GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

July 2019 - June 2020

(Updated and Approved by GMEC on August 6, 2019)

University of South Alabama Hospitals
University of South Alabama, College of Medicine
University of South Alabama
INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

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

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

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

2. To establish sufficient salary support and resources allowing for effective administration of the GME Office and all of its GME Programs;

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

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

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

6. To present an annual report to the organized medical staff and the governing bodies of the major participating institutions in which GME Programs of USAH are conducted;

7. To regularly conduct internal reviews of all GME Programs to assess the performance of their residents, and the use of their outcome assessment results for program improvement as well as their compliance with the Common, specialty/subspecialty-specific Program and Institutional Requirements of the relevant ACGME RRCs.
8. To assure that each GME Program establishes and implements formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents in compliance with both the Institutional and Program Requirements of the ACGME RRCs.

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

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

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

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

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

College of Medicine and its teaching facilities are committed to assisting the GMEC in the implementation of these important charges which are crucial to the success of our GME Programs.

----------------------------------------
Tony G. Waldrop, Ph.D.
President, University of South Alabama

Owen Bailey, MHA, FACHE
Chief Executive Officer of USA Health
Senior Associate Vice President for Medical Affairs

John Marymont, M.D., MBA
Dean, USA College of Medicine
Vice President for Medical Affairs

Samuel McQuiston, M.D.
Assistant Dean for Graduate Medical Education and Designated Institutional Official
Receipt of Information Regarding
The University of South Alabama Hospitals
Graduate Medical Education
Policies and Procedures

I, the undersigned, acknowledge that the USA Graduate Medical Education Policy and Procedure Manual 2019-2020 can be found in the “Resources” section in New Innovations.

I, the undersigned, further understand that I am required to read and become familiar with all the provisions for the policies as set forth in the USA Graduate Medical Education Policy and Procedure Manual 2019-2020, and my program director or chairman will answer any questions concerning these policies.

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

I, the undersigned, further acknowledge that correspondence from the GME Office regarding any policy revisions or updates will be communicated via the official USA e-mail system.

____________________________________
Printed Name

____________________________________
Signature

____________________________________
Date

____________________________________
Department
# Graduate Medical Education Policy and Procedure Manual 2019-2020

*Note: The term “resident” in this document refers to both specialty residents and subspecialty fellows.*

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<td>ACGME</td>
<td>Accreditation Council on Graduate Medical Education</td>
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<td>ACSC</td>
<td>Alabama Controlled Substance Certificate</td>
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<tr>
<td>ALBME</td>
<td>Alabama Board of Medical Examiners</td>
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<tr>
<td>AOA</td>
<td>American Osteopathic Association</td>
</tr>
<tr>
<td>Case Log</td>
<td>ACGME-specified, CPT-based aggregated case data</td>
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<tr>
<td>CCC</td>
<td>Clinical Competency Committee</td>
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<tr>
<td>CLER</td>
<td>Clinical Learning Environment Review</td>
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<tr>
<td>DEA</td>
<td>Drug Enforcement Agency</td>
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<tr>
<td>DIO</td>
<td>Designated Institutional Official</td>
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<tr>
<td>ECFMG</td>
<td>Education Council for Foreign Medical Graduates</td>
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<td>ERAS</td>
<td>Electronic Residency Application Service</td>
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<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
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<tr>
<td>GMEC</td>
<td>Graduation Medical Education Committee</td>
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<tr>
<td>Housestaff</td>
<td>Collectively refers to specialty residents and subspecialty fellows in their roles in the clinical venues</td>
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<tr>
<td>HSF</td>
<td>Health Services Foundation</td>
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<td>GCEP</td>
<td>GME Competency Education Program®</td>
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<td>Match</td>
<td>The annual National NRMP main match process.</td>
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<td>Milestone Project</td>
<td>An ACGME program to provide common objective credit for resident assessment.</td>
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<td>NAS</td>
<td>Next Accreditation System</td>
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<td>NI</td>
<td>New Innovations®, the web-based residency management software used by USAH.</td>
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<td>NRMP</td>
<td>Nation Residency Matching Program AKA “The Match”®</td>
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<td>PEC</td>
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<td>PLA</td>
<td>Program Letter of Agreement</td>
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<tr>
<td>R3 System</td>
<td>Registration, Ranking, and Results system, the web-based software application through which all NRMP Matches are managed.</td>
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<tr>
<td>RC</td>
<td>Residency Review Committee AKA “RRC”</td>
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<td>Residency</td>
<td>Refers to both specialty residency and subspecialty fellowship programs in this document</td>
</tr>
<tr>
<td>Resident</td>
<td>(pl. residents): Refers to both specialty residents and subspecialty fellows in this document</td>
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<tr>
<td>US</td>
<td>United States of America</td>
</tr>
<tr>
<td>USA</td>
<td>University of South Alabama</td>
</tr>
<tr>
<td>USACW</td>
<td>University of South Alabama Children’s and Women’s Hospital</td>
</tr>
<tr>
<td>USAH</td>
<td>University of South Alabama Hospitals, the ACGME-accredited sponsoring institution at USA</td>
</tr>
<tr>
<td>USAHS</td>
<td>University of South Alabama Health System</td>
</tr>
<tr>
<td>UH</td>
<td>University Hospital</td>
</tr>
<tr>
<td>USAMCI</td>
<td>University of South Alabama Mitchell Cancer Institute</td>
</tr>
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<td>WebADS</td>
<td>Web-based Accreditation Data System. The web-based data system used by the ACGME for GME Programs and residents to report information.</td>
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2019 - 2020 CALENDAR OF EVENTS

