prior to the next regularly scheduled committee meeting for inclusion on the agenda.

Minutes are kept for all GMEC meetings with annotations denoting ACGME-required GMEC functions and responsibilities. Prior to each meeting, the minutes of the prior meeting, the agenda for the upcoming meeting, along with associated reports and other documents, are sent electronically for review by members of the GMEC prior to the scheduled meeting. Confidential matters related to promotion, dismissal or disciplinary action are redacted as appropriate.

GMEC ATTENDANCE:

Faculty members and residents/fellows are expected to attend GMEC meetings as assigned. A quorum is established when at least the following are present:

1. DIO or designee
2. Majority of Program Directors or designees
3. One (1) resident/fellow member
4. A QI Officer or designee

Members are encouraged to send an approved alternate if unable to attend.

GMEC RESPONSIBILITIES:

A. GMEC oversees:

1. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs;
2. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME- accredited programs, and its participating sites;
3. The quality of educational experiences in each ACGME- accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements;
4. The ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies);
5. ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
6. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,

7. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

B. GMEC reviews and approves:

1. Institutional GME policies and procedures, including the following required policies:
 - a. Accommodations for Disabilities (IR IV.I.4.)
 - b. Annual Institutional Review (AIR) (IR I.B.5.)
 - c. Resident Fatigue Management and Mitigation (IR III.B.5.)
 - d. Closure and Reduction (IR IV.O.)
 - e. Discrimination (IR IV.I.5.)
 - f. GMEC Responsibilities (IR I.B.4.)
 - g. Due Process/Appeals (IR IV.E.)
 - h. Grievance (IR IV.E.)
 - i. Harassment (IR IV.I.3.)
 - j. Clinical and Educational Work Hours (IR IV.K)
 - k. Moonlighting (IR IV.K.1.)
 - l. Non-Compete (IR IV.M.)
 - m. Patient Safety (IR III.B.1.)
 - n. Physician Impairment (IR IV.I.2.)
 - o. Professionalism (IR III.B.6.)
 - p. Protocols for Special Review (IR I.B.6)
 - q. Promotion, Appointment Renewal and Dismissal (IR IV.D.)
 - r. Quality Improvement / Patient Safety (IR III.B.2.)
 - s. Recruitment and Selection (IR IV.B.)
 - t. Resident Contract / Insurance and Prof Liability Policy (IR IV.F. / IV.G / IV.C.)
 - u. Well-Being/Counseling Services (IR III.B.7.)
 - v. Substantial Changes in Patient Care or Education (Disaster) (IR IV.N.)
 - w. Supervision and Accountability (IR III.B.4; IV.J.)
 - x. Transitions of Care (IR III.B.3.)
 - y. Vacation and Leaves of Absence (IR IV.H.)
 - z. Vendors (IV.L.)
2. GMEC subcommittee actions that address required GMEC responsibilities;
3. Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
4. Applications for ACGME accreditation of new programs;
5. Requests for permanent changes in resident/fellow complement;
6. Major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
7. Additions and deletions of each of its ACGME-accredited programs' participating sites;
8. Appointment of new program directors;
9. Progress reports requested by a Review Committee;
10. Responses to Clinical Learning Environment Review (CLER) reports;
11. Requests for exceptions to clinical and educational work hour requirements;
12. Voluntary withdrawal of ACGME program accreditation or recognition;
13. Requests for appeal of an adverse action by a Review Committee; and,
14. Appeal presentations to an ACGME Appeals Panel; and,
15. Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements. (Core)

C. GMEC oversees the Annual Institutional Review (AIR):

1. The GMEC identifies institutional performance indicators for the AIR which include, at minimum:
 - a. The most recent ACGME institutional letter of notification;
 - b. Results of ACGME surveys of residents/fellows and core faculty members; and
 - c. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. The AIR must include monitoring procedures for action plans resulting from the review.
2. The DIO must submit a written annual executive summary of the AIR to the Governing Body.

D. GMEC oversees underperforming programs through a Special Review process:

1. The Special Review process includes a protocol that:
 - a. establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and,
 - b. results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

GMEC REPORTS:

The DIO provides an annual written and verbal report on all activities of the GMEC to the Dean of the NSU Dr. Kiran C. Patel College of Osteopathic and an annual written executive summary of the AIR report to the Dean of the NSU Dr. Kiran C. Patel College of Osteopathic, to the NSU President, and to the NSU Board of Trustees.

Approved by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

PROGRAM EVALUATION, IMPROVEMENT, AND ANNUAL PROGRAM REPORTS

PURPOSE:

The educational effectiveness of the residency experience must be evaluated annually in a systematic manner that includes input from residents and faculty. The purpose of this policy is three-fold.

1. This policy addresses the Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement*

I.B.4.a).(4) regarding the GMEC oversight of the ACGME accredited programs annual evaluation and Self-Study(ies).
2. This policy addresses ACGME *Common Program Requirements V.C. Program Evaluation Improvement*

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
3. This policy addresses the ACGME *Common Program Requirement of V.A.3.b) The Clinical Competency Committee must:*

V.A.3.b).(1) review all resident evaluations at least semi- annually;

V.A.3.b).(2) determine each resident's progress on achievement of the specialty- specific Milestones; and,

V.A.3.b).(3) meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

BACKGROUND:

In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee (PEC) utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims, including input from the program's Clinical Competency Committee.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

PROGRAM EVALUATION COMMITTEE PROCEDURE:

The goal of the PEC is to oversee curriculum development and program evaluations for the residency program. The PEC will be appointed by the Program Director who will serve as the committee Chair. The PEC is composed of the site director from each training site, or designee, and one resident from each of the program's training years chosen by peers in the program.

The responsibilities of the PEC include:

1. Acting as an advisor to the program director, through program oversight;
2. Review of the program's self-determined goals and progress toward meeting them;
3. Guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
4. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

To fulfil these responsibilities, the PEC should consider the following elements in its assessment of the program:

1. Curriculum;
2. Outcomes from prior Annual Program Evaluation(s);
3. ACGME letters of notification, including citations, areas for improvement, and comments; (Core)
4. Quality and safety of patient care; (Core)
5. Aggregate resident and faculty:
 - a) well-being;
 - b) recruitment and retention;
 - c) workforce diversity;
 - d) engagement in quality improvement and patient safety;
 - e) scholarly activity;
 - f) ACGME Resident and Faculty Surveys; and,
 - g) written evaluations of the program.
6. Aggregate resident:
 - a) achievement of the Milestones;

- b) in-training examinations (where applicable);
 - c) board pass and certification rates; and,
 - d) graduate performance.
7. Aggregate faculty:
 6. a) evaluation; and,
 - b) professional development.

Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually and the program must use the results of residents' assessments of the program together with other program evaluation results to improve the program. The Program Director is ultimately responsible for the work of the PEC and will ensure that the annual action plan is reviewed by the program's teaching faculty. This approval will be documented in meeting minutes. The Program Director must indicate to the DIO any deficiencies that require additional resources for resolution.

The program's annual action plan and report on the program's progress on initiatives from the previous year's action plan will be sent to the DIO for review by the Graduate Medical Education Committee.

CLINICAL COMPETENCY COMMITTEE INPUT:

Assessment by a consensus of a diverse group of faculty reinforces when a resident is performing well and identifies areas of concern for a resident experiencing difficulties. The Clinical Competency Committee (CCC) will provide input to the program evaluation process regarding resident performance since this allows departments to identify weaknesses in their educational curriculum, rotation schedules, and supervision. The CCC should inform, where appropriate, the PEC of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for residents to progress in each of the milestones. The CCC is also responsible for providing feedback to the Program Director on the timeliness and quality of faculty's documented evaluations of residents, in order to identify opportunities for faculty training and development and to review all other evaluation tools used by the program to ensure their adequacy.

Initial Approved by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
Reviewed and Approved by GMEC on April 8, 2021
Reviewed and Approved by GMEC on April 13, 2023

ANNUAL INSTITUTIONAL REVIEW

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements I.B.5 GMEC oversight of the Sponsoring Institution:*

I.B.5 The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)

I.B.5.a).(1) the most recent ACGME institutional letter of notification;

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Core)

I.B.5.a).(3) each of its ACGME-accredited programs’ ACGME accreditation information, including accreditation and recognition statuses and citations. (Core)

I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution’s Governing Body. The written executive summary must include: (Core)

I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)

I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

ACGME requires every Sponsoring Institution to identify a Designated Institutional Official who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution’s ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

POLICY:

In accordance with ACGME Institutional Requirements, KPCOM’s Graduate Medical Education Committee (GMEC) must have oversight of all accredited programs sponsored by the institution, to ensure the highest quality education to residents in training. Meeting minutes must be maintained that document execution of all required GMEC functions and responsibilities.

The Annual Institutional Review will include, at a minimum:

1. The most recent ACGME institutional letter of notification; (I.B.5.a).(1))
2. Results of ACGME surveys of residents/fellows and core faculty members (I.B.5.a).(2))
3. Each of its ACGME-accredited programs’ ACGME accreditation information, including accreditation and recognition statuses and citations. (I.B.5.a).(3))

The following chart identifies complete list of Performance Indicators and criteria for scoring each indicator that will be used for the 2022-23 Annual Institutional Review:

Indicators	Green (favorable)	Yellow	Red (warning)
Accreditation status	Continued	Warning or Initial	Probation
Citations	None or all resolved	1-3 new/minor or 1-2 unresolved/major	>3 new/minor or >2 unresolved/major
Last CGMEC review	No concerns	Minor concerns, focused special review	Special review
ACGME resident survey	0-1 domains noncompliant	Negative trends/multiple noncompliant	Major noncompliance or trends
Residents opinion From ACGME survey	≥80% positive and ≤10% negative	≥50% positive, ≤20% negative	<50% positive, >20% negative

Case logs/clinical resources	No concerns	Minor concerns, 1-2 residents	Significant deficits
Duty hours/supervision	Compliant, No issues	Minor issues	Major issues
Milestones	Orderly trends	Minor concerns	Major concerns or data missing
Scholarly, residents	Meets, no citations	Concerns	Citation or letter
Board performance	Meets RRC pass rate	Minor deficit few years, or improving trend	Ongoing pass rate issue
Resident attrition	<5% last 3 years	5-10% last 3 years	>10% last 3 years
ACGME faculty survey	0-1 domains noncompliant	Negative trends/multiple noncompliant	Major noncompliance or trends
Scholarly, faculty	Meets, no citations	Concerns	Citation or letter
Stability (PD=Program Director)	No PD turnover, <20% core attrition, turnover	1 PD turnover, 20-30% core turnover, attrition	>1 PD turnover, >30% core turnover, attrition
Faculty development, participation	All program directors & Core faculty compliant	Few core faculty noncompliant	Significant noncompliance
Faculty #, certification	No concerns	Deficits 1-2 faculty	Deficits>2 faculty
QI/Safety participation	>80% PGY3+ residents	≥50% PGY3+ residents	<50% PGY3+ residents

The Graduate Medical Education Committee (GMEC) will review the rating of each performance indicator. Action plans and performance monitoring procedures will be developed for any/all indicators at the “red/warning” level. The GMEC may determine that action plans and performance monitoring procedures are also warranted for items at the “yellow” level on an individual basis.

The DIO will annually provide a written Executive Summary of the Annual Institutional Review to the governing body.

Initial Approval by GMEC on January 2, 2019

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

SPECIAL REVIEW PROTOCOL

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements I.B.6. Special Review Protocol:*

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)

I.B.6.a)The Special Review process must include a protocol that: (Core)

I.B.6.a).(1)establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies;

and, (Core)

I.B.6.a).(2)results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.(Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

PROCEDURE:

The GMEC will identify underperformance through the following established criteria, which must include, but are not limited to, the following:

Inability to meet established ACGME common and program specific requirements

1. Program accreditation Status of Initial Accreditation with Warning.
2. Program accreditation Status of Continued Accreditation with Warning
3. Adverse accreditation statuses as described by ACGME policies

Additionally, the GMEC will examine the following criteria on an annual basis to further identify program underperformance:

Program attrition

1. Greater than one resident/fellow per year resident attrition (includes withdrawal, transfer, or dismissal, does not include transfer to an advanced program/fellowship).

Loss of major education necessities

1. Consistent incomplete resident complement, or
2. Major program structural change.

Recruitment performance

1. Unfilled positions over three years.

Board pass rate

1. Downward trend in board passage rate, or
2. Unacceptable by ACGME specialty standards.

Case logs/Clinical experience

1. Unacceptable by ACGME specialty-specific standards.

Resident Survey

1. Compliance below the national average for any aspect of clinical and educational work hour rules.
2. Two or more categories, other than clinical and educational work hours, greater than 0.5 points below the National Average.
3. Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year.

Faculty Survey

1. Minimum of 70% completion rate.
2. Two or more of the categories greater than 0.5 points below the National Average.

Non-compliance with responsibilities

1. Failure to submit milestones data to the ACGME and to the GMEC.
2. Failure to submit data to requesting organizations or GMEC (ACGME/ABMS).

Inability to meet established ACGME common and program specific requirements notification from RRC

1. Requests for progress reports and site visits.
2. Unresolved citations or new citations.
3. Other actions by the ACGME resulting from annual data review or other actions.

SPECIAL REVIEW:

The GMEC will discuss whether a residency/fellowship program is underperforming and thereby subject to special review. If so determined, the DIO/GMEC must initiate a special review within 30 days of a program being identified as underperforming.

The special review will be conducted by a Special Review Committee (SRC). The SRC will include, at minimum, the DIO, an administrative member of the GMEC, a faculty member and resident from the GMEC – though not from the program under review. Additional members may be included on the SRC as determined by the DIO/GMEC. The DIO will chair the SRC.

The SRC will determine materials and data to be used during the Special Review. At minimum, the materials are to include:

1. The ACGME common, specialty, subspecialty-specific program, and Institutional Requirements in effect at the time of the review,
2. Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC,
3. Previous Annual Program Evaluations (APE),
4. Results from ACGME faculty and resident surveys, and
5. Any other materials the SRC considers necessary and appropriate.

The SRC will conduct interviews with the Program Director, key faculty members, at least one peer selected resident(s) from each PGY level of training in the program, and other individuals deemed appropriate by the committee.

The SRC will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns
2. A description of the corrective actions to address identified concerns
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

Monitoring of Outcomes

The DIO, in conjunction with the GMEC, will monitor outcomes of the Special Review. The subject program will provide, at minimum, quarterly progress reports to the GMEC until the deficiency is deemed fully remediated by the DIO/GMEC.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON ACGME COMMUNICATIONS

The Office of Graduate Medical Education encourages program directors to interact with their respective specialty-specific RRC for matters of guidance and advice as it pertains to their compliance with the Common and Program-specific ACGME regulations, except as noted below.

- A. The Associate Dean of GME and subsequently, the GMEC, must approve all communications with the ACGME that involve the following, prior to their submission.
 - 1. All applications for ACGME accreditation of new programs
 - 2. Changes in resident complement
 - 3. Major changes in program structure or length of training
 - 4. Additions and deletions of participating sites
 - 5. Appointments of new program directors
 - 6. Progress reports requested by any Review Committee
 - 7. Responses to all proposed adverse actions
 - 8. Requests for exceptions of resident duty hours
 - 9. Voluntary withdrawal of program accreditation
 - 10. Requests for an appeal of an adverse action
 - 11. Appeal presentations to a Board of Appeal or the ACGME
 - 12. All requests for experimentation/innovation as it regards exceptions to the ACGME Common and Specialty-specific requirements.

- B. The Associate Dean of GME must receive all program information forms (PIF's) one month prior to submission to the ACGME.

Approved by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON PROGRAM CLOSURES AND REDUCTIONS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.O. Closures and Reductions*.

The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following:

IV.O.1. The Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and (Core)

IV.O.2. The Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME accredited program(s) in which they can continue their education. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary*

of Terms dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The ACGME Institutional Requirements require the sponsoring institution to have written policy that addresses a reduction in size or closure of a residency program or closure of the institution. This process needs to be done in a way that minimizes the impact on trainees.

POLICY:

Nova Southeastern University, as the Sponsoring Institution, through the Designated Institutional Official (DIO), will inform the Graduate Medical Education Committee, Program Directors, Graduate Medical Education staff, and residents as soon as time permits of any intention to reduce or close a residency program OR if the University Board of Trustees determines that the Sponsoring Institution will close.

Every effort will be made to allow residents currently in the program to complete their education or assist the residents in enrolling in a different Accreditation Council for Graduate Medical Education (ACGME) program in which they can continue their education.

Once the determination is made to reduce or close the residency program, the Sponsoring Institution must notify the Accreditation Council for Graduate Medical Education (ACGME), and the National Residency Match Program (NRMP). The Sponsoring Institution must inform these entities of the method in which the institution will assist the residents in securing a position in another accredited program. Failure to notify these entities will be viewed as an egregious violation.

PROCEDURE:

- A. If the institution intends to reduce the size of a residency program or close a residency program, or if the University Board of Trustees determines that the institution will close, the DIO will inform the GMEC and trainees as soon as time permits and no longer than two days after the DIO is notified of the closure or reduction decision.
- B. Every effort will be made to permit trainees to finish their program with NSU during a “train out” process. Only when absolutely necessary will residents already in NSU programs be transferred to programs at other institutions to complete their training.
- C. Administrative assistance will be provided to assist residents in finding a new position for a minimum of ninety (90) days from trainee notification of program closure or reduction.
- D. Monetary relocation assistance, up to \$1000 per resident based on submitted expense receipts, will be provided to assist residents who are unable to relocate to a new position within 100 miles of the closing program site.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON SUBSTANTIAL DISRUPTIONS IN PATIENT CARE OR EDUCATION

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.N. Substantial Disruptions in Patient Care or Education*:

The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial interruption in patient care or education.

IV.N.1. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The State of Florida is uniquely at risk for natural disasters such as hurricanes and tropical storms. The goal of emergency management at NSU is to ensure that all programs, including Graduate Medical Education programs, are prepared to respond to, recover from, and mitigate the impact of any emergency or disaster.

POLICY:

The policies and procedures specified below are intended to complement and coincide with all existing disaster plans at NSU:

- NSU Comprehensive Emergency Plan – found at: [Public Safety Information](#)
- NSU Emergency Notification System – found at: [Emergency Notification System](#)
- NSU Compensation Practice for University Closures – found at: nova.edu/portal/hr/policies/closure-compensation.html (must log in to the NSU employee portal to access)
- NSU University Closures – found at: [Hurricane Preparation Resources](#)

The NSU Office of Graduate Medical Education has adopted the following policy to define the basic procedures and assigned responsibilities to efficiently and effectively reconstitute and restructure resident training experiences in the event of a disaster.

- A. Responsibilities of the Designated Institutional Official (DIO):
 1. The DIO will have primary responsibility as liaison between the university, training programs and ACGME.
 2. The DIO will coordinate with the NSU Human Resources and Finance departments to ensure that information is provided to residents about assistance for continuation of salary and benefits.
- B. Responsibilities of the Program Directors:
 1. Program Directors will be responsible for ensuring that all hospital or site specific disaster/emergency management policies are communicated to trainees annually.
 2. Program Directors will be responsible for verifying the health and safety of all trainees in their program, in accordance with hospital or site specific emergency management policies and relay this information to the DIO.
 3. Program Director will coordinate all resident clinical and educational activities during the emergency.
 4. Program Directors will coordinate with the training sites to ensure patient care is maintained.
 5. Program Directors will notify the DIO of any clinical and educational work hours exceptions

that occur just prior, during and immediately after a disaster situation.

6. If needed, Program Directors, with assistance from the DIO, will arrange temporary transfers to other institutions until the original training site is able to resume providing an adequate educational experience. Program directors will make their best efforts to ensure that each transferred trainee receives a quality educational experience at their new training site. The program director will regularly confer with the trainees and program director(s) at the site to make sure that educational needs are being met.

C. Responsibilities of the Trainees:

1. Trainees may need to stay at the hospital to ensure patient care is maintained.
2. Trainees should contact their Program Director, Supervising Faculty or Chief Residents for information regarding emergency coverage.
3. Duty hours and fatigue will be monitored in such situations. However, trainees may be required to stay in the hospital beyond their duty hour limit to maintain patient care or because it is unsafe to travel outside of the hospital.