GMEC

4 PM in the UH Café Conference Room
July 2, 2020
August 6, 2019
September 3, 2019
October 1, 2019
November 5, 2019
December 3, 2019
January 7, 2020
February 4, 2020
March 3, 2020
April 7, 2020
May 5, 2020
June 2, 2020

Incoming Resident Orientation
June 29 – 30, 2020

Match Day 2019
March 20, 2020

Housestaff Council
First Friday at 7:30 AM
@ University Hospital Boardroom
July 5, 2019
August 2, 2019*
September 6, 2019
October 4, 2019*
November 1, 2019
December 6, 2019*
January 3, 2020
February 7, 2020*
March 6, 2020
April 3, 2020*
May 1, 2020
June 5, 2020*
*At USACW Boardroom

Residency Coordinator’s Meeting
Thursday after GMEC at 11 AM
August 8, 2019
September 5, 2019
October 3, 2019
December 5, 2019
January 9, 2020
February 6, 2020
March 5, 2020
April 9, 2020
May 7, 2020
June 4, 2020
SECTION I: INTRODUCTION

A. PURPOSE OF GRADUATE MEDICAL EDUCATION (GME)

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

B. SPONSORING INSTITUTION

USA GME Programs operate under the authority and control of one sponsoring institution, the University of South Alabama Hospitals (USAH). USAH assumes ultimate responsibility for the GME Programs as well as resident assignments at all participating sites and assists its GME Programs by ensuring the program directors have sufficient protected time and financial support for the educational and administrative responsibilities of the GME Programs.

C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES

USAH must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its GME Programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty/subspecialty-specific Program Requirements. USAH's failure to comply substantially with the Institutional Requirements and maintain accreditation will jeopardize the accreditation of all of its GME Programs.

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

The ACGME Institutional Requirements and Common Program Requirements are also located on the ACGME website. All program directors, teaching faculty members, and administrative staff of GME Programs should read and become familiar with these requirements. Specialty/subspecialty-specific Program Requirements and the requirements for certification by the various specialty boards are available on the ACGME website at www.ACGME.org.

SECTION II: INSTITUTIONAL RESPONSIBILITIES

A. COMMITMENT TO GRADUATE MEDICAL EDUCATION (GME)

The administrative staff, teaching faculty members, and medical staff of USAH and USACOM are committed to providing an organized educational program to residents equipping them with the ability to practice independently within the context of a healthcare delivery system. The GME Programs will develop the residents' skills, knowledge, and attitudes leading to proficiency in all areas of clinical competency, allowing each resident to assume personal responsibility for the care of individual patients. The essential learning activity for the resident will be interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. Supervision in the setting of graduate medical education has the goal of assuring the provision of safe and effective care to the individual patient. As residents gain experience and demonstrate growth in their ability to care for patients, they will assume roles that permit them to exercise those skills with greater independence, allowing for graded and progressive responsibility and the ability to enter practice unsupervised and establish a foundation for continued professional growth.
Excellence in medical education and providing the necessary educational, financial, and human resources to support GME Programs are demonstrated through the provision of leadership, an organizational structure and resources necessary for USAH to achieve compliance with the ACGME Common, specialty/subspecialty-specific Program and Institutional Requirements. USAH is committed to providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents' work environment, scholarly activity, and the general competencies can be met. The regular assessment of the quality of the educational programs, the performance of its residents, and the use of outcome assessment results for program improvement are essential components of the institution's commitment to GME. Oversight of the education and wellbeing of physicians in training at the University of South Alabama is vested in the GMEC, led by a Designated Institutional Official (DIO).

B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

USAH administration of GME provides the necessary resources to allow for effective oversight of all GME Programs. The primary institutional components of this administrative structure are the University of South Alabama College of Medicine and the University of South Alabama Hospitals, and include a Designated Institutional Official, GME Office and GMEC. This administrative system ensures institutional officials, administrators, program directors, faculty members and residents are provided with the necessary institutional support, ancillary services, and access to adequate communication technologies and technological support. Residents are provided with administrative support and a mechanism for having a voice in affairs affecting the residents and GME Programs.

1. University of South Alabama College of Medicine (USACOM)

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

2. University of South Alabama Hospitals (USAH)

USAH is the sponsoring institution for all GME Programs. The University Hospital (UH) and the University of South Alabama Children's and Women's Hospital (USACW) are participating hospitals under the governance of USAH. USAH must comply with the ACGME Institutional Requirements and ensure that all GME Programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty/subspecialty-specific Program Requirements established by the ACGME and its Residency Review Committees. All GME Programs operate under the authority and control of USAH.

3. Designated Institutional Official (DIO)

The Designated Institutional Official has the authority and responsibility for the oversight and administration of USAH GME Programs. The responsibilities of the DIO include, but are not limited to:

- Assures compliance with ACGME Common, specialty/subspecialty-specific Program and Institutional Requirements;
- Oversees the GME Office;
- Serves as Chair of the GMEC, as well as the liaison for USAH with program directors, residents, medical staff, teaching faculty members, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME Programs and participates in meetings, activities, and internal reviews;
- Establishes and implements procedures to ensure that s/he, or a designee in his/her absence, reviews and cosigns all GME Program information forms and any documents or correspondence prior to submission for ACGME approval by program directors. Other responsibilities include, but are not limited to the following:
  1) All applications for ACGME accreditation of new GME Programs,
2) Changes in resident complement,
3) Major changes in program structure or length of training,
4) Additions and deletions of participating institutions,
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 withdrawals of program accreditation,
10) Requests for an appeal of an adverse action, and
11) Appeal presentations to a Board of Appeal or the ACGME;

e. Presents an annual report to the medical staff and governing bodies of the major participating institutions in which GME Programs of USAH participate on issues related to GME during the past year including, but not limited to:
   1) The impact of GME on patient safety and quality of care,
   2) Resident supervision, responsibilities, and evaluation, and
   3) USAH’s participating hospitals’ and GME Programs’ compliance with duty hour standards;
f. Facilitates communication between residents in all GME Programs and the administration and GMEC on concerns voiced by the residents or medical staff of USAH or affiliated institutions; and
g. Ensures the medical staff and GMEC communicate about the safety and quality of patient care provided by residents.

4. Graduate Medical Education Office

The GME Office provides administrative support for USAH, USACOM, GMEC, GME Programs, and participating institutions in the administration and oversight of all activities related to graduate medical education. The GME Office is under the direction of the Assistant Dean for Graduate Medical Education, who reports directly to the Dean of USACOM / Vice President for Medical Affairs. The GME Office serves as a liaison with GME Programs, residents, and affiliated institutions. Responsibilities of the GME Office include, but are not limited to:

a. Communicating GME policies, procedures and requirements to program directors, residents and appropriate administrative and support staff;
b. Providing counsel and monitoring of compliance with GME policies and procedures by GME Programs and residents and reporting of these to USAH and GMEC;
c. Maintaining appropriate institutional files on all residents currently in training and those who have completed training in GME Programs;
d. Maintaining appropriate institutional records and statistics for each GME Program;
e. Ensuring facilities and support services are provided for residents;
f. Providing administrative support to the GMEC, maintaining the minutes of the GMEC, and ensuring internal reviews are scheduled and conducted in accordance with policy;
g. Coordinating and overseeing participation in the National Resident Matching Program by USAH and GME Programs;
h. Assisting the Housestaff Office in supporting new resident orientation to USAH and the Institution’s policies governing graduate medical education; and
i. Preparation and monitoring of master affiliation agreements and program letters of agreement with affiliated locations participating in the education of residents and maintaining the institutional records on same.