PROCEDURE (if a disaster disrupts training at a site):

Refer to the NSU and hospital or training site-specific Emergency Management plans.

A. Designated Institutional Officer:

1. The DIO, or another credible source, will immediately notify the ACGME of the occurrence of a disaster at a training site. Upon notification from the DIO or another credible source, the ACGME Chief Executive Officer will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the disaster.
2. The DIO will convene the Graduate Medical Education Committee (GMEC) as soon as is safely possible and other appropriate institutional leadership in order to ascertain the status and operating capabilities of all training programs. In the event that training facilities are damaged and unable to continue operations, the GMEC will make a recommendation as to continuation of training.
3. Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss the due dates that the ACGME will establish for programs to:
 - a. Submit program reconfigurations to the ACGME; and
 - b. Inform each trainee of any transfer decisions.The due dates for submission shall be no later than thirty days after the disaster unless otherwise approved by the ACGME.
4. The DIO may contact the Executive Director of the ACGME Institutional Review Committee with information and/or requests for information.

B. Program Directors:

1. Will assist trainees in obtaining permanent transfers to other institutions, if needed, in order to continue and complete their training.
2. If a transfer to another institution is necessary and if more than one institution is available, the Program Director will consider the educational needs and preferences of each trainee and make their best efforts to find an appropriate training site. Programs must make these transfer decisions expeditiously so as to maximize the likelihood that each trainee will finish their training in a timely fashion.
3. At the outset of a temporary resident transfer, the program must inform each transferred trainee of the minimum duration and the estimated actual duration of their temporary transfer and continue to keep each trainee informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a training year, it must so inform each such transferred trainee. Transferred trainees will be allowed to return as soon as the

- institution is operational, or they may stay at the transferred institution for a reasonable length of time in order to maintain a continuum of their education.
4. The Program Director should call or email the appropriate Review Committee Executive Director with information and/or requests.
- C. Trainees:
1. Trainees should contact their program director as soon as reasonably possible to verify their safety, current/anticipated location, and any changes to their contact information.
 2. Trainees shall follow hospital and departmental protocols to ensure that adequate provisions are made for patient care.
 3. All transferred trainees should refer to instructions on the ACGME Web Accreditation System to change trainee email information.

Initial Approval by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
Reviewed and Approved by GMEC on April 8, 2021
Reviewed and Approved by GMEC on April 13, 2023

SECTION 2: RESIDENT APPOINTMENT

POLICY ON ELECTRONIC OR WRITTEN INFORMATION PROVIDED TO APPLICANTS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.B.3*:

An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointments.

IV.B.3.a). Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The ACGME and the NRMP require that applicants for residency positions through the NRMP who are invited to interview must be given complete and accurate information regarding the policies and procedures governing their training programs.

POLICY:

Any applicant invited to interview for a resident/fellow position will be informed, in writing or by electronic means, of the terms, conditions and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his/her eventual appointment.

Information that is provided must include:

- a sample contract
- financial support
- vacations, parental, sick and other leaves of absence
- professional liability
- hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.

PROCEDURE:

It is the responsibility of the DIO to ensure that all required information is updated and approved by the GMEC prior to the beginning of the interview season. The Office of GME will ensure that each applicant invited to interview will be supplied with all necessary information as required by the ACGME Institutional, Common, and Program requirements.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on January 2, 2019

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON QUALIFICATION OF APPLICANTS**PURPOSE:**

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.B. Resident/Fellow Appointments:*

IV.B.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. (Core)

IV.B.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program. (Core)

IV.B.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, (Core)

IV.B.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, (Core)

IV.B.2.c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:(Core)

IV.B.2.c).(1) holds a currently-valid certificate from the Educational Commission for Foreign

Medical Graduates prior to appointment; or, (Core)

IV.B.2.c).(2) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Resident/Fellow physicians must meet certain qualifications for participation and appointment in the accredited residency/fellowship programs at NSU. These qualifications include the accreditation of the medical school, medical licensure, speaking skills, and medical licensing examinations.

POLICY:

Resident/Fellow applicants must meet the following qualifications for appointment to an ACGME-accredited residency program:

- A. Graduation from an accredited and acceptable medical school (MD or DO), as outlined by the Florida Board of Medicine or the Florida Board of Osteopathic Medicine. If graduation is from an acceptable medical school outside the United States or Canada resident must have the following:
 1. a current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
 2. a full, unrestricted license to practice medicine in the State of Florida.
- B. The Office of Graduate Medical Education reserves the right to reject any candidate at the point it is determined that they have matriculated from an unacceptable medical school.
- C. Meet the requirements set by the Florida Board of Medicine or Florida Board of Osteopathic Medicine for Initial Licensing of Resident Physicians, Interns, Fellows, and House Physicians.
- D. Evidence of passing COMLEX Level 1 and 2/USMLE Step I and II. Fellowship program applicants must provide evidence that they successfully passed COMLEX Level 3/USMLE Step III.
- E. Ability to demonstrate spoken, auditory, reading, and writing proficiency in the English language.
- F. Be able to meet with or without reasonable accommodation, all duties and responsibilities as described in our policy and procedure manual.
- G. Proof of legal employment status (i.e., birth certificate, passport, naturalization papers, valid visa, etc.).

Some program requirements stipulate further qualifications that must be met for eligibility to an ACGME-accredited program at NSU. Additionally, some programs may have more stringent qualification requirements as specified in their individual program manuals.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON RECRUITMENT AND SELECTION OF RESIDENTS AND FELLOWS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.B.1. Residents/Fellows Appointments*:

The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Resident/Fellow physicians must meet certain qualifications for participation and appointment in the accredited residency/fellowship programs at NSU. These qualifications include the graduation from an accreditation of the medical school, medical licensure, speaking skills, and medical licensing examinations.

POLICY:

- A. Eligibility – See Qualifications/Eligibility of Applicants Policy.
- B. Application
Application is the first step in the process of joining an NSU residency/fellowship program. Residency and fellowship programs at NSU participate in the Electronic Residency Application Service (ERAS).
- C. Resident Selection
 1. Programs will select residents from among eligible candidates based on residency-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
 2. Program Directors must have their residency-specific criteria approved annually by the DIO and GMEC prior to the beginning of the interview process.
 3. Programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status as required by the ACGME.
 4. In keeping with NSU's Core Value of Diversity and the ACGME's effort to promote recruitment and retention of minorities underrepresented in medicine and medical leadership, programs must document and report to the GMEC their efforts to recruit and retain a diverse workforce.

PROCEDURE:

- A. Application

1. Only applicants who meet the Eligibility requirements for the specialty program that that they are applying for will be considered.
2. Applicants must use ERAS to submit supporting credentials directly to the program director. These include:
 - a. Application form
 - b. Letters of recommendation
 - c. Medical school performance evaluation / Dean's letter
 - d. Medical school transcript
 - e. Personal statement
 - f. USMLE or COMLEX transcript
 - g. ECFMG status report (for graduates of foreign medical schools)

B. Interviews

1. Only applicants who have submitted all of the required credentials and documents will be invited for interviews.
2. During the interview, the applicant may be asked to complete a writing exercise that will provide information on the applicant's writing skills, including ability to organize information, content development and grammatical skills.

C. Resident/Fellow Selection

In selecting from among qualified candidates seeking an initial Graduate Medical Education position, or a position in an advanced Graduate Medical Education program that participates in one of the "specialty" matching programs, the programs will participate in and abide by the rules and regulations established by the National Resident Matching Program and/or the applicable specialty-matching program.

Applicants must submit all required documentation to the NSU Office of GME prior to the start of residency/fellowship training. Any delays in information submission may result in a delay of the resident's start date or retraction of the offered position.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Review and Approval by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON ACCOMMODATIONS FOR DISABILITIES

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.I.4. Accommodation for Disabilities*:

The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medication Education* last updated April 4, 2019.

POLICY:

Nova Southeastern University, and the Office of Graduate Medical Education, is committed to a policy ensuring persons with disabilities are not unlawfully discriminated against and is committed to guaranteeing equal opportunity and equal access to all the rights and privileges enjoyed by those who are not disabled. Nova Southeastern University will comply with all provisions of the Americans with Disabilities Act of 1990 and will provide, upon request, reasonable accommodations to qualified individuals with a disability.

To access policy statements on these websites, log in to the NSU employee portal is required:

- NSU Employee Policy Manual – Americans with Disabilities Act of 1990 - found at: nova.edu/portal/hr/policies/ada.html
- NSU Employee Policy Manual – Disability Discrimination Grievance Policy - found at: nova.edu/portal/hr/policies/disability-discrimination.html
- NSU Employee Policy Manual – Equal Employment and Nondiscrimination Policies - found at: nova.edu/portal/hr/policies/equal-employment-nondiscrimination.html

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON FINANCIAL & RESOURCE SUPPORT OF RESIDENTS**PURPOSE:**

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement II.D. Resident Salary and Benefits*:

The Sponsoring Institution, in partnership with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s).

DEFINITIONS:

See the NSU *Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

POLICY:

NSU-KPCOM is committed to offering a competitive salary and benefits package to residents/fellows in keeping with the ACGME-accreditation requirements and the NSU Office of Human Resources.

Payment to residents shall be in accordance with University's regular payroll and expense reimbursement protocols.

Chief Resident Stipend: See 2023-24 Salary and Benefits.

Leave of Absence, Sick Leave, and Vacation (Paid Time Off – PTO):

See the Vacation and Leaves of Absence Policy in the KPCOM Graduate Medical Education Sponsoring Institution Handbook.

Malpractice:

See the Professional Liability Insurance Policy in the KPCOM Graduate Medical Education Sponsoring Institution Handbook.

The University shall, at its own expense, add the resident as a participant under the University's professional liability program, which shall provide a minimum of one million dollars per incident, three million dollars aggregate on an occurrence basis with no deductible by the resident.

Coverage shall not be available under the University's professional liability program for services performed by the resident outside of assigned Program activities (e.g., when the resident is moonlighting, no coverage is afforded under the University's professional liability program).

Employee Benefits:

The following benefits are available in accordance with current Personnel Policies of the University:

- Resident shall be eligible for Health, Dental, Vision, Group term life, Long-term and Short-term disability insurance, consistent with such benefits offered to University employees in the "faculty and senior administrators" job category.
- Resident shall be entitled to Sick Leave consistent with University Policy for "faculty and senior administrators" and subject to approval by Program Director.
- Resident shall be entitled to Vacation Leave consistent with University Policy for "faculty and senior administrators" and subject to approval by Program Director. See the Vacation and Leave of Absences Policy in the KPCOM Graduate Medical Education Manual and the NSU Employee Manual, available on-line, for additional information.
- Resident shall be entitled to Family Medical Leave consistent with University family leave policy for "faculty and senior administrators" and subject to approval by Program Director.

On-Call Rooms:

Resident will be entitled to utilize designated on-call rooms when on-call.

Meals:

Residents will have access to the cafeteria while on duty at the hospital.

White Coats:

Two (2) Lab coats will be provided during the PGY-1 year with up to one (1) additional coat during each of the PGY-2 year, PGY-3 year, and PGY-4 years, if requested.

Continuing Medical Education:

Residents are allotted CME Funds based on level of training (See 2023-24 Salary and Benefits) and up to five days (PTO) per academic year to cover air, travel, registration, and meals to attend professional conference and/or for educational expenses. Unspent monies do not carry forward to the following year.

Initial Approval by GMEC on April 20, 2019

Second Approval by GMEC on April 24, 2019

Reviewed and Approved by GMEC on March 11, 2021

Reviewed and Approved by GMEC on April 13, 2023

RESIDENT/FELLOW SALARY AND BENEFITS – ACADEMIC YEAR 2023-24

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements I.D. Resident Salary and Benefits:*

The Sponsoring Institution, in partnership with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s).

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

POLICY:

NSU-KPCOM is committed to offering a competitive salary and benefits package to residents/fellows in keeping with the ACGME-accreditation requirements and the NSU Office of Human Resources.

Resident Salary* (Effective Academic Year 2023-24):

PGY 1	\$59,638
PGY 2	\$61,911
PGY 3	\$64,183
PGY 4	\$66,749(Fellowship Year One)
PGY 5	\$69,419

*Salary amount represents a 4.5% increase from 2022-23.

Sports Medicine/Correctional Medicine Fellowship Salary (Effective Academic Year 2023-24):

Fellowship Year 1 \$66,749

Payment to residents/fellows shall be in accordance with University's regular payroll and expense reimbursement protocols.

Chief Resident Stipend: \$2,000 per contract year

Licensure & National Board Exam (COMLEX Level III or USMLE Step III) Cost Reimbursement:

Residents are reimbursed for the costs of the application and activation fees for Florida state medical licensure training permit (required of each resident to begin training).

Residents are also reimbursed for the testing fee and cost of one board examination – either the COMLEX Level 3 or the USMLE Step 3 – upon proof of passing score.

Leave of Absence, Sick Leave, and Vacation (Paid Time Off – PTO):

Residents/Fellows are allowed up to 27 days of leave time (including vacation, sick time, maternity/paternity leave, etc.) during each training year. An additional week away from training is allowed for approved Continuing Medical Education.

- Sick Leave – up to five days per year.
- Vacation/Personal Leave –
 - PGY1 residents are allowed up to 15 days of time away from training
 - PGY2 and above residents are allowed up to 22 days of time away from training
 - These days are advanced at the start of each July 1
- Continuing Medical Education Days – up to five per academic year.

Un-used days at the end of each year do not roll over to them next year.

Residents/Fellows are allowed up to an additional six weeks of time away from training for purposes of

parental, caregiver, and medical leave once during training, without exhausting all other allowed time away from training and without extending training. The program director and the program clinical competency committee will determine whether a given resident has met training requirements or must extend their period of training because of additional leave time.

Note: Some ACGME specialty-specific program accreditation requirements limit a resident's/fellow's time away from training. If the allotted time away from training is less than the number of NSU allowed vacation days, the residents/fellows will be limited to the time allotted by ACGME for accreditation purposes. This will be noted in the KPCOM program specific handbook.

Malpractice:

The University shall, at its own expense, add the resident/fellow as a participant under the University's professional liability program, which shall provide a minimum of one million dollars per incident, three million dollars aggregate on an occurrence basis with no deductible by the resident.

Coverage shall not be available under the University's professional liability program for services performed by the resident/fellow outside of assigned Program activities (e.g., when the resident/fellow is moonlighting, no coverage is afforded under the University's professional liability program).

Employee Benefits:

The following benefits are available to all residents/fellows in accordance with current Personnel Policies of the University:

- Access to Health Insurance, Dental Insurance, Vision Insurance and Flexible Spending Plans (HealthCare and Dependent Care) starting the 1st day of employment.
- Free Group Life Insurance and Long-term and Short-term disability after 3 months of employment with 100% of annual premium paid by NSU.
- Access to the NSU Employee Assistance Program, confidential counseling services, consistent with such benefits offered to university employees in the "faculty and senior administrators" job category.
- Participation in the NSU 401(k) Retirement Plans starting one-month after your date of hire. Eligible to receive the NSU 401(k) Match one-month following your one-year anniversary with NSU. NSU 401(k) Match ranges from 2% to 10% of the employee's salary based on employee's percent of contribution.

On-Call Rooms:

Resident/fellow will be entitled to utilize the designated on-call rooms provided by the training site when on-call.

Meals:

Residents will have access to the training site's cafeteria/food service while on duty.

White Coats:

Two (2) Lab coats will be provided during the first year of training with one (1) additional coat during each of the subsequent training years if requested.

Continuing Medical Education:

Residents/fellows are allotted funds every year to cover air/car travel, registration, and meals, and/or for books, board prep materials or other educational expenses and up to five days (PTO) per academic year to

attend professional conferences.

PGY 1 - up to \$1,000

PGY 2 – up to \$1,500

PGY 3 & 4 – up to \$2,000

Unspent monies do not carry forward to the following year.

Additional benefits may be available based on the training program and/or training location. These program-level benefits will be delineated in each Program Handbook.

Psychiatry Residency – Orlando: Each resident receives a VA laptop, VA cell phone, and FPS & APA membership.

Psychiatry Residency – Bay Pines: Each resident receives a VA laptop, and FPS & APA membership.

Reviewed and Approved by GMEC on March 11, 2021

Reviewed and Approved by GMEC on April 13, 2023

SECTION 3: RESIDENT WORK ENVIRONMENT AND POLICIES

POLICY ON CLINICAL AND EDUCATIONAL WORK HOURS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.K. Clinical and Educational Work Hours*:

The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

It is recognized that excessive numbers of hours worked by intern, resident and fellow physicians can lead to errors in judgment and clinical decision-making. This can have an impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. There will be a high degree of sensitivity to the physical and mental well-being of interns/residents/fellows and every attempt will be made to avoid scheduling excessive work hours leading to sleep deprivation. The following clinical and educational work hours apply to all interns/residents/fellows in all specialties.

POLICY:

The NSU policy is that trainee physician clinical and educational work hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Individual Specialty Review Committees may impose stricter clinical and educational work hour

restrictions in their program requirements. Each program's leadership should be familiar and fully comply with these requirements.

Each Program Director will submit a clinical and educational work hours report monthly to the DIO and the GMEC.

Programs with trainees not in compliance with the Common and specialty/subspecialty- specific Program Requirements will be required to submit an action plan addressing the areas of non-compliance.

Repeated non-compliance with duty hour restrictions will subject the offending program to the Special Review Protocol.

PROCEDURE:

Program Directors must adhere to these guidelines when scheduling trainees:

80- Hour Maximum Weekly Limit (Common Program Requirements VI.F.1)

The intern/resident/fellow shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting must not interfere with the ability of the resident to achieve the goals outlined by the educational program. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-Hour Maximum Weekly Limit. (Refer to Policy on Resident Moonlighting).

PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Clinical Work and Education (Common Program Requirements VI.F.2)

Residents should have eight hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length (Common Program Requirements VI.F.3)

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hour Exceptions (Common Program Requirements VI.F.4)

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- to continue to provide care to a single severely ill or unstable patient;
- humanistic attention to the needs of a patient or family; or,
- to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

In-House Night Float (Common Program Requirements VI.F.6)

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Maximum In-House On-Call Frequency (Common Program Requirements VI.F.7)

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

At-Home Call (Common Program Requirements VI.F.8)

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Fatigue Mitigation (Common Program Requirements VI.D)

Residents are strongly encouraged 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 PM and 8:00 AM, is strongly recommended.

The Residency 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. encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning..

Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.

Transitions of Care (Common Program Requirements VI.E.3)

Critical to patient safety and resident education are effective transitions in care.

Residents may remain on-site four (4) additional hours in order to accomplish these tasks. This must be reported by the resident physician in writing with rationale to the Program Director and included in the 80-hour maximum weekly limit.

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. Each program must ensure continuity of patient care, consistent with the program's policies and procedures in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

FACULTY AND RESIDENT/FELLOW WELL-BEING

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements: III.B.7. Well-Being:*

III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited program's fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. (Core)

III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care. (Core)

III.B.7.c) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must: (Core)

III.B.7.c).(1) encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)

III.B.7.c).(2) provide access to appropriate tools for self-screening; and, (Core)

III.B.7.c).(3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

III.B.7.d) The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: (Core)

III.B.7.d).(1) access to food during clinical and educational assignments; (Core)

III.B.7.d).(2) sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care; (Core)

III.B.7.d).(3) safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; (Core)

III.B.7.d).(4) clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; (Core)

III.B.7.d).(5) safety and security measures appropriate to the clinical learning environment site; and, (Core)

III.B.7.d).(6) accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

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

Resident: Any physician in an ACMGE-accredited graduate medical education program including residents and fellows.

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

Well-being: Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

POLICY:

This policy identifies the ways in which Residents and their Faculty are supported by the Sponsoring Institution and Program Leadership in their efforts to become competent, caring and resilient physicians while completing Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs sponsored by Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (NSU-KPCOM).

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with NSU-KPCOM, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. Residents' physical, psychological and emotional well-being is of paramount importance to NSU-KPCOM and our ACGME-accredited training programs. Residents are encouraged to lead healthy lives and make healthy choices that support them in their personal and professional growth.

This policy applies to Residents, Fellows, Faculty, Program Directors, Program Coordinators, and Graduate Medical Education (GME) staff at NSU-KPCOM.

To this end, we provide the following strategies to support health, well-being, and resilience:

University-Level Support

Nova Southeastern University's Employee Wellness Program provides faculty and resident/fellow employees and their families with resources and services that motivate, encourage, and promote healthy lifestyle choices while taking a proactive approach to personal well-being as well as fostering resilience.

The Employee Wellness Program provides resources and educational opportunities focused on the complete integration of physical, mental, and spiritual well-being. Social, emotional, spiritual, environmental, occupational, intellectual, and physical well-being are all considered in our holistic approach to wellness.

Services include:

- Health Improvement and Employee Wellness: including Health Risk and Wellness Assessment, mindfulness training, health and lifestyle coaching, diet and nutrition resources, fitness rooms, onsite fitness classes and others.
- Employee Assistance Program (EAP): Confidential and free counseling services which include up to six in-person visits/year and 24/7 telephonic counseling.
- TalkSpace: Access to online therapy through secure on-line access to licensed counselors without the drive time.
- BlueRewards powered by Rally is a Wellness Incentive program provided by ICUBA (NSU's Health Care Plan) and available to employees and their spouse or domestic partner when both are covered under a medical insurance plan at NSU. Through Rally, eligible members can earn Wellness Incentives redeemable for gift cards to online retailers such as Amazon, Target, and Macy's.

Sponsoring Institution-Level Support (KPCOM Office of GME)

- The KPCOM Office of GME is committed to being a safe place where residents can ask for and receive help with various needs including academic counseling, coaching, and mentoring without fear of negative consequences.
- The KPCOM Office of GME has established the Resident Forum (RF) as a place for residents to come together and discuss issues affecting their residency and their lives. The RF seeks to promote harmonious and collaborative relationships amongst residents, faculty and staff and enhance the resident community through advocacy, volunteer, and social activities. The RF membership is composed of all KPCOM residents in all training programs. Annually, this group elects resident representatives from each of the core residency programs who will sit on the Graduate Medical Education Committee and bring forth issues discussed within the Forum.
- Residents may take advantage of reimbursed taxi/Uber/Lyft/etc. service from the training site to home and back to the training site in the event that they are too fatigued to drive home after a clinical shift. Their program will reimburse the cost of the ride both ways.
- All residents and core faculty must complete an annual learning module on sleep alertness and fatigue mitigation.

- All residents and core faculty are encouraged to complete the Mayo Clinic Well-Being Index found at <https://app.mywellbeingindex.org/assess>.

Program-Level Support

- There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place to ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without negative consequences for the resident who is unable to provide the clinical work.
- Each program must have policies and procedures in place to ensure residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments.
- Each program must have policies and procedures in place to ensure residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a resident colleague or a faculty member displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence.
- During orientation and in their Program-specific Handbook, each program must educate their residents on the following:
 - Where and how to access food during clinical and educational assignments
 - Where the sleep/rest facilities are located for each clinical learning site
 - What safe transportation options are available along with how to access them and how to be reimbursed for their use
 - Where the lactation facilities are located along with the safe refrigeration resources for the storage of breast milk for each clinical learning site
 - What the safety and security measures are for each clinical learning site
 - The program's policies on accommodations for residents/fellows with disabilities.
- Each program must sponsor wellbeing and wellness events on a regular basis to facilitate interaction between trainees and faculty. These events are to be reported to the GMEC.

Initial Approval by GMEC on October 22, 2020

Reviewed and Approved by GMEC on April 8, 2021

Revised and Approved by GMEC on May 13, 2021

Reviewed and Approved by GMEC on April 13, 2023

TRANSITIONS OF CARE

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements III.B.3. Transitions of Care:*

The Sponsoring Institution must:

III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and,

III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and monitor effective,

structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

DEFINITIONS:

Handoff or Hand-over: any transition of patient care from one provider/physician to another. This may occur in any of several settings: the hospital, the operating room, the intensive care unit, the emergency department, the nursing home, or the outpatient clinic.

For all others, see the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The ACGME requires that each program have a system for effective transitions of care that provides for maximal patient safety. This policy provides guidelines to training programs and program directors regarding transitions of patient care from one provider to another.

Elements of a good handoff include:

- Status of patient
- Identifying data summary
- General hospital course
- New events of the day
- Overall current status
- Upcoming events and plan
- To do; and
- An opportunity to ask questions and review historical information.

POLICY:

Each residency program must have a program-specific policy addressing transitions of care that is consistent with the training site's policy and ACGME policies.

Each training program must design clinical assignments to minimize the number of transitions in patient care and develop handoff procedures that are structured to reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.).

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

PROCEDURE:

1. Written transition of care policy
 - a. All residency and fellowship programs sponsored by Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine must develop and maintain a written policy for transitions in care, either temporary (call coverage, weekend coverage, vacation) or permanent (rotating off-service, graduation), that assures the highest quality continuity of care and patient safety.
2. Educational Program
 - a. Each program will provide Hand-off / Transition of Care training during the yearly orientation for new residents and fellows.
 - b. All programs must have in place a documented education program that will assure that all residents and faculty members are adequately trained in hand-off procedures.
 - c. All programs must document that each resident physician can provide effective hand- off of

- care.
- d. To facilitate effective handoff, Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine suggests the use of either I-Pass or SBAR tools. Information regarding these tools may be found online.

Approved by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON VACATIONS AND LEAVES OF ABSENCE

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Program Requirements IV.H. Vacation and Leaves of Absence:*

IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)

IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)

IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).(Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Trainees are entitled to leave with pay for the purpose of vacation and sick leave, during the training

period July 1 through June 30, as described in this section.

The maximum time a trainee can be away from a program in any given year is determined by the requirements of the specialty board involved. If specialty board regulations for vacation and sick leave accrual and usage differ from that outlined in this policy, the program director will provide the DIO written notice of the applicable specialty board regulation and seek approval for a modification of this policy.

NSU POLICY (Note: Program-specific policies may differ):

See NSU Human Resources Leave Policies for information on:

- Bereavement Leave
- Domestic Leave
- Family and Medical Leave
- Holidays and Personal Days
- Jury Duty
- Military Leave
- Sick Leave
- Medical Leave
- Vacation Leave

GME-Specific Policies:

A. Time Lost from Residency

Excessive time away from training may require the trainee to extend his/her training.

Each Program Director must follow the specifications of the Accreditation Council for Graduate Medical Education and the Residency Review Committee's (RRC) requirements for their Specialty regarding time lost from training.

The KPCOM GMEC will annually approve a Salary and Benefits package for all GME training programs that includes information on allowed vacation and sick time. Program Directors are responsible for annually communicating this information to their trainees, as well as the maximum number of allowed days away from training for their program.

Residents/Fellows are allowed a minimum of six weeks of paid time away from training for purposes of parental, caregiver, and medical leave ~~one~~ during training to include one week of paid time off reserved for use outside of the first six weeks without necessarily extending training. At the start of the LOA, the balance of the vacation and sick time will be exhausted minus the one week of reserved PTO.

If a trainee exceeds the allotted time away from training, the trainee may be required to extend his/her training to fulfill requirements. The program director and the program clinical competency committee will determine whether a given resident has met training requirements or must extend their period of training because of additional leave time.

Remuneration for time off (beyond the specified paid vacation, sick time, and CME time) is not guaranteed and will be at the discretion of the Program Director.

Remuneration for extended training time is not guaranteed and will be at the discretion of the Program Director.

All requests for additional paid time off or paid training extensions must be approved by the DIO prior to the initiation of the additional time.

B. Continuing Medical Education Days

Scholarly activity, presentations at and attendance of scientific meetings are encouraged by the program. Those activities are supplementary to the primary goals and responsibilities of the residents. All scholarly activity must have a program faculty author, who would review and approve each manuscript prior to submission.

Documentation of Scholarly Activity:

Once a poster, abstract, presentation is finalized, a copy must be submitted to the Program Coordinator and uploaded to MedHub prior to the meeting for tracking scholarly activity. This applies to all scholarly activity, even if no time off is required (for weekend conferences, for example).

C. No Vacation Days

There are certain days in the academic year during which trainees are not permitted to request time off. This ensures that all trainees are available on site for important program activities that cannot be re-scheduled.

These days have been highlighted on the master schedule and are not included on available vacation days on the master schedule. All trainees should review the following dates. No vacations are allowed during these times.

1. Orientation
2. In-Training Exams
3. Resident Spring Retreat

PROCEDURE, ELIGIBILITY FOR PTO & LOA, AND DOCUMENTATION REQUIRED

- A. Trainees are required to notify the Program Coordinator in writing of all PTO leave requests, including a leave of absence (LOA), to determine eligibility (see Leave Request Form).
- B. The following rules apply for all leave requests:
 1. Leave may NOT be taken during dates that are blocked on the schedule. See No Vacation Days.
 2. Trainees must obtain prior approval in writing from the Program Coordinator which should include all coverage arrangements prior to presenting their vacation request to the Program Coordinator.
 3. Any changes to vacations previously scheduled require approval from the Program Coordinator. These change requests must be made a minimum of 6 weeks before the start of the earliest affected rotation.
 4. Leave will be granted and charged in one day increments for each workday of leave requested and approved.
 5. All trainees must submit their vacation requests for the next academic year to the Program Coordinator by the date set by the program. Failure to submit a request by the deadline will result in vacation being assigned at the discretion of the Program Coordinator.
 6. Once approved, the resident is responsible to notify the attending of their planned absence and properly document the days in MedHub.

- C. Hospital holidays are counted as part of training. Trainees will receive regular pay (versus holiday pay) for holidays. If a trainee is on call during a holiday, the trainee must complete “on call” duty. Trainees who are not on call or who are not required to be at work may have the day off at the discretion of the Program Director.
- D. Eligibility for a Leave of Absence (LOA) for parental, caregiver or medical leave include:
 1. the birth and care of the newborn child of an employee
 2. the placement with the employee of a child for adoption or foster care
 3. caring for an immediate family member (i.e. spouse, child or parent) with a serious health condition, or
 4. to take medical leave when the employee is unable to work because of a serious health condition.
- E. LOA documentation may be required or requested to validate eligibility for the LOA including:
 1. Parental Leave – birth certificate, adoption or foster care documentation
 2. Caregiver Leave
 3. Medical Leave – note from treating doctor
- F. Process for a LOA request, review & decision:
 1. The resident/fellow submits the LOA Form to the Residency Program Coordinator (PC)
 2. The PC approves or denies the LOA and forwards it to the Program Director (PD)
 3. The PD approves or denies the LOA and forwards it to the DIO to obtain the final decision
 4. The PC, PD & DIO have up to 30 days to make the final decision
 5. The Program Coordinator formally notifies the resident in writing of the 1) LOA request decision, and 2) The # of PTO days that will be forfeited toward the LOA

A holiday schedule may be enforced by the Chief Resident and Program Director and must be adhered to. Every effort will be made to ensure fair and just allocation of days off for holidays over the course of the training period.

For NSU related policy statements below, log in to the NSU employee portal is required:

- NSU Employee Policy Manual – Leave Policies - found at:
nova.edu/portal/hr/policies/leave-policies.html

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POLICY ON MOONLIGHTING

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.K.1. Moonlighting*:

The Sponsoring Institution must maintain a policy on moonlighting that includes the following:

IV.K.1.a) a residents/fellow must not be required to engage in moonlighting

IV.K.1.b) residents/fellows must have written permission from their program director to Moonlight

IV.K.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight, and

IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The ACGME Common Program Requirements state that, "moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program."

POLICY:

Eligibility

Moonlighting is a privilege for those residents who consistently show:

- The necessary clinical skills to work with patients with minimal supervision
- Solid professional behavior
- Good standing with the training program
- Ability to handle their training program workload without signs of fatigue.

Interns (PGY-1) are not eligible to moonlight.

Limited Moonlighting may be allowed for trainees in the PGY-2 year or beyond at a program level basis. This program-level policy must be approved by the GMEC prior to approving any Moonlighting. Program-specific policies must be in the individual program handbooks.

The trainee must be in good standing, in order to be approved for moonlighting. Trainees on remediation, personalized improvement plans, or suspension for clinical or academic reasons are not eligible for moonlighting.

A program may prohibit moonlighting activities by all of its trainees as a matter of policy. As stated above, this must be included in the program-specific handbook and approved by the GMEC prior to implementation.

Licensure

All trainees engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs.

The trainee must also have a valid individual DEA registration or proof that such is provided by the organization offering moonlighting and any local or state registrations required.

Supervision

NSU and program teaching faculty may not have any role in the supervision of the professional activities of trainees when engaged in moonlighting.

Professional Liability Insurance

All trainees engaged in moonlighting must provide their Program Director a copy of their independent malpractice coverage or proof that such is provided by the organization offering moonlighting.

The malpractice protection provided by the Sponsoring Institution for the professional duties of the training program does not cover moonlighting activities.

It is the responsibility of the entity hiring the trainee to moonlight to determine whether their licensure is in place, adequate liability coverage is provided, and whether the trainee has the appropriate training and skills to carry out assigned duties.

Clinical and Educational Work Hours

Moonlighting hours must be counted toward the 80-hour weekly limit on work hours inclusive of all in-house clinical and educational activities, any clinical work done from home, and all moonlighting.

Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the trainees to the program, the Program may limit the number of hours that can be spent moonlighting in a given month. Limits will be documented on the Moonlighting Request form prior to the initiation of any moonlighting activity.

Fatigue Mitigation

Moonlighting trainees are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs.

Monitoring

Moonlighting must not interfere with the trainee's ability to provide patient care.

Moonlighting must never interfere with a trainee's primary responsibilities to his/her program. It should not interfere with the trainee's ability to participate in the educational opportunities of the training program and with the ability of the trainee to achieve the goals and objectives of the educational program.

PROCEDURE:

Prior to submitting an initial moonlighting request, a trainee must have the following:

1. A completed KPCOM Moonlighting Request Form that includes a description of the moonlighting duties including the shift, frequency, and hours of the moonlighting activity.
2. A copy of the resident's full Florida Medical License (not a training license)
3. A copy of the resident's DEA Number
4. Copy of Malpractice policy that will cover the trainee during moonlighting.

Approval Process

Moonlighting permission must be specifically requested in writing using the NSU KPCOM Moonlighting Request Form.

The Moonlighting Request Form must be submitted to the Program Coordinator at least two weeks prior to the next Clinical Competency Committee meeting (CCC). The Program Coordinator will verify that all the required documentation and information is included prior to forwarding the request to the Program Director and CCC. The CCC will discuss the Moonlighting Request at their next semi-annual meeting and document their decision in the resident's evaluation report. In determining whether a resident is approved for

moonlighting or not, the CCC must consider all of the following:

- PRITE score (progressive performance)
- Milestones
- Faculty, Team, Peer & Patient Evaluations
- CSV evaluations
- Professional behavior
- Signs of fatigue
- Compliance with:
 - Required Assignments (modules, didactics, reading, presentations)
 - Keeping Patients logs up to date
 - Individual Learning Plans - ILP
 - Completing their administrative requirements on time

The Program Director will inform the trainee of the CCC decision and discuss the moonlighting during the CCC evaluation report review session.

After receiving approval to moonlight:

- Resident must notify the program director in writing about any changes in moonlighting activities
- The Program Director must keep the CCC up to date of any changes on moonlight activities
- During each semi-annual CCC evaluation meeting
- Approved moonlighting activities for each resident must be reviewed
- According to the resident progress the CCC can recommend for the resident to continue or stop moonlighting
- CCC committee report to PD their recommendations
- PD informs the decision to the resident during the discussion of CCC evaluation report.

Only Moonlighting Request Forms with all required paperwork, including but not limited to proof of professional liability insurance and valid licensure for unsupervised medical practice, will be reviewed.

Trainees may not start moonlighting prior to receiving written approval from the program The Moonlighting Request form must be included as part of the institution's trainee file.

Loss of Moonlighting Privileges

Moonlighting may be disallowed if any adverse effects are documented. If a trainee experiences educational difficulty or excessive fatigue, the Program Director at his/her discretion may suspend moonlighting privileges (see NSU Employee Policy Manual – Outside Employment).

A letter will be submitted by the Program Director to the trainee and the KPCOM Office of GME stating that the trainee is no longer permitted to moonlight.

Clinical and Educational Work Hours Monitoring

Work Hour compliance must be documented in and reviewed by the trainee with the Program Director on a monthly basis.

Failure to accurately document moonlighting hours will result in the suspension of moonlighting privileges.

RELATED GME POLICIES:

- Clinical and Educational Work Hours (i.e. Duty Hours)
- Fatigue Mitigation

For related NSU policies, see:

- NSU Employee Policy Manual – Outside Employment - found at: nova.edu/portal/hr/policies/outside-employment.html (must log in to NSU employee portal to access)
- NSU Employee Policy Manual – Conflict of Interest – Declaration & Disclosure Policy - found at: nova.edu/portal/hr/policies/conflict-of-interest.html (must log in to NSU employee portal to access)

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POLICY ON VENDOR INTERACTIONS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.L. Vendors:*

The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME- accredited programs. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

On occasion, vendors, contractors, patients or others may offer gifts or gratuities to employees of NSU. All such offerings represent a potential for conflicts of interest, or the appearance of such, on part of the employee and NSU. Such gifts and gratuities are not part of NSU's operational environment. As such, the acceptance of such gifts and or gratuities would constitute a risk to the integrity of NSU and its employees. In addition, pharmaceutical and medical device companies may use non-monetary gifts, financial compensation, personal visits, educational events, and other strategies in an attempt to influence prescribing or other medical practices.

POLICY:

All GME personnel, including program directors and trainees, must abide by the:

- NSU Conflict of Interest - Declaration & Disclosure Policy in the NSU Employee Policy Manual - found at: nova.edu/portal/hr/policies/conflict-of-interest.html (must log in to NSU employee portal to access)
- NSU Financial Conflict of Interest with Respect to Sponsored Projects in the NSU Employee Policy Manual - found at: nova.edu/portal/hr/policies/financial-conflict-of-interest-sponsored-programs.html (must log in to NSU employee portal to access)

Additionally, all GME personnel, including program directors and trainees, must abide by the NSU-COM Policy on Conflicts of Interest and Healthcare Industry Policy found in the NSU-COM Faculty Handbook and included with this document.

PROCEDURE:

- A. All residency programs will develop specific educational methods (lectures, modules, etc.) to address and instruct trainees on the ethical obligations that govern physician-vendor relationships.
- B. All NSU employees (including trainee physicians) must know and abide by the NSU Conflict of Interest policies.
- C. All trainee physicians and residency programs will be aware of and follow the vendor interaction policies in any facility where they rotate. Trainees will also be aware of and follow vendor interaction policies at any outside facilities in which they rotate.

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RESIDENTS’ PARTICIPATION ON INSTITUTIONAL COMMITTEES

Residents must have appropriate representation on institutional committees and councils whose actions affect their education and/or patient care. Residents must be aware of, and participate as appropriate, in institutional programs and medical staff activities. They must be knowledgeable about and adhere to established practices, procedures, and policies of each institution participating in the educational experiences and activities of their training program.

During their course of training, each resident should have the opportunity to participate on committees including, but not limited to, the following:

Graduate Medical Education Committee (GMEC)

The GMEC must include a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs. Each meeting of the GMEC must include attendance by at least one resident/fellow member. Additional residents/fellows are welcome to attend any GMEC meeting.

Graduate Medical Education Sub-Committee

Any GME sub-committees that are created in order to carry out portions of the GMEC’s responsibilities must include a peer-selected resident/fellow. Sub-committee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

Program Evaluation Committee

One resident per training year will be appointed to this committee by his/her peers. The committee members will participate actively in evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and, reviewing the program annually using evaluations of faculty, residents, and others.

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON CORE CURRICULUM AND THE CORE COMPETENCIES

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Common Program Requirements IV.B. ACGME Competencies* including:

IV.B.1.a) Professionalism

IV.B.1.b) Patient Care and Procedural Skills

IV.B.1.c) Medical Knowledge

IV.B.1.d) Practice-based Learning and Improvement

IV.B.1.e) Interpersonal and Communication Skills

IV.B.1.f) Systems-based Practice.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

ACGME requires every Sponsoring Institution to provide an educational program curriculum that contains competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty at least annually, in either written or electronic form. The competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These competencies are core to the practice of all physicians, although the specifics are further defined by each specialty. The developmental trajectories in each of the competencies are articulated through the Milestones for each specialty.