5. GMEC Oversight, Membership, and Monitoring (Non-Duty Hour)

a. Oversight

A major directive of the ACGME includes “An organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a GMEC, must oversee all ACGME-accredited programs of the Sponsoring Institution.” The activities of the GMEC are reported to the Dean of USACOM / Vice President for Medical Affairs. The DIO and GMEC must have authority and responsibility for the oversight and administration of USAH GME Programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty specific Program and Institutional Requirements. The GMEC exists to oversee all aspects of resident education, and is responsible for establishing and implementing policies and procedures that support the quality of education and the work environment for the residents in all GME Programs. The policies and procedures must include the following:

1) Make annual recommendations to the Vice-President for USA Health System on resident stipends, benefits and funding for resident positions;

2) Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common and specialty/subspecialty-specific Program Requirements;

3) Ensure communication mechanisms exist between the GMEC and all program directors, and ensure program directors maintain effective communication with site directors;

4) Maintain oversight of activities occurring in participating hospitals and other training sites;

5) Conduct Internal Reviews of GME Programs and monitor progress by GME Programs in addressing concerns;

6) Complete an Annual Institutional Review (AIR) covering the previous academic year (July – June) by reviewing performance indicators as established by the GMEC. The program directors and hospital administration representatives on the GMEC will serve as the AIR subcommittee.

7) Monitor and assure adequate and timely supervision of residents;

8) Assure that all GME Programs provide a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies;

9) Establish policies for resident eligibility, selection, promotion, evaluation, discipline and/or dismissal;

10) Review GME Program accreditation letters and monitor action plans for correction of citations and areas of noncompliance; and

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

b. Membership

The Assistant Dean for GME shall serve as Chair of the GMEC. GMEC membership shall include program directors, peer-selected residents, hospital administration representatives, and additional individuals at the discretion of the Assistant Dean of GME and the Dean of USACOM / Vice President for Medical Affairs. Official appointments are made by the Dean of USACOM / Vice President for Medical Affairs with oversight by the Chair of the GMEC and are reviewed annually. Voting membership on the committee includes:

1) Designated Institutional Official

2) Program director or representative from each GME Program,

3) Peer-selected resident and fellow representatives, selected from the following:
   a) Two (2) from the primary care specialties (Internal Medicine, Family Medicine, Pediatrics, Med/Peds);
b) One (1) from the surgery specialties (General Surgery, Orthopaedic Surgery, OB/Gyn) and

c) One (1) from the remaining fields (Emergency Medicine, Neurology, Pathology, Psychiatry, Radiology)

d) One (1) representative from the fellowships (Advanced Endoscopy, Cardiovascular Disease, Child and
Adolescent Psychiatry, Clinical Neurophysiology, Gastroenterology, Medical Oncology, Primary Care
Sports Medicine, Pulmonary Disease and Critical Care, Renal and Genitourinary Pathology and Surgical
Critical Care).

Resident and fellow representatives are selected for committees and subcommittees by their peers using the
following steps:

1) When a committee position is vacated, the chief residents and senior fellows are contacted by the
GME Office through their program coordinators and asked to submit nominees to the GME Office. For
fellowships with a single fellow, provided the fellow is in good standing in the program, he/she is invited to appear on the ballot.

2) Nominees are placed on a ballot and distributed via email to all USA residents and fellows from the
GME Office, and

3) Ballots are compiled, and peer-selected residents and fellows and their GME Programs are notified of appointment to the GMEC; and

4) Hospital Liaisons

a) USA Health University Hospital,

b) USA Health Children’s and Women’s Hospital, and

c) VA Medical Center in Biloxi, MS.

c. The complement of voting members present at a meeting of the GMEC shall constitute a quorum. The quorum should include at least one resident or fellow.

d. Non-voting Members

1) Biomedical Library Representative,

2) GME Education Specialist,

3) Internal Medicine-Designated Faculty Member,

4) General Surgery-Designated Faculty Member, and

5) Housestaff Council Member.

e. Monitoring Process

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

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

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

Months 3 – 5: Outcome data, based on the implemented plan, are collected during the course of the next three
months.
Month 6: The program director provides a written follow-up report to the GMEC summarizing the results of monitoring, and indicating whether the plan of action corrected the deficiencies.