POLICY:

The curriculum for each KPCOM training program must be designed to meet the required core competencies as defined by the ACGME whereby each resident must be trained and evaluated under the six core competencies. The core curriculum must serve as the foundational guidelines for each training program in the formulation of specific curriculum objectives relevant to the nature of its specialty.

All residents must participate in learning experiences in the core curriculum during their training, as specified by the Program Director, that assures the teaching and assessment of these competencies. Core competency-related teaching and assessment that is specific to individual rotations must be identified in the “Objectives” section of the curriculum for each rotation.

The six required ACGME core competencies are described below with further elaboration found in the ACGME Common and specialty-specific Program Requirements:

- A. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- B. Patient Care and Procedural Skills: 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.
- C. 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.
- D. 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.
- E. 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.
- F. Systems-based Practice: Residents must demonstrate an awareness of and responsibilities 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.

Reviewed and Approved by GMEC on April 8, 2021
Reviewed and Approved by GMEC on April 13, 2023

POLICY ON HEALTH AND DISABILITY INSURANCE

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.G. Health and Disability Insurance:*

IV.G.1. The Sponsoring Institution must ensure that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)

IV.G.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

IV.G.2. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)

IV.G.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

As per the ACGME institutional requirements, NSU must ensure that health and disability insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility, and that interim health and disability insurance is offered to any resident/fellow who may desire it.

POLICY:

For those residents/fellows who are employed by NSU, ss Benefit-Eligible Employees with NSU, GME trainees will have access to all health and disability insurance benefits afforded NSU employees.

For health and disability insurance information:

- NSU Human Resources – Total Rewards – Benefits – found at: [NSU Benefits at a Glance](#)
- NSU Human Resources – Life Insurance and Disability Benefits - found at: [Life Insurance and Disability Benefits](#)
- NSU Employee Policy Manual – Equal Employment and Nondiscrimination Policies - found at: nova.edu/portal/hr/policies/benefits.html (must log into the NSU employee portal to access)
- NSU Human Resources – Employee Wellness - found at: [Employee Wellness](#)

Since the first day of health insurance eligibility is not the first day that trainees are required to report, the trainees are to be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

For those residents/fellows who are not employed by NSU, the Sponsoring Institution will ensure that the employing entity provides health and disability insurance along with any necessary interim option as needed.

PROCEDURE:

The DIO and the Office of Graduate Medical Education will ensure that current health and disability insurance information is communicated with all trainees upon initial hiring, no matter who is the employing entity, and annually thereafter at each NSU Open Enrollment Period or during the Open Enrollment Period of the employing entity.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON PROFESSIONAL LIABILITY INSURANCE**PURPOSE:**

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.F. Professional Liability Insurance:*

IV.F.1. The Sponsoring Institution must ensure that residents/fellows are provided with professional liability coverage, including legal defense and protection against awards from claims reported

or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). (Core)

IV.F.2. The Sponsoring Institution must ensure that residents/fellows are provided with: (Core)

IV.F.2.a) official documentation of the details of their professional liability coverage before the start date of resident/fellow appointments; and, (Core)

IV.F.2.b) written advance notice of any substantial change to the details of their professional liability coverage. (Core)

DEFINITIONS:

See the NSU Graduate Medical Education Glossary of Terms dated April 1, 2021; For all other terms, see the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Resident/Fellow physicians, as full-time employees of NSU, are covered under the NSU Professional Liability Policy.

POLICY:

For those residents/fellows who are employed by NSU, the university shall provide professional liability insurance for medical professional services performed by the resident/fellow, and which are covered under NSU's professional liability policy upon such terms and in such amounts as NSU provides for its other employees providing medical/professional services.

A summary of pertinent information regarding this coverage will be provided to the Resident upon request.

For those residents/fellows who are not employed by NSU, the Sponsoring Institution will ensure that the employing entity provides professional liability insurance for medical professional services performed by the resident/fellow, and which are covered under the employing entity's professional liability policy upon such terms and in such amounts as it provides for its other employees providing medical/professional services. This information must be described and included in the program handbook.

PROCEDURE:

Any professional liability claims involving a resident physician for duties that were performed while functioning as an NSU resident shall be forwarded to the NSU risk management department, and the NSU office of the General Counsel, and handled according to applicable policy.

Any professional liability claims involving a resident physician for duties that were performed while functioning as a resident employee of another entity shall be forwarded to that entity's risk management department and handled according to the entity's applicable policy.

When residents are moonlighting, they are not covered under the professional liability coverage afforded to them as either an NSU or other employing entity's resident

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Second Approval by GMEC on June 26, 2018

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Reviewed and Approved by GMEC on April 13, 2023

POLICY ON NON-COMPETITION

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.M. Non-competition:*

The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non- competition guarantee or restrictive covenant. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The ACGME prohibits any sponsoring institution from requiring residents or fellows to sign a non-competition clause or restrictive covenant as part of their employment contract.

POLICY:

Neither NSU, as the Sponsoring Institution, nor any of its ACGME-accredited programs, will require a trainee to sign a restrictive covenant or non-competition guarantee as part of his or her resident contract.

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Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON BEHAVIORAL HEALTH

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.I.1. Behavioral Health:*

The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

NSU KPCOM Sponsoring Institution recognizes that problems of a personal nature can have an adverse effect on employee job performance.

For those residents/fellows who are employed by NSU, in addition to regular health and disability insurance, NSU provides the Employee Assistance Program (EAP) for employee's use in resolving personal/family

or job relates problems through professional, confidential assistance. The EAP is a confidential resource that can help trainees deal with problems that seem overwhelming. It is available to all benefit eligible NSU employees and every member of their household and includes up to six face-to-face counseling sessions per issue per plan year. The EAP is a broad-brush program designed to deal with a wide range of human relations and medical/behavioral problems such as substance abuse, emotional/behavioral problems, family and marital discord, financial and legal difficulties.

Additionally, NSU has established the Employee Wellness Program that provides resources and educational opportunities focused on the complete integration of physical, mental, and spiritual well-being

POLICY:

All trainees who are full-time employees of Nova Southeastern University have access to the EAP and Employee Wellness Program. Trainees enrolled in the NSU health care coverage may transition from the EAP to an in-network provider when using the Behavioral Health & Substance Abuse coverage after EAP services. This coverage is available to all trainees and their dependents.

For those residents/fellows who are not employed by NSU, the Sponsoring Institution will ensure that the employing entity provides access to confidential counseling and behavioral health services through their regular health insurance policy or some other means.

PROCEDURE:

For those residents/fellows who are employed by NSU, residents can access EAP services 24 hours a day/7 days a week online at [Resources for Living](#) by phone at 877-398-5816 (press option 1 for EAP services).

The Employee Assistant Program username is ICUBA and the password is 8773985816. For additional information, see [Employee Benefits and Wellness Information](#) .

For those residents/fellows who are not employed by NSU, information on how to access behavioral health services must be included in the program handbook.

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POLICY ON PHYSICIAN IMPAIRMENT

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.I.2. Physician Impairment:*

The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Physician impairment has the potential to be injurious to patients and harmful to the trainee's education and future career plans. To address impairment as well as ensure the safety of patients and the trainee, this policy outlines and describes to the Program Directors, Trainees, Faculty, and Staff, the roles and responsibilities, procedures for identification, assessment, treatment, and potential reintegration of impaired trainees.

POLICY:

Confidentiality: The Office of Graduate Medical Education, the DIO and the program staff and faculty will confidentially maintain all records, files and other information related to issues of impairment.

Documentation: All activities related to impairment are conducted pursuant to Peer Review.

Reporting Responsibilities: Any NSU employee, medical staff member, or resident who has reasonable concerns or significant information that patient care *is*, or could be affected by a possible trainee impairment, has the responsibility to report the concerns to the program leadership.

PROCEDURE:

Nova Southeastern University is a drug-free workplace and committed to the provision of public safety.

All faculty, staff, and residents possess a duty to report to an appropriate supervisor, in confidence, concerns about possible impairment both in themselves and in others. If a resident is observed and/or suspected to be impaired while engaged in the performance of his or her duties, the following actions should occur:

- The resident should report their concern to a supervisor (who will then report to the Program Director), or directly to the Program Director. The individual making the report does not need to have proof of the impairment but must state the facts leading to suspicions.
- The Program Director or their designee will collaborate with the KPCOM GME Office to initiate a confidential investigation.

Reporting:

- A. All Faculty and Staff Members: Anyone involved in training KPCOM residents who recognizes impairment in a trainee are obligated to report their observations and concerns to the Program Director or Associate Dean of GME/Designated Institution Official/DIO.
- B. Program Leadership: The Program leadership (Program Director, Associate Program Director, or other program physicians) should remain alert to signs, information or documentation of impairment and provide a first assessment/meeting with the trainee.
- C. Trainees recognizing impairment in fellow trainees must report their observations and concerns to a faculty member, the Program Director, or the Designated Institutional Official (DIO) in a timely and confidential manner. The individual making the report must state the facts leading to the suspicions.
- D. Self-Reporting: The trainee (i.e. any trainee in a NSU training program regardless of training location) will immediately inform the Program Director and the Office of Graduate Medical Education of any condition or change in status that affects her/his ability to perform assigned duties. The trainee should promptly remove himself/herself from duty and patient care.
- E. Drug Testing: Trainees are required to submit to reasonable suspicion drug and/or alcohol testing.
- F. If it is determined that a trainee does have an impairment problem, the Program Director will refer the trainee to treatment recourses offered by or clinically acceptable to Nova Southeastern University.
- G. The DIO or his/her designee shall assist and facilitate any and all processes, which may include

notification of Professionals Resource Network (PRN), NSU Human Resources Employee Assistance Program (EAP), NSU General Counsel, or the Florida Board of Medicine/Florida Board of Osteopathic Medicine.

- H. Any action taken by Program Leadership or DIO which meets the requirements for reporting to the Florida Board of Medicine or the Florida Board of Osteopathic Medicine including, but not limited to, a determination that the physician poses a continuing threat to the public welfare through the practice of medicine, will be reported as required by law.
- I. Faculty, staff, and peers who suspect that a trainee physician is suffering from any impairment are obligated to report such problems.

Documentation:

- A. Upon completion of the investigation/assessment, program leadership should provide all departmental documentation related to the assessment, diagnosis or treatment of a trainee to the Office of Graduate Medical Education, who will be responsible for maintaining confidentiality of the copies received.
- B. The Office of Graduate Medical Education will maintain all confidential documentation for each trainee impairment case.
- C. The Office of Graduate Medical Education will maintain a confidential file that is separate from the employment file and is clearly marked "Peer Review" for each trainee. A resident's Peer Review file should contain all materials related to assessment, diagnosis and/or treatment of impairment.

Continuation of Training:

- A. If a trainee is reported to be impaired, the program leadership in consultation with the NSU Human Resources Department shall immediately conduct an investigation documenting all pertinent information. Program leadership may utilize the services of other appropriate professionals to help conduct the investigation.
- B. After completing its assessment of a reported issue, the Program Leadership will determine if impairment is related to physical/behavioral/mental illness issues or substance abuse. This determination will be communicated in writing to the Office of Graduate Medical Education, the DIO, and NSU Human Resources. An impaired trainee will meet with the Program Director and comply with the plan of action. The program may refer the trainee for a fitness for duty assessment.
- C. It is the intent of the sponsoring institution that all appropriate rules that govern the practice of medicine be strictly enforced. As long as the trainee physician satisfactorily participates in any assigned program, no regulatory action would normally be anticipated by the Florida Board of Medicine or Florida Board of Osteopathic Medicine.
- D. Resumption of patient care and training program activities will be contingent upon the continued successful participation in the assigned program and continuation of the trainee in the program will be determined in consultation between the program director and the professionals at the assigned program.
- E. Trainee physicians will be required to complete a return to work evaluation as directed by NSU Human Resources.

For policy statements and Florida Professional Resources information:

- NSU Employee Policy Manual - Drug and Alcohol-Free Workplace Policies - found at: nova.edu/portal/hr/policies/dug-alcohol-free-workplace.html (must log in to NSU employee portal to access).
- NSU Employee Policy Manual – Drug-Free Schools and Campuses Policy - found at: nova.edu/portal/hr/policies/drug-free-schools-and-campuses.html (must log in to NSU employee portal to access)

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Reviewed and Approved by GMEC on April 13, 2023

POLICY ON HARASSMENT

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.I.3. Harassment*:

The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

NSU and the Office of Graduate Medical Education's position is that discriminatory behavior or harassment is a form of misconduct that undermines the integrity of the employment relationship. None of the listed forms of harassment will be tolerated.

Specifically, regarding sexual harassment, no employee, either male or female, should be subject to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, and that debilitates morale, and therefore, interferes with work effectiveness. Such behavior will result in discipline action up to and including termination.

POLICY:

The NSU Office of Graduate Medical Education has adopted the following policy, which is that all employees have the right to work in an environment free from racial, religious, national origin, gender, sexual harassment, sexual orientation, age, disability and pregnancy discrimination. The policy establishes guidelines that are consistent with Federal, state and local laws.

All ACGME-accredited programs at NSU will follow the NSU Sexual Harassment and Equal Employment and Nondiscrimination policies.

For policy statements:

- NSU Employee Policy Manual – Sexual Harassment - found at: nova.edu/portal/hr/policies/sexual-harassment.html (must log in to NSU employee portal to access)
- NSU Employee Policy Manual – Equal Employment and Nondiscrimination Policies - found at: nova.edu/portal/hr/policies/equal-employment-nondiscrimination.html (must log in to NSU employee portal to access)

Initial Approval by GMEC on July 7, 2017
Second Approval by GMEC on June 26, 2018
Reviewed and Approved by GMEC on April 8, 2021
Reviewed and Approved by GMEC on April 13, 2023

POLICY ON SOCIAL MEDIA

PURPOSE:

NSU-KPCOM recognizes that online social networking has become an increasingly important means of facilitating communication. While social networking has provided unique opportunities to interact, it has also created a forum for potential issues for future osteopathic physicians. As professionals bound by social contracts and professional and ethical obligations, osteopathic medical students must be cognizant of the public nature of social networking forums and the permanent nature of postings therein. Even though these sites offer terrific potential to bolster communication with friends and colleagues, they may also serve as a forum for lapses of professionalism and professional behavior that may be freely visible by many people, despite the impression of privacy these sites portray. As a result, NSU-KPCOM has drafted the following guidelines to aid students in the safe and responsible usage of these sites.

DEFINITIONS:

A social networking site is a place on the internet where users can create a profile and connect that profile to others (whether it be individuals or entities) to establish a personal or professional network. Examples include, but are not limited to, Instagram, Facebook, LinkedIn, Twitter, and You Tube.

A weblog, or a “blog,” is a website, usually in the form of an online journal, maintained by an individual or group, with regular commentary on any number of subjects which may incorporate text, audio, video clips, and any other types of media.

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023;; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

POLICY:

The following section outlines “best practice guidelines” for medical professionals-in-training at NSU-KPCOM during their medical school training. They apply to all students who participate in social networking sites, online weblogs, or any other forms of online communications and interactions. Students should follow these guidelines whether participating in social networks personally or professionally; whether they are participating in social networking or any other form of online communication on-site at NSU or off-site; or whether they are using personal technology or technological resources owned or operated by Nova Southeastern University or NSU-KPCOM.

Potential Consequences of Online Unprofessional Behavior:

The permanence and written nature of online postings may cause them to be subject to higher levels of scrutiny than many other forms of communication. Therefore, postings made on social networking sites are subject to the same standards of professionalism as any other personal or professional interaction and will be treated as if made in a public forum. Postings made on social networking sites can have educational ramifications. Conduct that violates university policies or procedures may result in disciplinary action.

The use of social networking sites or weblogs can also have legal ramifications. Comments made regarding the care of patients, or that portray you or a colleague in an unprofessional manner, may be used in court as evidence of a variety of claims (including, but not limited to, libel, slander, defamation of character,

negligence, and others) or in other disciplinary proceedings (e.g. State Medical Licensing Boards). Other potential consequences include the revocation of a residency selection, or sanctions by a professional licensing board.

Also, the statements and media posted within these sites are potentially viewable by program directors, future employers, and patients or clients. It is not uncommon for program directors to search for the social networking profiles of potential residents and to use the discovered information in making selection decisions.

Individuals have been denied residencies and other employment opportunities as a result of material found on social networking sites.

With respect to confidentiality, the Health Insurance Portability and Accountability Act (HIPAA) applies to social networking sites, and violators may be subject to the same prosecution as with other HIPAA violations.

In addition, cyber stalking and other inappropriate postings can be considered forms of sexual harassment. Online relationships with other medical students are subject to the NSU Sexual Misconduct Policy/Title IX. Please refer to the policies contained within the *NSU Student Handbook*.

Best Practice Guidelines for Online Social Networking:

1. The lines between public and private, as well as personal and professional are often blurred in online social networks. By identifying yourself as an NSU-KPCOM student, you may influence perceptions about NSU-KPCOM by those who have access to your social network profile or weblog. All content associated with you should be consistent with your position at the school and with NSU-KPCOM's values and professional standards.
2. Unprofessional postings by others on your page may reflect very poorly on you. Monitor others' postings on your site and strive to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.
3. Help monitor your peers by alerting colleagues to unprofessional or potentially offensive comments made online to avoid future indiscretions and refer them to this document.
4. Always avoid giving medical advice as this could result in a violation of HIPAA, could potentially risk liability under state licensing laws, and may cause danger to others. Make sure that you differentiate medical opinions from medical facts and articulate which statements reflect your personal beliefs.
5. Due to continuous changes in these sites you should closely monitor the privacy settings of your social network accounts to optimize their privacy and security. Restrict your settings so that only individuals you have authorized to access your profile can see your information. Also, you should not share or post any identification numbers or demographic information online.
6. Others may post photos of you and may "tag" you in each of the photos. It is your responsibility to make sure that these photos are appropriate and are not professionally compromising. As a general rule, it is wise to "untag" yourself from any photos, and to refrain from tagging others unless you have explicit permission from them to do so. Privacy or account settings may allow you to prevent photos from being "tagged" with your information or may prevent others from seeing your tags.
7. Online discussions of specific patients should be strictly avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to whom you are referring based

upon the context in which it is presented.

8. Under no circumstances should media of patients/cadavers or media depicting the body parts of patients/cadavers be displayed online (e.g., photographs, video clips, audio clips). Remember, even if you have permission, such media may be downloadable and forwarded by others. Once you post, the actions of others could lead to legal or professional consequences for you personally.
9. Consider, with care, who you add or accept as a “friend” or “connection” on your social networking site(s).
10. Do not have interactions with patients on social networking sites. This provides an opportunity for a dual relationship, which may damage the doctor-patient relationship and may have legal consequences.
11. Do not infringe upon another’s copyrighted or trademarked materials. If you post content, photos, or other media, you are acknowledging that you own or have the right to use these items.
12. Refrain from accessing social networking sites while in class, at work, or in clinical-work areas.

Approved by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON IMMUNIZATION AND OCCUPATIONAL HAZARDS

PURPOSE:

This policy addresses Nova Southeastern University’s Dr. Kiran C. Patel College of Osteopathic Medicine’s GME immunization policy requiring interns, residents, and fellows to show evidence of vaccinations for protection from contagious diseases by the deadlines set by the Office of Graduate Medical Education. It also addresses Nova Southeastern University’s Occupational Hazard/Post Exposure Policy to delineate individual responsibilities in the event of a significant exposure to blood and/or body fluids to an NSU employee or non-NSU employee.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Residents may be exposed to infectious agents in the course of their patient care and medical education through contact, inhalation, or percutaneous routes. Likewise, residents may expose patients to infectious agents during the course of patient care.

POLICY:

Employee Health

Prior to the start of training, all residents are required to undergo physician examination and tuberculosis screening. Employee health appointments will be scheduled for you during your document processing, instructions will be provided by the Program Coordinator.

TB screening with the Quantiferon blood test is the preferred TB screening test; however, traditional PPD's may also be accepted.

- A. In order to meet regulatory requirements, an annual TB screening is required for all health care workers regardless of any previous results.
- B. Persons with a positive result are required to have a chest x-ray and provide documentation of physician (or other acceptable method) consultation regarding the positive result and/or history of treatment for prophylaxis.

Residents will provide proof of valid testing, or will be tested, for antibodies against Hepatitis.

- A. If you have not already been vaccinated against Hepatitis B, you should begin the three-dose series of injections as soon as possible. If you refuse vaccination, you are required to sign a declination form with employee health.

Residents will be fit-tested for N-95 respirators (or others as determined appropriate by FH) and wear A respirator for all patients with verified or suspected pulmonary TB, H1N1, SARS, or other diseases as required.

Needle Stick

It is the policy of NSU to monitor all blood and/or body fluid exposures for proper medical treatment and follow-up, to take appropriate corrective actions to prevent recurrences, and to maintain documentation for compliance with Federal, State and local laws.

NSU's Post-Exposure Policy and Procedure is available at:

- nova.edu/smc/forms/compliance-exposure-policy (log in to the NSU employee portal is required to access)

Exposure to Contagious Diseases

An occupational exposure is considered an urgent medical concern which requires immediate attention for proper medical management. Residents exposed to, or diagnosed with any of the following diseases, must immediately advise their Program director or their designee:

- Chicken Pox/Herpes Zoster
- Conjunctivitis
- COVID-19
- Ebola
- Hepatitis (all types)
- Lice
- Measles
- Mumps
- Pertussis
- Rubella
- Salmonella
- Scabies
- Shigella
- Tuberculosis

Upon assessment of the exposure, the Program director in collaboration with Employee Health (and other medical professionals as appropriate) will advise the resident as to management of the exposure. It is the responsibility of the Program director to:

- A. Determine which resident(s) and/or personnel sustained a significant exposure.
- B. Notify the Employee Clinic of the resident(s) and/or personnel who sustained significant exposure immediately.
- C. Instruct the resident and/or personnel to complete Employee Incident Report and call/report the incident to the Employee Clinic for evaluation and management.

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON TIME OFF FOR ATTENDING EDUCATIONAL CONFERENCES

PURPOSE:

This policy provides guidelines and establishes procedures for the time allowance and reimbursement of residents and fellows employed by NSU-KPCOM for expenses incurred related to attending educational conferences.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

Scholarly activity, presentation at, and attendance at scientific meetings are encouraged by the program. Those activities are supplementary to the primary goals and responsibilities of the residents. Because the time away from training to attend scientific meetings impacts patient care and rotation coverage, there may be times when trainees will not be approved to attend desired educational conferences.

POLICY:

The NSU-KPCOM Office of Graduate Medical Education encourages scholarly activity and lifelong learning.

The following are general guidelines for the training programs related to Educational Conferences.

ATTENDANCE AT A CONFERENCE

- 1) Request for attendance at a national educational/scientific conference by residents/fellows must be submitted in writing as soon as reasonably possible and is subject to approval by the trainee's program director.
- 2) The cumulative time to attend an approved educational/scientific conference(s) must NOT exceed a total of 5 workdays per resident/fellow per academic year (whether the resident is presenting or not). Any days over 5 workdays are considered vacation time with exceptions addressed on a case-by-case basis by the program director.
- 3) A Travel Pre-Approval Checklist (See attached) MUST be completed and cleared after obtaining the approval signatures (Program Director & DIO).

- 4) If more than one-third of any PGY cohort requests to attend the same educational conference, the Program Director will determine the maximum number of trainees from that cohort, and from the program, who will be approved to attend the conference based on:
 - a. patient care coverage needed during the conference,
 - b. rotations from which time away from training is allowed or not allowed,
 - c. if any requesting trainees have been accepted to present at the conference with priority given to any requesting trainees who are presenting at the conference (generally only one trainee per presentation),
 - d. the PGY year of the requestors – priority to be given to upper classmen who have not yet attended the same educational conference in prior years, and
 - e. the number of conferences and types of conferences previously attended by each requesting trainee.

PRESENTING AT A CONFERENCE

- 1) All scholarly activity submitted to a conference must have a program faculty member as an author, who will review and approve each manuscript prior to submission.
- 2) The program director is responsible for determining the appropriateness of the work presented, and the appropriateness of the conference to submit to.
- 3) As soon as the resident/fellow is notified that their submitted abstract is accepted for presentation, a Travel Pre-Approval Checklist (See attached) MUST be completed and cleared after obtaining the approval signatures (Program Director & DIO) and PRIOR to submission of the pre-approval form for processing. This Checklist must be completed for all approved residents and fellows' travel.
- 4) For abstracts with more than one trainee as author, the program director will determine the number of authors who will be approved to attend based on the criteria for the number of trainees requesting the same conference (see criteria above under Attendance of a Conference).

EXPENSE AND TRAVEL REIMBURSEMENT FOR CONFERENCE ATTENDANCE:

Residents and fellows may use their allotted CME monies to cover the cost of attending educational/scientific conferences. CME monies may also be used to cover any poster printing costs for residents presenting posters at educational/scientific conferences.

Residents and fellows must follow the NSU Travel and Expense Reimbursement policy in order to use their CME monies for any purchases or travel. Note – per NSU policy, airfare must be purchased through the NSU Travel Office.

All expenses (airfare, registration, hotel) must be submitted by the resident/ fellow by means of the Pre-Approval Form and must be approved in advance by the Program Director.

Alcohol, special room/spa services, room charges or food for spouse/family members staying with you during an event and other items as specified in the travel policy are not reimbursable. Itemized, original individual receipts and a completed Travel/Expense Reimbursement Form must be submitted within 30 days for any reimbursement requests after travel. See NSU Travel Policy for more information or ask the KPCOM Office of Graduate Medical Education for assistance.

For both attending at and/or presenting at a conference, it is at the discretion of the individual Program Director(s) to develop with a process of implementation of the policy taking into account schedule restrictions, allowed rotations from which to take educational leave, make-up and/or payback time,

allowable specialty-specific conferences, and additional departmental rules. Refer to the individual training program manual for policy implementation details.

Reviewed and Approved by GMEC on April 13, 2023

SECTION 4: SUPERVISION, EVALUATION, AND REMEDIATION

POLICY ON SUPERVISION OF RESIDENTS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements III.B.4. Supervision and Accountability:*

The Sponsoring Institution must oversee

III.B.4.a).(1) supervision of residents/fellows consistent with institutional and program-specific policies; (Core)

III.B.4.ba).(2) and mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)

Institutional Requirements IV.J. Supervision:

IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)

IV.J.2. The Sponsoring Institution must ensure that each of its ACGME- accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The most important responsibility of any Graduate Medical Education program is to provide an organized educational program with guidance and supervision of the trainees that facilitates professional and personal growth while ensuring safe and appropriate patient care. A trainee will be expected to assume progressively greater responsibility through the course of a training program, consistent with individual growth in clinical experience, knowledge and skill.

Training programs at NSU give trainees significant but appropriately supervised latitude in the management of patients and provides a comprehensive experience in their specialty area in order for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

POLICY:

The education of physician trainees relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. During training, all patient care and educational activities are to be under Program Faculty supervision. Each patient must have an identifiable, appropriately credentialed, and privileged attending physician or approved licensed independent practitioner who is ultimately responsible for their care. A patient's responsible Supervising Physician or licensed practitioner should be identified to trainees, faculty members and patients.

Trainees and faculty members should inform patients of their respective roles in each patient's care. The appropriate level of supervision depends on the individual trainee's level of competency as determined by their knowledge, skill and attitudes. The appropriate level of Program Faculty supervision for each trainee is determined by the responsible Program Faculty and Program Director (Program Leadership).

The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of trainee supervision, including oversight of levels of trainee supervision inconsistent with this GME Policy.

PROCEDURE:

The quality of a trainee's GME experience involves a proper balance between educational quality and the quality of patient care. In all Programs and instances, the level of trainee supervision must ensure the highest quality, safety and effectiveness of patient care. Appropriate levels of trainee supervision during educational and patient care activities include the following guidelines:

A. Level of Supervision

1. The level of trainee supervision must be consistent with the educational needs of the trainee. This also includes supervision of activities that may influence learner safety (i.e., clinical and educational work hour limitations, stress).
2. The level of supervision must be appropriate for the individual trainee's progressive responsibility as determined by the trainee's level of education, competence, and experience. All programs must demonstrate that the appropriate level of supervision is in place for all trainees.
3. The ACGME has also defined certain other applicable Common and specialty/subspecialty-specific Program Requirements that relate to appropriate levels of trainee supervision. Levels of trainee supervision must be in compliance with these requirements.
4. PGY-1 trainees should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY-1 trainees can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME Program Requirements.

B. Determination of Progressive Responsibility

1. There are multiple layers of supervision of trainee educational and patient care activities, including supervision by an advanced-level trainee. Advanced-level trainee supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director.
2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility.
3. The privilege of progressive authority and responsibility, conditional independence, and a

supervisory role in patient care delegated to each trainee must be assigned by the program director and faculty members. The program director must evaluate each trainee's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

4. Faculty members functioning as supervising physicians should delegate portions of care to trainees based on the needs of the patient and the skills of the trainees.
5. Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

C. Communication with Supervising Faculty

1. Programs must set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members.
2. An integral part of the supervision of trainee educational and patient care activities includes the availability and access to communication with Program Faculty at all times (24 hours per day, 365 days annually).

D. Feedback

1. The formative evaluation of trainee activities as dictated by the ACGME Program Requirements is an important component of appropriate trainee supervision.
2. The review of trainee documentation of patient care is an important aspect of trainee supervision.
3. Any concerns about inadequate or inappropriate levels of supervision should be addressed by the Program Leadership, with involvement of the GME Office and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about trainee supervision to the attention of the GME Leadership.

E. Classification Levels of Supervision

1. Direct Supervision: the supervising physician is physically present with the trainee and patient.
2. Indirect Supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
3. Indirect Supervision with direct supervision available: the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.
4. Oversight: the supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON SEMI-ANNUAL AND FINAL EVALUATIONS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Common Program Requirements*:

V. Evaluation

V.A.1 Feedback and Evaluation

V.A.2 Final Evaluation

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The NSU Office of Graduate Medical Education is committed to ensure an educational environment in which programs are transparent with residents regarding their progress from year to year and toward independent practice.

POLICY:

In the GME programs at NSU:

- A. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.
- B. Faculty members must evaluate each resident at the completion of each rotation or similar educational assignment. This evaluation is to be documented and shared with both the resident and the program director. For rotations or assignments of greater than three months in duration, evaluations must be documented at least every three months.
- C. Program directors must provide the Clinical Competency Committee with objective performance evaluations based on the Competencies and the specialty-specific Milestones that incorporate information from multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members).
- D. Each program's Clinical Competency Committee must:
 1. review all resident evaluations at least semi-annually,
 2. determine each resident's progress on achievement of the specialty-specific Milestones, and
 3. meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.
- E. Program director or their designee, with input from the Clinical Competency Committee, must:
 1. meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones,
 2. assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth, and
 3. develop plans for residents failing to progress, following institutional policies and procedures.
- F. At least annually, program directors must complete a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident's performance must be accessible for review by the resident.
- G. Upon completion of the program, program directors must provide a final evaluation for each resident that includes the specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. The final evaluation must:

1. become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident,
2. verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice,
3. consider recommendations from the Clinical Competency Committee, and
4. be shared with the resident upon completion of the program.

Reviewed and Approved on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON PROMOTION, APPOINTMENT RENEWAL, AND DISMISSAL

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.D. Promotion, Appointment Renewal, and Dismissal*:

The Sponsoring Institution must have a policy that requires each of its ACGME- accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment.

IV.D.1.a) 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. (Core)

IV.D.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

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

Trainees are advanced to higher levels of responsibility upon successful completion of the program's goals and objectives in the core competencies. These are defined by the ACGME specialty milestones, evaluated by faculty members, determined by the Clinical Competency Committee (CCC) for each program. The CCC then reports their recommendations for promotion and/or higher levels of responsibility to the Program Director.

POLICY:

A. Promotion Criteria

1. The faculty members of each program must develop and agree to a set of criteria which will allow

- a trainee to progress from year to year (promote).
2. Programs must utilize ACGME milestones as part of their promotion criteria.
 3. Each program must distribute these criteria for promotion to the trainees at the beginning of each year and ensure that they are informed of these expectations.
 4. Programs must periodically review the appropriateness of these competency-based criteria. This review happens as part of the Annual Program Evaluation (APE) process which is conducted by the individual Program Evaluation Committee (PEC).

B. Trainee Advisement and Semi-annual Review

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

C. Non-Promotion

1. Non-promotion decisions should be made by the Clinical Competency Committee and conveyed to the Program Director in writing.
2. If it is determined that a trainee cannot meet the competency-based criteria and is not capable of proceeding to the next level of progressive responsibility but must repeat a portion of the training program, the program director must notify the resident in writing of his/her deficiencies and of the reason for not being promoted.

D. Non-renewal

1. Continuation in the program is contingent upon satisfactory academic and professional performance by the trainee. There are instances in which a trainee's performance is far below the expected standard and they are not able to meet the promotion criteria. In this case, the Clinical Competency Committee may determine and recommend to the Program Director that a trainee not be allowed to continue in the program in subsequent years. This could happen after a trainee receives remediation or probation, after a notice of non-promotion with or without repeating all or a portion of training, or on the recommendation of the Program leadership or other faculty members.
2. If it is determined that a contract will not be renewed, it is the intent of NSU KPCOM Office of GME to provide adequate opportunity for the trainees to seek other training avenues, whether that be at another institution or at another program within the institution.

PROCEDURE:

A. Promotion criteria

1. The Program Evaluation Committee (PEC) must review and approve promotion criteria as part of the Annual Program Evaluation (APE).
2. Program Director (PD) must provide the promotion criteria to all trainees at the beginning of each academic year. PD should document that each trainee received a copy of the criteria and that the criteria were discussed.

B. Promotion/Non-promotion decision

1. The Clinical Competency Committee (CCC) must review each trainee (at least) semi-annually. The CCC will review each trainee in light of the promotion criteria and make a recommendation to the Program Director in regard to promotion.
2. If a program determines that a trainee cannot meet the competency-based criteria, the Program Director must notify the trainee in writing of his/her deficiencies and of the reason for not being promoted.
3. Trainees may appeal this decision in writing to the DIO.

C. Non-renewal

1. The Clinical Competency Committee (CCC) must review each trainee (at least) semi- annually. The CCC will review each trainee in light of the promotion criteria and make a recommendation to the Program Director in regard to non-promotion and non-renewal.
2. In the event that a program determines that a trainee's participation in the program is not going to be renewed, NSU KPCOM Office of GME, in consultation with NSU Human Resources, shall provide the trainee with a written notice of intent not to renew no later than four (4) months prior to the end of the contract term, which is generally the end of the academic year (June 30th).
3. No prior notice is required in the case of non-renewal due to termination for disciplinary reasons.
4. The Program Director must notify the trainee in writing of his/her deficiencies and of the reason for non-renewal.
5. Trainees may appeal this decision in writing to the DIO.
6. In the event the primary reason for non-renewal occurs within the four (4) months prior to the expiration of the term, NSU KPCOM Office of GME shall provide trainee with written notice of its intent not to renew as soon as possible.

For NSU related policy statements, log in to the NSU employee portal to access:

- NSU Academic Affairs – Non-Renewal, Corrective Action and Employment Termination - found at: nova.edu/portal/academic-affairs/faculty-policy-manual/non-renewal-corrective-action-termination.html
- NSU Employee Policy Manual – Formal Grievance Hearing Policy - found at: nova.edu/portal/hr/policies/formal-grievance-hearing.html
- NSU Employee Policy Manual – Corrective Action Policy - found at: nova.edu/portal/hr/policies/corrective-action.html
- NSU Employee Policy Manual – Guidelines for Appropriate Conduct and Ethical Behavior for Employees - found at: nova.edu/portal/hr/policies/conduct-ethical-behavior.html

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

CLINICAL COMPETENCY COMMITTEE

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Common Program Requirements V.A. Resident Evaluation:*

V.A.3. A Clinical Competency Committee must be appointed by the program director.

At a minimum, the Clinical Competency Committee (CCC) must be composed of three members of the program faculty. The program director may appoint additional members of the CCC. These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents in patient care and other health care settings. Chief residents who have completed core residency programs in their specialty

and are eligible for specialty board certification may be members of the CCC. There must be a written description of the responsibilities of the CCC.

The Clinical Competency Committee should:

- a. review all resident evaluations semi-annually,
- b. determine each resident's progress on achievement of the specialty-specific Milestones, and
- c. meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

Semi-Annual Reviews: Written summary performance reviews given in person to residents at least twice per year. This review includes a review of the resident's experience in the milestones, competence in performing clinical procedures, overall progress in meeting program requirements, and a review of progress in meeting board certification requirements.

Promotion Reviews: An annual review of residents to determine their ability to progress on to the next level of training.

BACKGROUND:

The program director has primary responsibility for monitoring the competence and professionalism of residents/fellows for the purposes of recommending promotion and certification as well as for initial counseling, probation or other remedial or adverse action. The CCC has responsibility to provide sufficient information to the program director, including progress along the specialty-specific Milestones, so that the program director can appropriately evaluate trainees' progress in the program .

POLICY:

Committee Charge:

The Clinical Competence Committee of the Residency Program is charged with monitoring resident recommendations to the program director. At all times, the procedures and policies of the CCC will comply with those of NSU-KPCOM and the GMEC.

Responsibilities of the Clinical Competency Committee:

1. Residents will be evaluated using the Core Competencies and specialty-specific milestones. The CCC will review all assessment data (end of rotation faculty evaluations; peer evaluations; procedural simulation; self-assessments; case logs; etc.).

In addition to global assessments, the CCC will review all other evaluation tools used by the program (e.g. OSCE, CEX, in-training exams, medical record audits, multisource, case logs, etc.). The CCC will take data from these evaluations and apply them to the milestones to mark the progress of a resident.

2. Residents will also be accountable for compliance with program and hospital policies, which include but are not limited to:
 - computer ethics
 - sexual harassment
 - conflict of interest

- intellectual property
 - Medicare compliance rules
 - moonlighting
 - infection control
 - drug free workplace
 - pre-employment drug testing
 - completion of medical records
3. The CCC will provide a group narrative summary for each resident's progress and will assist in early identification of areas of needed improvement.
 4. The CCC will use data from evaluation tools to prepare and assure the reporting of the milestone evaluations of each resident semi-annually to the ACGME system.

Where circumstances warrant, the members of the committee may be required to excuse themselves to avoid a potential conflict of interest or to protect the privacy of a resident.

PROCEDURE:

A. Membership:

1. The CCC for any program must be composed of at least three members of the program faculty. All members of the CCC are appointed by the Program Director.
2. The Chair of the CCC is appointed by the Program Director.
3. Members of the Committee must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents in patient care and other health care settings.
4. Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the CCC.
5. CCC membership is reviewed and updated annually at the beginning of each academic year. Advisors should be present during discussions pertaining to their advisee.
6. Program coordinators are not members. However, they may attend and participate in discussions, but do not have a vote.

B. Attendance:

1. Committee members are expected to attend 75% of all meetings.
2. The NSU-COM Office of Graduate Medical Education will provide yearly education for all members of the CCC.
3. Members are expected to attend all regularly scheduled and ad hoc meetings unless their schedule prevents them from doing so. Faculty who will NOT be able to attend, are expected to contact their chair or another committee member to provide input regarding a resident's performance.

C. Structure:

1. A quorum (>50% of members) must be present in order to conduct official business and allow voting.
2. Prior to the meeting, members of the Committee may seek opinions and counsel from other program faculty regarding the performance of residents who are listed on the planned agenda. These discussions provide valuable contextual data to the Committee's deliberations.
3. A faculty member will be asked to review and present each resident. This will be followed by discussion and feedback from others.
4. All members of the Committee must keep resident, program performance data, and discussion

- strictly confidential and anonymous. Members of the Committee must not discuss other Committee members' opinions or comments with residents or other faculty members.
5. In addition to semi-annual performance reviews, at each meeting the Committee will review progress of residents, who are currently on a Corrective Action Plan or remediation and make recommendations to the Program Director regarding continuance or cessation. Residents previously on remediation may be continually discussed to ensure maintenance of performance expectations. All praise and early concern notes received in the period between meetings will be reviewed at each meeting.
 6. The Coordinator will keep detailed minutes of all meetings. The minutes and decisions of the CCC must be kept in the Residency Program office with a copy to the Office of Graduate Medical Education.