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

If, for any reason, this does not permanently correct the problem, the issue involved, along with documentation of all prior actions taken, will be directed to the offices of the Dean of USACOM / Vice President for Medical Affairs for definitive resolution.

NOTE: Separate Oversight and Monitoring of Resident Duty Hours can be found in SECTION IX: F.

C. INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS

1. Responsibility: USAH retains responsibility for the quality of graduate medical education, including resident education that occurs at other sites. Assignments to participating institutions (major or participating) should:
   a. Be based on a clear educational rationale,
   b. Have clearly stated learning goals and objectives, or should note where these can be found, E.G. resident manual, attachment, etc.,
   c. Provide resources not otherwise available to the GME Program,
   d. Be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care, and
e. Demonstrate the ability to promote the GME Program's goals and objectives and peer activities.

2. Site, as defined by the ACGME, is “an organization providing educational experiences or educational assignments / rotations” for residents as follows:
   a. **Major Participating Site**, as defined by the ACGME, is “a RC-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a major participating site in a two-year program, all residents must spend at least four months in a single required rotation or a combination of required rotations across both years of the program. In programs of three years or longer duration, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the program. The term ‘major participating site’ does not apply to sites providing required rotations in one year programs.”
   b. **Participating Site**, as defined by the ACGME, is “an organization providing educational experiences or educational assignments/rotations” for residents Examples of such sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a public health agency, an organized health care delivery system, a health maintenance organization (HMO), a medical examiner's office, a consortium or an educational foundation.

3. **Master Affiliation Agreements** (AKA Institutional Agreements) originate at the institutional level and are written agreements that address GME responsibilities between USAH and major participating site. Master affiliation agreements must be reviewed and renewed every five years, and must exist between USAH and all of its major participating sites. USAH utilizes a standardized Master Affiliation Agreement that is available by contacting the GME Office. The GMEC must review/approve additions/deletions of programs' participating sites. Contact the GME Office before initiating an agreement.
All assignments for resident education at sites other than USAH must be reviewed and approved through the procedure for extramural rotations (SECTION II: D. below), and the appropriate ACGME Residency Review Committee of the addition or deletion of institutions utilized by the GME Program for resident education.

4. **Program Letters of Agreement (PLAs)** originate at the program level. It is the responsibility of USAH to assure that each of its GME Programs have established PLAs with its participating sites in compliance with the Common Program Requirements.

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

      1) Identify the faculty members who will assume both educational and supervisory responsibilities for residents;

      2) Specify faculty member responsibilities for teaching, supervision, and formal evaluation of residents, as specified in the CPR;

      3) Specify the duration and content of the educational experience; and,

      4) State the policies and procedures that will govern resident education during the assignment.

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

   c. PLAs must be renewed every 10 years. They must also be renewed if there is a change in program director, site director or goals and objectives for the rotation.

5. **Non-Hospital Setting Agreements** must be completed for all non-hospital assignments the resident rotates to, regardless of the location (i.e., USA Clinics, private physician, etc.). These are required by USAH and all questions should be directed to the Reimbursement Manager. Non-hospital agreements must be renewed annually, initiated by the GME Programs as outlined below under item SECTION II: C. 6. below.

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

6. **Processing:** All agreements (Master Affiliation, PLA and Non-Hospital) must be first submitted to the GME Office with the program director and site director at participating site’s signature. Agreements are then reviewed by the GME Office and submitted for other required signatures. It is the responsibility of the GME Program to monitor and follow-up on all GME Program agreements once the GME Office has sent them to the participants for signature. Programs can find the most recent information regarding processing in New Innovations®.

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

**D. EXTRAMURAL ROTATIONS**

To initiate complement change and extramural rotation requests, program directors must submit an educational rational with supporting documents to the GME Office. Any rotation where training occurs outside the USA Health System is considered an extramural rotation and supporting documents must include the required, signed Hospital and Program Letters of Agreement. Upon review the GME Office will forward the request to the Vice President for the USA Health System for approval. GMEC and DIO approval must be obtained before submitting information or requests to the ACGME. Approved extramural rotations are considered part of the GME Program and are not charged as leave.

**E. RESTRICTIVE COVENANTS**
In accordance with ACGME requirements, neither USAH nor its GME Programs may require residents to sign a non-competition guarantee.

F. ACCREDITATION FOR PATIENT CARE

All hospitals sponsoring or participating in GME Programs should be:

1. Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
2. Accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC); or
3. Recognized by another entity with reasonably equivalent standards as determined by the IRC.

When a sponsoring or participating institution is not accredited by the JCAHO, USAH will provide an explanation satisfactory to the Institutional Review Committee (IRC) of why accreditation has not been granted or sought. When a sponsoring or participating institution loses its JCAHO accreditation or recognition by another appropriate body, USAH will provide a written explanation, including a plan of response, to the IRC within thirty (30) days.

G. QUALITY ASSURANCE (QA)

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

SECTION III: INSTITUTIONAL REQUIREMENTS FOR RESIDENCY TRAINING

A. RESIDENT ELIGIBILITY

Each GME Program will be required to have a policy in place for resident eligibility. This policy must ensure all applicants under consideration for residency training in the GME Program meet the eligibility requirements of USAH and the ACGME. Only applicants who meet the following qualifications are eligible for appointment to GME Programs sponsored by USAH.

1. Medical Education

   Only applicants who meet one of the following criteria may be accepted for residency training in GME Programs sponsored by USAH:

   Applicants must complete their medical education in one of the following ways:

   a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME),
   b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA),
   c. Graduates of Medical Schools outside the United States and Canada who meet one of the following qualifications:
      1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
      2) Have a full and unrestricted license to practice medicine in the USA licensing jurisdiction in which they are training, and
   d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

2. Eligibility of Foreign Nationals and International Medical Graduates

   The entry of foreign nationals to the United States is governed by the US Immigration and Nationality Act, as amended, which is administered by the US Department of Homeland Security Customs and Immigration Service (USCIS) and US
Department of Labor regulations. All offers of employment must be contingent on the foreign national being able to secure the appropriate permissions to work in the US which then shall be provided to USAH as part of the I-9 process before or on the first day of employment. Failure to complete the I-9 process before or on the first day of employment is a violation of US employment regulations and will result in termination of the offer of employment.

a. Program directors considering foreign national applicants should carefully review the applicant’s US immigration status to ensure the applicant holds or is eligible to apply for a US immigration status valid for appointment.


c. The most appropriate immigration status for medical residents is as follows:
   1) United States citizenship,
   2) Legal Permanent Resident of the United States, or
   3) ECFMG J-1 visa/status (Note: This is NOT a University of South Alabama issued document).

Other immigration status/visa types may apply; however, specific conditions and approval review is required for such. Specifically, use of H-1b or other status other than legal permanent resident or ECFMG J-1 must be approved by the Dean of USACOM / Vice President for Medical Affairs, in writing and in advance of any acceptance into the GME Program.

3. Prerequisite Residency Training

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

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

4. Resident Transfers

a. Internal Resident Transfer

The ACGME states that residents are considered as transferring residents when moving from one program to another within the same or different sponsoring institution. The term 'transfer resident' and the responsibility of the two program directors noted below do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency program.

1) Any resident, who requests to transfer to a GME Program of another clinical department within USAH, must notify the Institutional Ombudsperson, as soon as possible. This will allow the request to remain confidential. The Ombudsperson will then notify the DIO and/or GME Office of the request, who will then discuss the matter with the program director the resident has requested to transfer into. If a position is available, the resident’s current program director will be notified of the request allowing time to make adjustments to the GME Program’s resident complement, such as offering an additional slot in the Match.

2) Provided the transfer is mutually agreeable to all parties, the following information must be provided by the resident’s current program director before final approval can be obtained by the Dean of USACOM / Vice President for Medical Affairs:

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

b) Present the proposed transfer and a copy of the letter regarding the resident’s current standing in the GME Program to the GMEC for review and approval.
3) Upon approval by the GMEC, a letter will be submitted to the Dean of USACOM / Vice President for Medical Affairs requesting final approval.

4) **Required Documentation**

   The following verification documentation, either in written or electronic form, must be provided to the program director who will be accepting the resident in transfer:

   a) Evaluations,
   b) Rotations completed,
   c) Procedural/operative experience, and
   d) Summative competency-based performance evaluation.

**b. External (Outside) Transfer**

1) To ensure those residents considered as transferring under the ACGME guidelines are monitored. These guidelines are as follows:

   a) When moving from one program to another within the same or from a different sponsoring institution, and
   b) When entering a PGY-2 program requiring a preliminary year, even if the resident was simultaneously accepted into the prelim PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs right out of medical school).