D. Types of Performance Reviews

1. Routine Semi-Annual Reviews

The Program must provide written summary to residents at least semi-annually. The review includes the resident's experience in the milestones, competence in performing clinical procedures, and overall progress in meeting program requirements. A review of the resident's progress in meeting board certification and program requirements must also be performed at this time.

Summary performance reviews may be written by the Program Director or members of the CCC. The resident must acknowledge receipt of the summary performance review in writing.

2. Promotion Review

Those residents who have achieved competency in the requirements for a specific level of training may be promoted to the next higher level of responsibility.

No resident can remain at the same level of training for more than 24 months (exclusive of leave). A resident with satisfactory performance based on the milestone criteria may advance until the completion of the program/certification requirements. Promotion or graduation decisions require a recommendation by the Program Director and a majority vote by the CCC.

Residents Must Meet the Following Promotion Standards:

- a. The resident must exhibit clinical academic performance and competence consistent with the curricular standards and the level of training undergone.
- b. The resident must satisfactorily complete all assigned rotations, as supported by evaluation documentation, in each Post Graduate Year (PGY).
- c. The resident must demonstrate professionalism, including the possession of a positive attitude and behavior, along with moral and ethical qualities that can be objectively measured in an academic and/or clinical environment.

The Program Director and the CCC must certify that the resident has fulfilled all criteria, to move to the next level in the program.

Upon a resident's successful completion of the criteria listed above, the Program Director will certify by placing the semi-annual evaluations and the promotion document into the resident's file indicating that the resident has successfully met the requirements for promotion to the next educational level. If this is a graduating resident, the Program Director should place the Final Summative Assessment in the resident's file.

3. Special Review

A resident may be brought up for discussion by the CCC for any of the following reasons:

- a. Recommendation by the Program Director for any reason,
- b. Consistently low or unsatisfactory evaluation scores,
- c. Consistent lack of adherence to program requirements, or
- d. A specific incident that requires review by the CCC for possible probation or dismissal.

Faculty members who wish to initiate an additional review may request this from the Program Director.

4. Follow-up Reviews

At each meeting, the Committee will review progress of residents who are currently on a performance improvement plan, remediation or probation, and decide to lift or continue the probation. Residents previously on probation may be reviewed for clinical and programmatic performance.

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON GRIEVANCES AND DUE PROCESS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements IV.D. Promotion, Appointment Renewal, and Dismissal*:

The Sponsoring Institution must have a policy that requires each of its ACGME- accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment.

*IV.D.1.b)The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal.
(Core)*

Institutional Requirements IV.E. Grievances:

The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The NSU Office of Graduate Medical Education is committed to ensure an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. To this end, NSU provides an organizational system to hear and address residents' concerns and grievances.

POLICY:

All GME programs at NSU will promote fair, reasonable, efficient and equitable resolution of concerns that may arise in the course of residency or fellowship training.

NSU prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this policy.

PROCEDURE:

Formal Grievances

Formal grievances cover dismissal, suspension without pay, demotion, non-renewal, non-promotion, or any other adverse employment action resulting in less pay (Note: This procedure does not apply to grievances regarding claims of perceived discrimination or sexual harassment. Refer to the Nondiscrimination and Anti-harassment Policy regarding claims of discrimination or sexual harassment).

All Formal Grievances will be subject to the Formal Grievance Hearing Policy located in the NSU Employee Policy Manual which can be found at: nova.edu/portal/hr/policies/formal-grievance-hearing.html (must log in to NSU employee portal to access).

Issues that do not rise to the level of Formal Grievances:

In order to provide a mechanism for communicating substantive issues and concerns between residents, the administration of Graduate Medical Education programs, and NSU, without fear of retribution, the following procedures should be followed for issues that do not rise to the level of Formal Grievances:

- A. Program Directors have the primary responsibility for receiving, evaluating and addressing concerns and complaints about any aspect of their program. Residents should raise issues related to their working environment and educational programs through the programs' Chief Resident(s) and Program Director.
- B. When residents wish to communicate concerns without disclosure of names and do not wish to speak directly to their Program Directors, they should make use of the Residents' Forum.
- C. For concerns that resist resolution via these mechanisms, residents should initiate a confidential communication with the Designated Institutional Official who will try to resolve the issue in an appropriately confidential manner.
- D. If such concerns are not appropriate for resolution in the manner set forth in items A-C above, the Designated Institutional Official may appoint a grievance subcommittee of the Graduate Medical Education Committee (GMEC) composed of two members of the Medical Staff (one of whom shall be designated by the chairperson of the GMEC to be chairperson of the subcommittee), one peer-selected resident or fellow from a different program and not associated with the grievance in any way, and one member of administration. This grievance subcommittee will make recommendations for review and final decision by GMEC.

Initial Approval by GMEC on July 7, 2017

Second Approval by GMEC on June 26, 2018

Reviewed and Approved by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

POLICY ON DISCRIMINATION

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.I.5. Discrimination*:

The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

NSU is committed to providing an Equal Employment Opportunity (EEO) to all its employees, including residents.

POLICY:

Discrimination on the basis of race, religion, national origin, age, disability, veteran status, marital status, sex, sexual orientation, gender identification or any other basis protected by federal, state or local law, including verbal or physical harassment on the basis of any of the above characteristics, is prohibited and will not be tolerated. Such prohibited harassment consists of unwelcome sexual advances or comments; ethnic jokes; ethnic, racial, religious or age-related slurs; and similar conduct. This policy is in accordance with the NSU's Equal Employment and Nondiscrimination Policies and its Sexual Harassment Policy and in all instances will adhere to the terms and procedures of those policies.

The Director of Human Resources is NSU's Equal Employment Opportunity Officer. If Resident feel as if he or she has been discriminated against or observes an act which may be interpreted to be discriminatory, has an absolute and unqualified duty to report it to the Director of Human Resources or his or her designee.

To access policy statements on these websites, log in to the NSU employee portal is required:

- NSU Employee Policy Manual – Equal Employment and Nondiscrimination Policies - found at: nova.edu/portal/hr/policies/equal-employment-nondiscrimination.html

Initial Approval by GMEC on April 8, 2021

Reviewed and Approved by GMEC on April 13, 2023

APPENDIX A: THE RESIDENT FORUM & RESIDENT COUNCIL

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements II.C. Resident/Fellow Forum*:

The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment.

II.C1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to raise a concern to the forum,

II.C2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present,

II.C3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC.

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The ACGME Institutional Requirements require the sponsoring institution to have a written policy that addresses the opportunity for Residents and Fellows to gather and address issues in a confidential manner.

POLICY:

Nova Southeastern University, and the KPCOM Office of Graduate Medical Education, is committed to a policy to ensure that Residents and Fellows are afforded a confidential forum whereby concerns and issues can be raised and discussed without the presence of the DIO and respective Program Director present.

PROCEDURE:

In order to assure these requirements are met, the KPCOM Office of Graduate Medical Education has established a Resident Forum at the program level and a Resident Council at the institution level to allow residents within a program and from all NSU KPCOM GME programs to gather and address issues in a confidential manner. These meetings will happen approximately ten times per year, prior to each GMEC meeting, and may be held face-to-face or electronically.

The structure for these two groups is as follows:

Resident Forum

The Resident Forum is comprised of all residents within a program. Every effort will be made to schedule meetings at a time that has the least impact on patient care and other training responsibilities. The GMEC fully supports the resident forum and encourages all program directors to provide protected time for residents to attend these meetings.

- A. At the start of each academic year, the Resident Forum will elect two peer-selected residents who will represent the Resident Forum in the Resident Council. These residents will serve as the President and Vice-President/Secretary of the Resident Forum and will call and preside over all Resident Forum meetings for their program. The Resident Forum will determine if issues raised are

best addressed at the program or institution level. Issues determined to be addressed at the institution level are brought to the Resident Council by the two peer-selected residents. Prior to each meeting, the President or Vice-President/Secretary, or their designee, will call for agenda items.

- B. The Vice-President/Secretary, in the absence of the President, shall preside over the meeting.
- C. The Vice-President/Secretary shall record the minutes.

Resident Council

The Resident Council is comprised of all peer-selected residents from all KPCOM sponsored programs. Every effort will be made to schedule meetings at a time that has the least impact on patient care and other training responsibilities. The GMEC fully supports the resident forum and encourages all program directors to provide protected time for residents to attend these meetings.

- A. At the start of each academic year, the Resident Council will identify a President, Vice-President/Secretary, and two peer-selected residents who will sit on the GMEC. These peer-selected residents may be the President, Vice-President/Secretary. The peer-selected residents in the Resident Council are voting members of the GMEC and provide an oral report of the most recent meetings of the Council and any areas of concern or requests upon which the GMEC would vote or provide further information or guidance.
- B. Prior to each meeting, the President or Vice-President, or their designee, will call for agenda items.
- C. The Vice-President, in the absence of the President, shall preside over the meeting.
- D. The Vice-President/Secretary shall record the minutes.
- E. The KPCOM GME Office provides support in scheduling Resident Council meetings and assisting with communication as requested by the President. The President and Vice-President/Secretary of the Resident Council are responsible for meeting communication, the meeting agenda, and maintenance of the minutes.

Reviewed and Approved by GMEC on April 8, 2021
Revised and Approved by the GMEC on July 14, 2022
Reviewed and Approved by GMEC on April 13, 2023

APPENDIX B: WRITTEN STATEMENT OF INSTITUTIONAL COMMITMENT



NOVA SOUTHEASTERN UNIVERSITY
Health Professions Division
Dr. Kiran C. Patel College of Osteopathic Medicine
Office of the Dean

Statement of Commitment to Graduate Medical Education and Graduate Medical Education Programs

Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine is committed to Graduate Medical Education (GME) in order to enhance the educational opportunities and experiences of our current and future medical students and our current and future learners in our residency programs, to optimize the quality of these programs for future learners, and to develop additional residency programs to meet increasing health care needs regionally and nationally.

To this end, Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine is committed to institutional sponsorship of Accreditation Council for Graduate Medical Education (ACGME) accredited GME programs by providing administrative authority and responsibility for GME programs. The College is committed to providing educational, financial, and human resources in support of GME programs. This commitment is demonstrated through the provision of leadership, an organizational structure, and resources necessary for the institution to achieve compliance with the ACGME Institutional Requirements, and for the ACGME-accredited programs to achieve compliance with the ACGME Program Requirements.

As the Sponsoring Institution, Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine is committed to ensuring that the Designated Institutional Official has sufficient financial support and protected time to effectively carry out her educational, administrative, and leadership responsibilities to the sponsoring institution and that the program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs. The institution is committed to assuring that faculty and residents have ready access to adequate communication resources and technological support and that resident have ready access to specialty/ subspecialty-specific and other appropriate reference material in print or electronic format (e.g. electronic medical literature databases with search capabilities are available).

In addition, Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine and its ACGME-accredited programs are committed to providing a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate.

The college as the sponsoring institution, in partnership with its affiliated hospitals and clinical training sites, is committed to promoting safe and appropriate patient care and providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents' work environment, scholarly activity, personal development and the general competencies, can be met. The responsibility of the college as the sponsoring institution extends to resident assignments at all participating sites. The regular

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Dr. Kiran C. Patel College of Osteopathic Medicine • College of Pharmacy • College of Optometry • Dr. Pallavi Patel College of Health Care Sciences
College of Medical Sciences • College of Dental Medicine • College of Nursing • College of Allopathic Medicine


assessment of the quality of the educational programs, the performance of its residents, the supervision of its residents, and the use of outcome assessment results for the program improvement are essential components of the institution's commitment to GME.

The Dean of the Dr. Kiran C. Patel College of Osteopathic Medicine at Nova Southeastern University, with the support of the Nova Southeastern University Board of Trustees and the executive leadership of the university, will serve as the governing body for the sponsoring institution and appoints the Designated Institutional Official. The Designated Institutional Official serves as the chair of the Graduate Medical Education Committee and, with that body, has the authority for oversight and administration of the GME programs and ensures compliance with the ACGME Institutional, Common, and specialty/subspecialty specific Program Requirements.




President / Chief Executive Officer
Nova Southeastern University

Date: 6/29/18



Dean
Dr. Kiran C. Patel College of Osteopathic Medicine
Nova Southeastern University

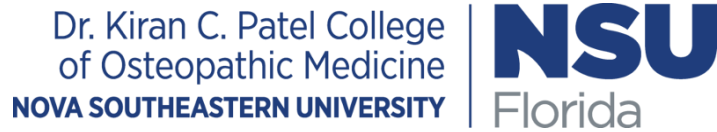
Date: 6-22-18



Designated Institutional Official
Assistant Dean of Graduate Medical Education
Dr. Kiran C. Patel College of Osteopathic Medicine
Nova Southeastern University

Date: 5/15/18

APPENDIX C: SAMPLE CONTRACT



GRADUATE MEDICAL EDUCATION RESIDENT AGREEMENT

This Graduate Medical Education Resident Agreement (“Agreement”) made and entered into this ____ day of _____, 20__ by and between _____ (“Resident”) and Nova Southeastern University, Inc. on behalf of its Dr. Kiran C. Patel College of Osteopathic Medicine (“NSU”).

In consideration of the promises and mutual covenants and agreements contained herein, the parties agree as follows:

1. APPOINTMENT AND TERM

Resident is hereby appointed to participate in the NSU post graduate year one (“PGY-1”) training program in the specialty area of _____ (the “Program”). NSU agrees to provide Resident with clinical, practical and educational experiences that, if successfully completed by the Resident, will lead to an annual reappointment and promotion to a subsequent PGY level. Additionally, upon successful Program completion, Resident will be provided with a NSU Dr. Kiran C. Patel College of Osteopathic Medicine (“NSU-KPCOM”) Certificate of Completion of the Residency and the ability to sit for either the American Osteopathic Association (“AOA”) or the American Board of Medical Specialties (“ABMS”) board examination in the specialty area of _____.

The term of this Agreement shall be one (1) year commencing on July 1, and ending on June 30, _____ unless earlier terminated as provided for herein. Resident shall maintain a current license or a current registration as an unlicensed physician with the State of Florida, Department of Health, Board of Medicine (the “Board”).

2. COMPENSATION AND BENEFITS

NSU shall provide the Resident with employment benefits which include:

- Salary support of _____ for the _____ academic year
- Health and disability insurance for the resident/fellow and eligible dependents, in accordance with NSU policies
- Disability insurance for resident/fellow in accordance with NSU policies
- Paid vacation, parental, sick, and other leaves in accordance with the NSU policies *NOTE: A full description of these employment benefits are attached and can be found in the NSU-KPCOM Graduate Medical Education Policies and Procedures Handbook (“GME Handbook”), which is updated annually.*

NSU shall provide the Resident with professional liability insurance in amounts of no less than \$1,000,000 per claim/\$3,000,000 annual aggregate during the residency Program while the Resident is on official duty and acting within the scope of this Agreement. Resident shall not be covered under NSU's professional liability coverage while moonlighting.

Resident agrees to fully cooperate with NSU with respect to any litigation arising out of actions which occurred during the term of this Agreement (including claims made or investigations or proceedings on-going after termination of this Agreement). Such cooperation will include, but not be limited to, assistance with trial preparation, attendance at depositions and trial, and any other reasonable requests by NSU, at no charge to NSU and will survive the termination of this Agreement.

3. RESIDENT PHYSICIAN RESPONSIBILITIES

Resident agrees to:

- A. Perform satisfactorily and to the best of his or her ability the customary responsibilities of Residents.
- B. Abide by the policies, procedures, laws, rules, regulations, and protocols of work facilities and GME Handbook. In connection therewith, NSU shall provide to and orient Resident to its applicable policies and protocols.
- C. Follow the schedule provided to him/her and to timely attend all classes, clinics, lecture, rotations or other assigned activities.
- D. If assigned outside of NSU or the training facility, Resident's activities will be governed by NSU in conjunction with the outside institution.
- E. Follow all institutional and Program policies regarding duty hours and moonlighting as contained herein and specified in the GME Handbook.
- F. Be responsible to the Program Director, Assigned Rotation Preceptor, Site Director, and member(s) of Hospital/Clinic Staff under whose supervision Resident may from time to time serve, and to the Program's Chief Resident.
- G. Conduct himself/herself in compliance with all rules, regulations and bylaws of NSU and the rotating institution, its Medical Staff, all applicable Service, Departmental and Divisional Rules and Regulations, as well as all applicable policies, both personnel and operational, and such specific rules and regulations as from time to time may be established for residents. Resident agrees not to engage in any activities that interfere with or detract from Resident's duties to NSU or to the orderly and effective operation of NSU, the educational program or the rotating institution.

Additionally, Resident understands that his or her position of resident physician entails provision of care commensurate with the resident physician's level of advancement and competence, under the general supervision of appropriately privileged attending staff. Specifically, Resident is expected to:

- (i) Read, become familiar with, and abide by the policies and procedures set forth in the GME Handbook and the rotating institution's resident handbook, when assigned to institutions outside of NSU. Resident is also responsible for reviewing and abiding by any updates to NSU's or rotating institution's policies and procedures.
- (ii) Develop a personal program of self-study and professional growth with guidance from the teaching staff.
- (iii) Participate in safe, effective and compassionate patient care under supervision.
- (iv) Participate completely in the educational activities of the program and, as required, assume responsibility for teaching and supervising other resident physicians and medical students.
- (v) Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
- (vi) Participate in institutional committees and councils, especially those that relate to patient care review activities.

- (vii) Develop an understanding of ethical, socioeconomic and medical/legal issues that affect health care practice and of how to apply cost containment measures in the provision of patient care.
- (viii) Work harmoniously with other members of the health care team.
- (ix) Complete in a timely manner all responsibilities with respect to medical records and maintain the confidentiality of patient records and information as required by law.
- (x) Submit to the Program Director or to the Designated Institutional Official, at least annually, confidential, written evaluations of the program faculty and the educational experiences.
- (xi) Achieve standards set by the Program Director in the six education competencies: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems Based Practice.
- (xii) Resident shall abide by NSU's or the rotating institution's dress code for all employees as set forth in GME Handbook.

4. OFFICIAL REPRESENTATIVES

For NSU-KPCOM:	Name:	Les Ross, Ed.D., MHRD/MGT
	Title:	Designated Institutional Officer
For Program:	Name:	
	Title:	Program Director
	Program:	_____Residency
For Resident / Fellow:	Name:	_____

5. MOONLIGHTING POLICY

Resident may not engage in outside employment (moonlighting) except where prior written approval from NSU has been obtained. NSU shall have sole discretion when deciding whether to approve Resident's outside employment. PGY-1 residents are not permitted to moonlight under any circumstances. For further information, please see the Moonlighting Policy in the GME Handbook.

6. DUTY HOURS POLICY

Each Program's formal written policies governing resident duty hours are designed to foster resident education and facilitate the care of patients. Duty hours will be set to be consistent with the ACGME's Institutional and Common Program Requirements of the specialties and subspecialties that apply to each program. Resident duty hours and on-call time periods will not be excessive. The structuring of duty hours and on-call schedules will be designed to focus on the needs of the patient, continuity of care, resident well-being, and the educational needs of the residents. These duty hour policies will apply to all institutions to which a resident rotates. For further information, please see the Duty Hours Policy in the GME Handbook.

7. SUBSTANCE ABUSE POLICY

All resident physician candidates offered employment will be screened for the presence of non-prescribed substances/alcohol. Those candidates testing positive for same in the initial and confirmatory testing will not be employed at NSU in the absence of a reasonable explanation acceptable to NSU. Where a resident physician voluntarily reveals a current chemical dependency, rehabilitation may be offered.

Employed resident physicians reasonably suspected of substance abuse are required to submit to drug screening and those employed resident physicians who test positive for same on the initial and confirmatory tests and/or have in their possession illegal drugs or alcohol will be subject to disciplinary action up to and including immediate dismissal or be offered rehabilitation if NSU believes it is warranted by the circumstances. Retention of the resident physician will depend on successful participation in a rehabilitation program to continue until completion of the residency program. For further information, please see NSU's

Drug and Alcohol-Free Workplace Policy in the NSU Employee Handbook and the Physician Impairment Policy in the GME Handbook.

8. GRIEVANCE POLICY

NSU is committed to ensure an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Resident may request the resolution of a concern or dispute regarding his or her clinical and educational performance, conduct, and eligibility to continue in the Program through NSU's Grievance Procedure. The Grievance Procedure can be found in the GME Handbook.

9. RENEWAL AND PROMOTION

Once accepted to the Program, Resident will remain within the Program for the duration of the term of this Agreement, unless removed for failure to satisfactorily perform or otherwise physically unable to continue in the Program as a result of illness, accident, approved medical or family leave, or any other approved leave or discontinuance.

Upon successful completion of the Program during the term of this Agreement, Resident shall be promoted to the subsequent PGY level and a subsequent contract may be offered.

If Resident is not to be renewed for another year of training after the expiration date of this Agreement, NSU will notify him or her no later than four (4) months prior to the expiration date of this Agreement. However, if the primary reason for non-renewal occurs within the four (4) months prior to the end of this Agreement, NSU will provide Resident with as much written notice of the intent not to renew training as the circumstances will reasonably allow.

No prior notice to Resident is required if he or she will not be renewed for another year of training due to termination for disciplinary reasons.

If Resident is not to be promoted to the subsequent PGY level because Resident has failed to meet the competency-based criteria, the Program Director must notify the Resident in writing of his or her deficiencies and the reasons why he or she is not being promoted.

The Resident may appeal decisions not to renew, not to promote or to terminate from the Program in writing to the Designated Institutional Official. Decisions of the Designated Institutional Official may be appealed in accordance with Grievance Policy in the GME Handbook.

For further information, please refer to the Policy on Promotion, Appointment Renewal, and Non-Renewal/Dismissal in the GME Handbook.

10. EXCLUDED PROVIDER

Resident understands and acknowledges that he or she may not participate in NSU's graduate medical education training program if he or she has now or has ever been 1) convicted of a criminal offense related to healthcare fraud or 2) excluded, debarred, sanctioned, or otherwise ineligible for participation in a "Federal Health Care Program" as defined at 42 U.S.C. 1320a-7b(f) or in any other government payment program.

11. INSTITUTION CLOSURE OR RESIDENCY REDUCTION/CLOSURE

In the event NSU intends to reduce the size of or close a residency program, or close the institution, the Graduate Medical Education Committee ("GMEC"), the Designated Institutional Official and Resident will be notified as soon as possible. In these circumstances, NSU will make every reasonable effort to fulfill the

terms of this Agreement, which may include placement of Resident at an alternative site for the remainder of the current academic year. For further information, please refer to the Program Closures and Reductions Policy in the GME Handbook.

12. HARASSMENT-FREE WORK ENVIRONMENT

NSU is committed to providing an Equal Employment Opportunity (EEO) to all its employees, including residents. Discrimination on the basis of race, religion, national origin, age, disability, veteran status, marital status, sex, sexual orientation, gender identification or any other basis protected by federal, state or local law, including verbal or physical harassment on the basis of any of the above characteristics, is prohibited and will not be tolerated. Such prohibited harassment consists of unwelcome sexual advances or comments; ethnic jokes; ethnic, racial, religious or age- related slurs; and similar conduct. This policy is in accordance with the NSU's Equal Employment and Nondiscrimination Policies and its Sexual Harassment Policy and in all instances will adhere to the terms and procedures of those policies.

The Director of Human Resources is NSU's Equal Employment Opportunity Officer. If Resident feel as if he or she has been discriminated against or observes an act which may be interpreted to be discriminatory, has an absolute and unqualified duty to report it to the Director of Human Resources or his or her designee.

13. ACCOMMODATION FOR DISABILITIES

Resident may request accommodation for disability by following the procedure outlined in the NSU's policy for disability accommodation.

14. RESTRICTIVE COVENANTS

Neither the UNIVERSITY nor its programs may require residents to sign a non-competition guarantee or restrictive covenant, as set forth in the UNIVERSITY's policy on restrictive covenants.

15. INTERPRETATION OF AGREEMENT

Questions regarding the terms and conditions of this Agreement shall be submitted in writing to the Designated Institutional Official for review. A final and binding written response will be rendered by NSU within thirty (30) days from the date the request was received by the Designated Institutional Official.

16. TERMINATION OF THE AGREEMENT

This Agreement may be terminated for the following reasons:

Death or Disability. Resident's appointment shall immediately terminate upon death or if Resident is or becomes disabled and unable to perform the essential functions of his or her duties with or without reasonable accommodation.

Termination of Appointment. The Program Director may terminate or suspend Resident's appointment and continued participation in the Program at any time during the term of this Agreement due to personal or professional misconduct (non-academic) and/or academic reasons as set forth in the GME Handbook or dismiss Resident from the Program. Resident will be advised in writing of the basis for the disciplinary action. If Resident's appointment is suspended or terminated, or Resident is dismissed from the Program, Resident has the right to appeal the decision through NSU's Grievance Procedure.

Resignation. Resident may terminate his or her appointment hereunder upon ninety (90) days written notice or such shorter notice period as the Program Director shall approve. In the event that Resident is unable or

unwilling to return to duty on the agreed upon date after an approved medical or family leave, or other approved leave or discontinuance, such action shall be deemed to be Resident's resignation from the residency Program and this Agreement shall terminate immediately.

Upon termination of this Agreement for reasons cited herein, the only obligation of NSU shall be to pay Resident's stipend earnings which may have accrued hereunder up to the date of such termination or suspension. The final clearance procedure as outlined in the GME Handbook must be adhered to prior to termination of employment.

17. MISCELLANEOUS

This Agreement and its accompanying attachments (listed below) represent the entire understanding of the parties with respect to the matters covered herein, and supersedes all prior or contemporaneous agreements, discussions, negotiations, and representations, whether written or oral. This Agreement may only be altered, amended, or modified by a writing duly signed by the parties.

This Agreement shall be construed in accordance with the laws of the State of Florida. With respect to any action arising out of this Agreement, the parties accept the exclusive jurisdiction of the state courts in Florida and agree that venue shall lie exclusively in Broward County, Florida.

If any term or provision of the Agreement is found to be illegal or unenforceable by a court or competent jurisdiction, the remainder of the Agreement shall remain in full force and effect to the maximum extent permitted by law.

A waiver by either party or any breach of this Agreement shall not be deemed a waiver of any subsequent breach of the same provision or the breach of any other provision. All waivers must be in writing and executed by the waiving party.

Termination of the Agreement will not affect the parties' rights or obligations that, by their nature and context, are intended to survive termination of the Agreement.

F. ATTACHMENTS

The following NSU policies are attached to and made a part of this Agreement:

- Promotion, Appointment Renewal, and Dismissal Policy
- Grievance and Due Process Policy
- _____ Summary of Resident Benefits
- Health and Disability Policy
- Vacation and Leaves of Absence Policy (including notification of effect of leave on program completion)
- Clinical and Educational Work Hours Policy

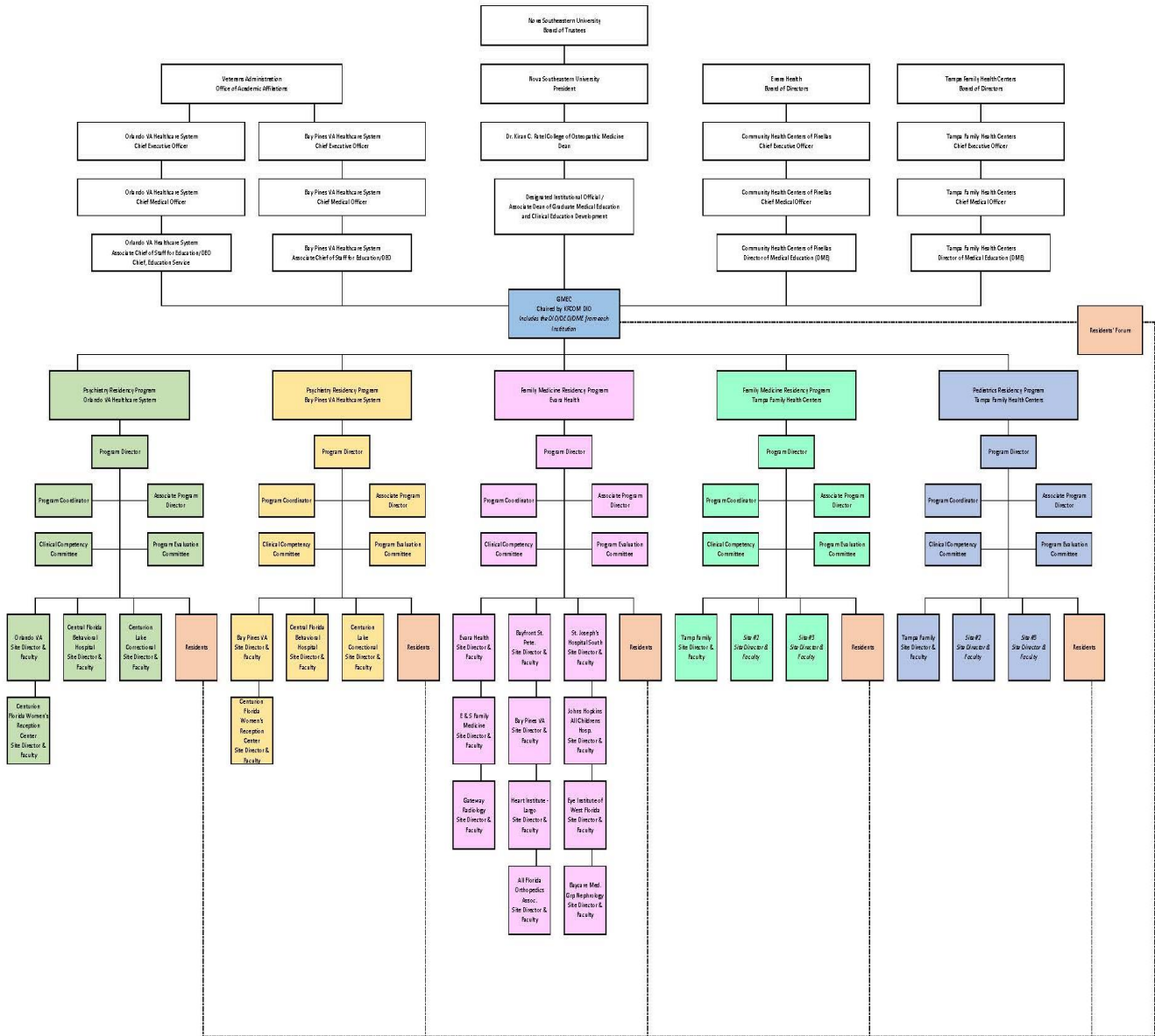
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be effective as of the date and year first written above.

Resident / Fellow Enter complete name of other party in the space below	Dr. Kiran C. Patel College of Osteopathic Medicine ACGME Sponsoring Institution
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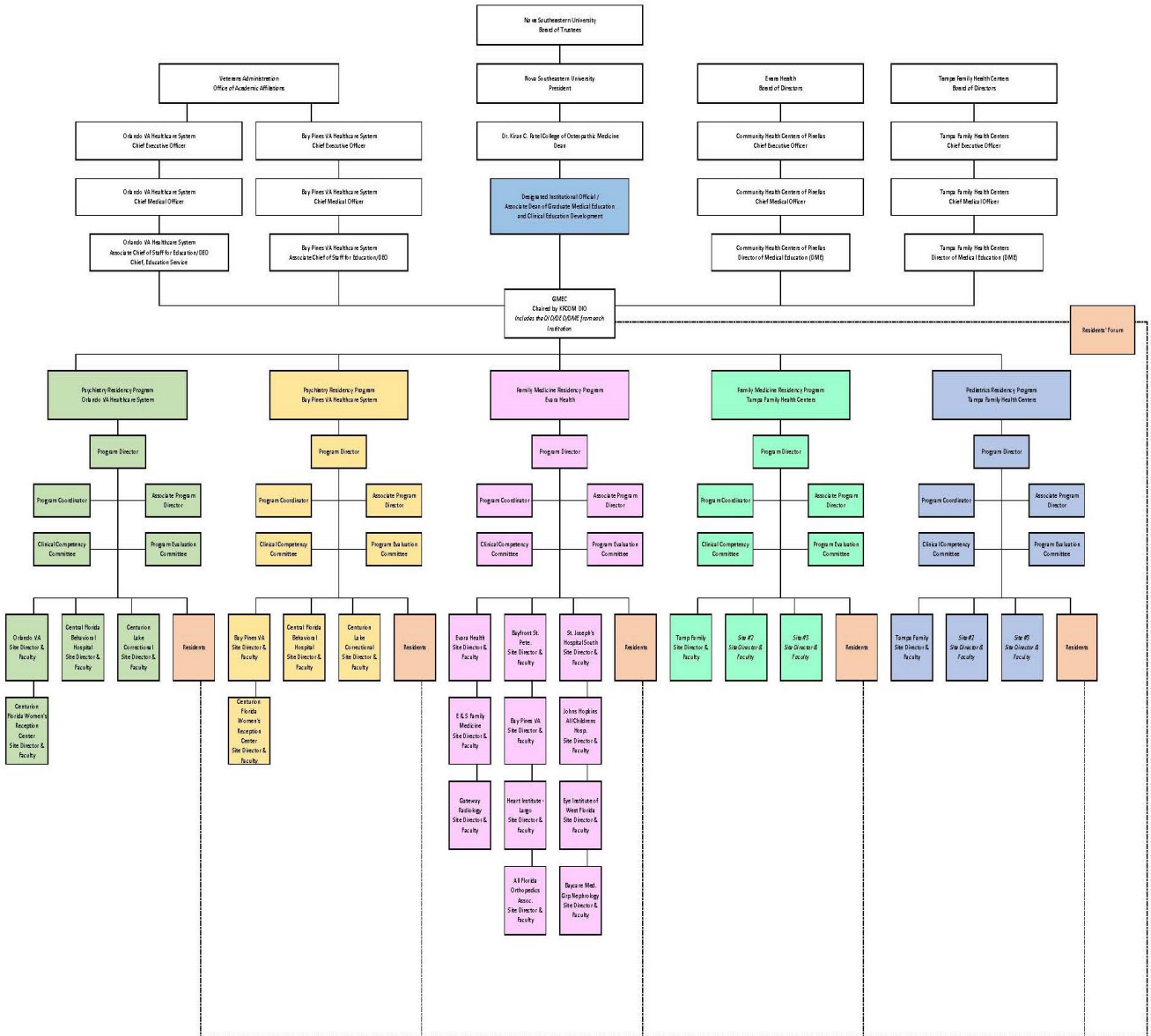
SIGNED BY:	SIGNED BY:
NAME:	NAME:
TITLE:	TITLE: Program Director
DATE:	DATE:
	SIGNED BY:
	NAME: Les Ross, Ed.D., MHRD/MGT
	TITLE: Designated Institutional Officer
	DATE:
	Nova Southeastern University, Inc. on behalf of its Dr. Kiran C. Patel College of Osteopathic Medicine
	SIGNED BY:
	NAME: Elaine Wallace, D.O.
	TITLE: Dean
	DATE:

APPENDIX D: ORGANIZATIONAL CHARTS

NSU KPCOM GME Organizational Chart #1 – Position of the GMEC



NSU KPCOM GME Organizational Chart #2 – Position of the DIO



APPENDIX E: KPCOM GRADUATE MEDICAL EDUCATION GLOSSARY OF TERMS



**DR. KIRAN C. PATEL COLLEGE OF MEDICINE (KPCOM)
GRADUATE MEDICAL EDUCATION
GLOSSARY OF TERMS
(UPDATED APRIL 1, 2021)**

KPCOM GLOSSARY OF TERMS

Affiliate: Any other hospital or site to which a training program sends trainees for a required or an elective rotation. Also known as a “participating site”.

Associate Program Director (APD): Individual(s) appointed by the Program Director (PD) to assist with program administration. The appointment does not require approval by the GMEC or RRC.

Benefit eligible employee: Employees scheduled to work a minimum of 19.2 hours per week who are eligible for all regular, full-time employee benefits.

Block schedule: A trainee’s schedule of rotations during an academic year.

Chief resident: A senior resident in the last year of training or a recent graduate sometimes given a faculty appointment, although the role varies and not all residency programs appoint Chief Residents who usually serve as advocates for the residents.

Clinical supervision: A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.

Closure: A residency or fellowship training program that is no longer accepting, training, or graduating residents/fellows.

Comprehensive Osteopathic Medicine Licensing Examinations (COMLEX): Developed by the National Board of Osteopathic Medical Examiners (NBOME), level 1 is taken at the end of the second year of classes and level 2 is taken in the first six months of the fourth year.

Commission on Osteopathic College Accreditation (COCA): COCA serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the colleges of osteopathic medicine reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of the Colleges of Medicine. The COCA is a branch of the AOA.

Continuing Medical Education (CME): Physician education beyond residency and/or fellowship training required for continued licensure.

Continuity clinic: Ambulatory patient setting where a trainee follows a patient’s medical condition over an extended period of time.

Credentialing: The process of obtaining a hospital (and KPCOM) appointment, +/- billing privileges. The review is handled by KPCOM and hospital-based medical staff offices.

Didactics: Scheduled, systematic instruction by means of planned learning experiences such as conferences or grand rounds.

Disability: Under applicable disability laws, an individual with a disability is a person who:

1. has a physical or mental impairment that substantially limits one or more major life activities,
2. has a record of such an impairment, or
3. is regarded as having such an impairment. Temporary, non-chronic impairments that do not last for a long time and that have little to no long-term impact usually are not disabilities. The determination of whether an impairment is a disability is made on a case-by-case basis.

Disaster: An event or set of events (natural or man-made) causing significant alteration to the training experience at one or more residency programs.

Discrimination: Conduct that adversely impacts the terms and conditions of employment based on prohibited factors.

Discrimination actions: Regular and repeated actions or things displayed around the workplace that unreasonably interfere with job performance or create an intimidating, hostile or offensive work environment. A hostile environment may include:

1. Sexual pictures, calendars, graffiti or objects
2. Offensive language, jokes, gestures or comments.

Duty hours: All clinical and academic activities related to the program (i.e. patient care, administrative duties relative to patient care including both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the residency program.

Duty hours violation: A violation of one of the ACGME duty hour rules as configured in each training program's section of MedHub.

Education Specialist (ES): A physician in the Office of Graduate Medical Education (OGME) who works on educational issues and is available to work directly with programs in areas such as curriculum design and content.

Evaluation: Sometimes used to refer to a MedHub questionnaire used to evaluate a person or thing. An evaluation session is the set of configuration options that determine who evaluates whom, on what schedule, and using which questionnaire, etc.

Evaluation and feedback (E&F): The assessment of a trainee's performance. Generally, evaluation refers to written communication and feedback refers to oral, in person communication.

Exempt – Professional employee: An employee whose primary duty is the performance of work requiring knowledge of an advanced type in the field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction; or requiring invention, imagination, originality or talent in a recognized field of artistic or creative endeavor. Includes those who teach, tutor, instruct, or lecture in the activity of imparting knowledge; and who are employed and engaged in this activity as teachers in an educational establishment. Classification of GME trainees as NSU employees.

Fatigue management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Fellowship Program Director (FPD): The Program Director of an accredited or non-accredited fellowship program.

Goals and objectives (G&Os): Written guidelines and competency expectations required for each rotation and the program overall and which should be based on the six ACGME Core Competencies.

Good standing: Maintaining consistent attendance at academic conferences, demonstrating proficiency on the In-training examination by obtaining a score above the national mean, and meeting acceptable standards during the monthly faculty evaluation process.

Graduate Medical Education Committee (GMEC): A committee responsible for graduate medical education. The Sponsoring Institution-based GMEC's monitor and oversee accreditation of their programs.

Grand Rounds: Presentations sponsored by clinical departments which often feature external keynote speakers who offer expertise on a variety of clinical topics.

Grievance: An expression of dissatisfaction regarding:

- a resident's written contract,
- duties assigned to a resident,
- the application of policies, or
- a question regarding the probation, suspension, or termination/nonrenewal of an appointment.

Harassment: Any conduct (words or acts) – whether intentional or unintentional – or a product of disregard for the safety, rights, or welfare of others, which causes physical, verbal, or emotional harm. Harassment is any conduct that intimidates, degrades, demeans, threatens, hazes, or otherwise interferes with another person's rights to comfort and right to be free from a hostile environment. This includes, but is not limited to, loud or aggressive behavior; behavior that disrupts the orderly functioning of the university or hospital; behavior that disturbs the peace and/or comfort of person(s) on the university campus or hospital grounds; and behavior that creates an intimidating, hostile, or offensive environment. It also includes any conduct (words or act) in which the university or hospital can determine a threat exists to the educational process or to the health or safety of a member of the community.

Sexual harassment: Unwelcome sexual advances (either verbal or physical), requests for favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is either an explicit or implicit term or condition of employment (e.g., promotion, training, timekeeping or overtime, assignments, etc.)
2. Submission to or rejection of the conduct is used as a basis for making employment decisions, or
3. The conduct has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment.

Impaired trainee: An impaired trainee is one who is unable to practice medicine with reasonable skill and safety due to physical, behavioral or mental illness or excessive use or abuse of drugs or alcohol. An impaired trainee is unable to participate effectively in educational activities.

Intern: A trainee in his/her first year of training after medical school and who is often referred to as a PGY-1.

Internal moonlighting: voluntary, compensated, medically- related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Internal review (IR): A program self-assessment and review conducted by the Office of Graduate Medical Education on behalf of the Graduate Medical Education Committee (GMEC) which is completed at the mid-point between site visits.

Internal Review Committee (IRC): The group conducting the internal review that generally includes the GMED for the specialty, a review of the curriculum by an ES, volunteer faculty, and resident reviewers from other departments/subspecialties.

Justification: When there is a violation of the 24+4 hour and short break rules advanced residents as defined by their Residency Review Committee (RRC) who may write a "justification" or a valid reason as listed in the

Common Program Requirements (CPR's). If approved by the Program Director, the exception is allowed and is not considered a violation.

Letter of Report (LoR): Official communication from the ACGME Institutional Review Committee (IRC) that states the accreditation action taken by the IRC for the Sponsoring Institution (SI).

Master Affiliation Agreement (MAA): The agreement that a Sponsoring Institution must have with other training sites to which its programs send trainees and is executed by the Office of Graduate Medical Education (OGME).

Moonlighting: Any extracurricular provision of medical services outside the requirements of the residency/fellowship program, in which an individual performs duties as a fully licensed physician and receives direct financial remuneration.

National Matching Service: The AOA Intern/Resident Registration Program is a matching program that places students into osteopathic graduate medical education positions in the United States. The Intern/Resident Registration Program (the "Match") is sponsored and supervised by the American Osteopathic Association (AOA). The Match is administered on behalf of the AOA by National Matching Services, Inc.

Non-compete: A restriction that keeps a physician from practicing in a certain area, often included as a component of an employment contract.

Objective Structured Clinical Exam (OSCE): Standardized patient encounters used to assess medical students' and incoming trainees' skills.

Office of Graduate Medical Education (OGME): The department at a university that oversees residency and fellowship programs and is responsible for ensuring the compliance of accrediting body requirements.

Professional liability insurance: A form of insurance protecting individuals and companies related to covered claims made by patients, pertaining to the rendering of, or failure to render, medical professional services.

Program Information Form (PIF): The document completed by the Program Director in preparation for a site visit. The form is organized into two parts, the Common PIF and the Specialty PIF, and requires the compilation of requested information that reflects the current status of the educational program and compliance with the specialty- or subspecialty-specific program requirements.

Program faculty: Any individuals who have received a formal assignment to teach resident physicians.

Promotion: The process by which a resident progresses from one year of training to the next.

Progressive responsibility: Increasing levels of competency in residents leading to greater levels of independence in clinical practice and increasing levels of responsibility for patient care and/or the supervision of more junior residents and medical students.

Reduction: A decrease in the number of trainees what are accepted into a program or a decrease in the total number of trainees in a program.

Residency Management Suite (MedHub): A web-based software application used by residents and fellows to log hours by faculty and trainees to evaluate each other and the program. MedHub is managed by administrative staff at the participating site.

Residency Review Committee (RRC): Twenty-seven subsets of the ACGME divided by clinical specialty responsible for review of the residency and fellowship programs to ensure compliance with national accreditation standards.

Resident physician: Any physician in an accredited graduate medical education program, including interns, residents, and fellows.

Rotation: An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

Supervising physician: A physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Train Out: A process of closing a program during which those trainees already in a program are allowed to complete their training. No new trainees are accepted into the program during the “train out” process. Once all trainees have completed the training program, the program closes.

Undergraduate Medical Education (UME): The medical training required before entry into a GME program (i.e. medical school).

Vendor: Any individual, P.A., or entity that provides goods or services to the university or hospital, including all professional services (medical, legal, financial, etc.); construction and renovation; and insurance and consulting activities. These entities may include, but are not limited to, pharmaceutical companies, device manufacturing companies, and other health- related companies.

For all other terms, see the *ACGME Glossary of Terms*.

APPENDIX F: ACGME GLOSSARY OF TERMS



**ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
GLOSSARY OF TERMS
(UPDATED MARCH 10, 2023)**

ACGME GLOSSARY OF TERMS

Accreditation Data System (ADS): A web-based software system to collect, organize, and maintain information for accreditation and recognition purposes, and a means of communication between the ACGME and Sponsoring Institutions and programs.

Accreditation status: The official decision made by a Review Committee based on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable requirements.

Adverse action: An accreditation or recognition action resulting from a Review or Recognition Committee's determination of substantial non-compliance with the applicable Program or Recognition Requirements.

Alleged egregious event: The occurrence of an alleged accreditation violation affecting a Sponsoring Institution or program determined by the President and Chief Executive Officer or designee of the ACGME to be of sufficient importance and urgency to require a rapid response.

Applicant: An individual invited to interview with a graduate medical education program.

At-home call (pager call): Call taken from outside the assigned site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count. At-home call may not be scheduled on a resident's or fellow's one free day per week (averaged over four weeks).

Attending physician: The single identifiable physician ultimately responsible and accountable for an individual patient's care and who may or may not be responsible for supervising residents or fellows.

Categorical resident: A resident who enters a program that begins in the PGY-1 and provides the required education and training to be eligible for specialty board certification.

Certification: The official attestation by a specialty certifying board of an individual physician's knowledge and skills relative to the provision of high-quality care in a particular specialty, generally following successful completion of one or more examinations. The ACGME does not provide certification services.

Citation: A finding of a Review or Recognition Committee that a Sponsoring Institution or program has failed to comply substantially with a particular accreditation or recognition requirement.

Clinical Competency Committee (CCC): A required body comprising three or more members of the active teaching faculty, including at least one core faculty member, that is advisory to the program director and reviews the progress of all residents or fellows in the program.

Clinical and educational work hours: All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases. Formerly known as "duty hours."

Clinical Learning Environment Review (CLER) Program: An ACGME initiative designed to provide

US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback in Focus Areas specific to the safety of the clinical learning environment.

CLER Site Visit: A visit conducted by CLER Field Representative(s) and other representatives, as determined by the ACGME, that includes interviews with faculty members, program directors, residents and/or fellows, participating site personnel, institutional leadership, and other selected staff members, and the review of institutional documentation, as needed, to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of graduate medical education in the six CLER Focus Areas.

Common Program Requirements: The ACGME requirements that apply to all specialties and subspecialties within a specific category (see below). These requirements are denoted by bold text within the applicable Program Requirement documents.

Common Program Requirements (Residency): Applicable to all residency programs and Transitional Year programs.

Common Program Requirements (Fellowship): Applicable to most fellowship programs.

Common Program Requirements (One-Year Fellowship): Applicable to those one-year fellowships that chose to use an abbreviated version of the fellowship requirements.

Common Program Requirements (Post-Doctoral Education Program): Applicable to post-doctoral programs in a medical or medical-related field (See Post-Doctoral Program in a Medical or Medical-Related Field).

Complaint: An allegation that a Sponsoring Institution or program is non-compliant with accreditation or recognition requirements.

Complement: The maximum number of residents or fellows approved by a Review Committee per year and/or per program based upon availability of adequate resources.

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

Conditional independence: Graded, progressive responsibility for patient care with defined oversight.

Core Competencies: The six domains of educational and clinical knowledge, skills, and attitudes that physicians must develop for independent and autonomous practice of a specialty or subspecialty. These domains are: Patient Care and Procedural Care; Medical Knowledge; Practice-based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-based Practice.

Competencies: Common and specialty- or subspecialty-specific knowledge, skills, and attitudes within the Core Competency domains for a particular specialty or subspecialty.

Cultural humility: A practice of ongoing self-reflection on how one's own background and the background of others impact teaching, learning, research, creative activity, engagement, leadership, etc.

Designated institutional official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

Extraordinary circumstance: A situation or event that significantly alters the ability of a Sponsoring Institution and its programs to support resident/fellow education. *For more information, see ACGME Policies and Procedures Subject 21.00.*

Faculty: The group of individuals (both physician and non-physician) assigned to teach and supervise residents/fellows.

Core faculty: See Common Program Requirement II.B.4.

Fellow: An individual enrolled in an ACGME-accredited fellowship (subspecialty or sub-subspecialty) program who has completed a residency program in a related specialty. Note: the term may also refer to other learners by individual institutions or programs.

Fellowship: A program that provides advanced education and training in progressive levels of sub-specialization following completion of education and training in a primary specialty and, if applicable, a related sub-specialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to prepare physicians to enter the unsupervised practice of medicine in a subspecialty or sub-subspecialty.

Residency-dependent subspecialty program: A program required to function with an accredited residency program in its related specialty. The Continued Accreditation of the subspecialty program is dependent on the residency program's maintaining its accreditation. A residency-dependent subspecialty program must be sponsored by the same ACGME-accredited Sponsoring Institution as the associated residency program.

Residency-independent subspecialty program: A fellowship program that is not required to function with an accredited residency program in its related specialty. These subspecialty programs are dependent on an ACGME-accredited Sponsoring Institution. These programs may occur in two circumstances:

1. The program is reliant upon an ACGME-accredited Sponsoring Institution that sponsors programs in more than one specialty and/or subspecialties.
2. The program is reliant upon an ACGME-accredited Sponsoring Institution that sponsors a program or programs in only one subspecialty.

Sub-subspecialty program: A program that provides advanced training in progressive levels of specialization following completion of education and training in both the primary specialty and its related subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to prepare physicians to enter the unsupervised practice of medicine in a sub-subspecialty. Each sub-subspecialty program must be dependent on a related subspecialty program sponsored by the same ACGME-accredited Sponsoring Institution.

Final evaluation: The required overall evaluation to be completed by the program director to be completed for every resident or fellow upon completion of a program. May also be referred to as a "summative evaluation."

Formative evaluation: Feedback provided as a result of ongoing monitoring of resident/fellow learning and experience that can be used by residents/fellows to improve their knowledge and performance.

Graduate medical education: The period of didactic and clinical education in a medical specialty, subspecialty, or sub-subspecialty that follows the completion of undergraduate medical education (i.e. medical school) and that prepares physicians for the independent practice of medicine in that specialty, subspecialty, or sub-subspecialty. Also referred to as residency or fellowship education.

In-house call: Clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house

call does not include night float, being on call from home, or regularly scheduled overnight duties.

International medical graduate (IMG): A graduate from a medical school outside the United States and Canada. IMG's may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by U.S. Immigration authorities.

Interprofessional team: The physicians and other health care professionals, including nurses, pharmacists, case workers, physical therapists, etc., as appropriate, assigned to the delivery of care for an individual patient.

Letter of Notification (LON): The official communication from a Review or Recognition Committee that states an action taken by the committee.

Milestones: Description of performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains. "The Milestones" refers to a complete set or the overall ACGME Milestones framework; "milestone(s)" refers to individual items within a set.

Moonlighting: Voluntary, compensated, medically related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

External moonlighting: Voluntary, compensated, medically related work performed outside the site where the resident or fellow is in training and any of its related participating sites.

Internal moonlighting: Voluntary, compensated, medically related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

Multidisciplinary subspecialty program: A fellowship that is co-sponsored by multiple specialties and for which accreditation is overseen by multiple Review Committees.

Must: A term used to identify a requirement that is mandatory or done without fail when the requirement is categorized as "Core" or "Outcome", and in each of the following additional circumstances regardless of the categorization assigned to the requirement. When a "must" requirement is categorized as "Detail," a program holding a status of Continued Accreditation or Continued Recognition may use alternative or innovative approaches in meeting the associated "Core" requirement(s), where applicable.

Night float: A rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

Non-standard training (NST) program: Clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties Member Board certification.

Non-standard trainee: A physician in a non-standard training (NST) program who holds a J-1 visa sponsored by the Educational Commission for Foreign Medical Graduates.

One day off: One continuous 24-hour period free from all administrative, clinical, and educational activities. *For more information, see the Common Program Requirement FAQs.*

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

Pipeline specialties: Specialties that lead to primary board certification. The net output of physicians over time from the graduate medical education system into clinical practice is determined by the number of positions available in pipeline specialties.

Post-doctoral program in a medical or medical-related field: A structured educational activity comprising a series of clinical and/or other learning experiences, designed to train MD's, DO's, and others in a medical or medical-related field.

Post-graduate year (PGY): The denotation of resident's or fellow's progress in their residency and/or fellowship education. The PGY does not necessarily correspond to the resident's or fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship would be considered a PGY4, denoting the three years spent in pediatric residency and the first year of the fellowship.

Primary clinical site: The most commonly used facility designated for clinical instruction in the program.

Program coordinator: The lead administrative person who assists the program director in accreditation efforts, educational programming, and support of residents/fellows.

Program director: The individual designated with authority and accountability for the operation of a residency/fellowship program, including compliance with all applicable program requirements.

Program Evaluation Committee (PEC): Group appointed by the program director to conduct program review as needed and the Annual Program Evaluation. *See Common Program Requirements under V.C.*

Progress report: A report requested of a Sponsoring Institution or program regarding concerns the Review or Recognition Committee had during its regular review of the institution or program. The progress report must be reviewed by the Sponsoring Institution's Graduate Medical Education Committee (GMEC) and must be signed by the designated institutional official (DIO) prior to submission to the Review or Recognition Committee.

Program Letter of Agreement (PLA): A written document that addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents or fellows have required educational experiences.

Program year: Refers to a specific year of a residency or fellowship program;; this designation may or may not correspond to an individual resident's or fellow's post-graduate year.

Psychological safety: An environment of trust and respect that allows individuals to feel able to ask for help, admit mistakes, raise concerns, suggest ideas, and challenge ways of working and the ideas of others on the team, including the ideas of those in authority, without fear of humiliation, and the knowledge that mistakes will be handled justly and fairly.

Recognition: Acknowledgment, supplemental to accreditation, for identified elements or categories of a Sponsoring Institution or program.

Recognition Committee: A group comprised of volunteers that sets Recognition standards (requirements), provides peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with the applicable published Recognition Requirements, and confers a Recognition status on each Sponsoring Institution or program with regard to substantial compliance with those requirements. The Osteopathic

Principles Committee serves in this capacity.

Recognition status: The official decision made by a Recognition Committee based on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable Recognition Requirements.

Requirements (Institutional and Program):

Core Requirements: Statements that define structure, resource, and process elements essential to every graduate medical educational program.

Detail requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and Sponsoring Institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to comply with Core Requirements.

Outcome requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at stages of their graduate medical education.

Resident: An individual enrolled in an ACGME-accredited residency program.

Residency program: A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school or a college of osteopathic medicine as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical education and training as described in the relevant specialty-specific Program Requirements.

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

Safety event: An adverse event, near miss, or other event resulting from unsafe conditions in the clinical care setting. May also be referred to as a patient safety event; previously referred to as adverse event in the Common Program Requirements.

Site visit (accreditation/recognition): A site visit is conducted by an individual or a team of ACGME-employed Accreditation Field Representative(s) as part of the accreditation and recognition process for Sponsoring Institutions and programs. It addresses compliance with the Institutional and/or relevant Program or Recognition Requirements to inform the Review of Recognition Committee's assessment.

Self-study: An objective, comprehensive evaluation of a Sponsoring Institution or residency/fellowship program, with the aim of improving it, conducted ahead of the 10-Year Accreditation Site Visit. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement.

Should: A term used to designate requirements so important that non-substantial compliance must be justified.

When a “should” requirement is categorized as “Detail,” a program holding a status of Continued Accreditation or Continued Recognition, may utilize alternative or innovative approaches in complying substantially with the associated Core requirement(s), where applicable.

Specialty program: See Residency.

Sponsoring Institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.

Subspecialty program (fellowship): See Fellowship.

Sub-subspecialty program: See Fellowship.

Summative evaluation: See Final Evaluation.

Transfer resident: Residents are considered “transfer residents” under several conditions, including: moving from one program to another within the same or between different Sponsoring Institution(s) and within the same or a different specialty; when entering a program requiring a preliminary year at the PGY-2 level even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the Match (e.g., accepted to both programs right out of medical school). The term does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

Transitional year program: A one-year educational experience in graduate medical education (GME), which is structured to provide a program of multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specialty. The transitional year is a prerequisite; it does not comprise a complete program in GME.

Work compression: An increase in the amount of work to be completed without a corresponding increase in the amount of time provided to complete that work.

**APPENDIX G: ACGME ACRONYMS/ABBREVIATIONS USED IN GRADUATE
MEDICAL EDUCATION**



**COMMON ACRONYMS/ABBREVIATIONS USED IN
GRADUATE MEDICAL EDUCATION
(UPDATED APRIL 4, 2019)**

COMMON ACRONYMS/ABBREVIATIONS USED IN GRADUATE MEDICAL EDUCATION

AACOM	American Association of Colleges of Osteopathic Medicine
AAMC	Association of American Medical Colleges
ABMS	American Board of Medical Specialties
ABOMS	American Board of Osteopathic Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
ADS	Accreditation Data System
AHA	American Hospital Association
AIR	Annual Institutional Review
AMA	American Medical Association
AMA-CME	American Medical Association – Council on Medical Education
AOA	American Osteopathic Association
APE	Annual Program Evaluation
CAAR	Computer Assisted Accreditation Review
CBE	Competency-Based Education
CCC	Clinical Competency Committee
CLER	Clinical Learning Environment Review
CMS	Centers for Medicare and Medicaid Services
CMSS	Council of Medical Specialty Societies
COCA	Commission on Osteopathic College Accreditation
COMLEX	Comprehensive Osteopathic Medicine Licensing Examinations
CRCC	Council of Review Committee Chairs
CRCR	Council of Review Committee Residents
DIO	Designated Institutional Official
ECFMG	Educational Commission for Foreign Medical Graduates
ERAS	Electronic Residency Application Service
EVE/ADAM	Effective, Very Efficient Accreditation Data Management System
FOMA	Florida Osteopathic Medical Association
FREIDA	Fellowship and Residency Interactive Database (AMA)
FS	Accreditation Field Staff
FSMB	Federation of State Medical Boards
FSOMB	Federation of State Osteopathic Medical Boards
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
HIPAA	Health Insurance Portability and Accountability Act
IRC	Institutional Review Committee
IRD	Institutional Review Document
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LCME	Liaison Committee on Medical Education
LON	Letter of Notification
NBME	National Board of Medical Examiners
NBOME	National Board of Osteopathic Medical Examiners
NRMP	National Resident Matching Program
OPP	Osteopathic Principles and Practices
OSHA	Occupational Safety and Health Administration
PD	Program Director
PEC	Program Evaluation Committee
PGY	Post Graduate Year

PIF	Program Information Form
PLA	Program Letter of Agreement (for residency and fellowship program)
QI	Quality Improvement
RC	Review Committee
RQ	Resident Questionnaire (used in Internal Medicine)
RRC	Residency Review Committee
SI	Sponsoring Institution
SSV	Specialist Site Visitor
SV	Site Visitor
TY	Transition Year
TYRC	Transitional Year Review Committee
USMLE	United States Medical Licensing Examination