2) Prior to accepting a transferring resident from outside USAH, the program director must clear the resident for employment/training by contacting the Housestaff Office and providing the resident’s name and contact information. The transferring resident will then be required to complete an application for employment and background release. The applicant will also be required to complete pre-employment health work including a urine drug screen. The program director can offer a position to the resident, contingent on the following:

   a) Results of the resident’s background check,
   b) Successful completion of all pre-employment health screening including a urine drug screen, and
   c) Verification that the resident does not have a previous commitment to the National Residency Match Program (NRMP) or verification that the resident has received a waiver from the NRMP releasing them from any previous match commitment.

3) The program director can then offer a position to the resident and will be required to have the current or “sending” program supply the “receiving” program the following information, in either written or electronic format:

   a) Letter regarding the resident’s current standing within 1-2 months prior to the anticipated transfer along with a statement indicating when the final summative competency-based performance evaluation will be submitted to the receiving GME Program. A sample copy of this letter can be obtained by contacting the GME Office.
   b) Once completed, a copy of both the current standing letter and the summative evaluation form must be provided to the GME Office by the receiving GME Program.

**c. Preliminary Year Transfer**

When residents are simultaneously accepted into a preliminary PGY-1 GME Program and a categorical PGY-2 GME Program as part of the Match, the categorical program director must obtain the following information from the preliminary program director, in either written or electronic format:
1) Letter regarding the resident's current standing within 1-2 months prior to the anticipated transfer along with a statement indicating when the final summative competency-based performance evaluation will be submitted to the receiving GME Program. A sample copy of this letter can be obtained by contacting the GME Office and

2) In addition, written or electronic verification of previous educational experiences in the form of rotations completed to date, rotation evaluations completed to date and a procedure log must also be obtained. Once completed, a copy of both the current standing letter and the summative evaluation form must be provided to the GME Office by the receiving GME Program.

d. **Required Documentation**

The program director is responsible for obtaining the following verification documentation, either in written or electronic form, and must be provided in each of the two scenarios described above:

1) Evaluations,
2) Rotations completed,
3) Procedural/operative experience, and
4) Summative competency-based performance evaluation.

5. **Physical Exam**

All newly-appointed residents must complete and pass an employment physical examination within thirty (30) days of the date of employment.

6. **USMLE/COMLEX Examination**

All residents must comply with the requirements for passing USMLE Steps 2 and 3 or COMLEX Levels 2 and 3 as outlined in the University of South Alabama GME Policies and Procedures Manual.

7. **Alabama Medical License**

All residents must comply with the requirements for obtaining a restricted (limited) or unrestricted Alabama license to practice medicine as outlined in the University of South Alabama GME Policies and Procedures Manual.

8. **Alabama Controlled Substance Certificate/DEA Number**

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

**B. RESIDENT SELECTION**

GME Programs must have a policy in place to ensure that the following requirements of USAH and the ACGME for all applicants selected for an interview are met:

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

2. **GME Programs should select from among eligible applicants on the basis of criteria such as educational preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. GME Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.**

3. The program director, in conjunction with the GME Program's Education Committee and/or teaching faculty members, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.
4. In selecting from among qualified applicants, it is strongly suggested that GME Programs participate in an organized matching program when such is available for the specialty.
   a. Programs who recruit US medical school seniors must participate in the National Resident Matching Program (NRMP).
   b. The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position.

5. When a foreign national resident is being considered for an interview and the program director is unsure about the resident's visa status, s/he should contact the Office of International Education to ensure that the immigration status/visa is acceptable. See Appendix A for contact information.

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

7. Immediately following receipt of the results of The Match or the acceptance of an offer for residency training, the program director is responsible for notifying the GME Office of all candidates accepted and providing a copy of the following:
   a. Copy of medical school diploma,
   b. Documentation of any previous residency training,
   c. Copy of Alabama medical license (when available), and
   d. Copy of ECFMG certificate.

C. RESIDENT AGREEMENT OF APPOINTMENT (CONTRACT)

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

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

3. USAH will ensure that program directors inform their residents of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.

4. A resident’s appointment may be terminated on the recommendation of the program director, the chair of the department or appropriate hospital administrator. In such an event, the resident must be given at least thirty (30) days written notice or thirty (30) days' pay.

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

D. CONDITIONS FOR REAPPOINTMENT

1. Non-renewal of Appointment
   In the event a resident's postgraduate training agreement of appointment will not be renewed, a written notice of intent must be provided no later than four (4) months prior to the end of the resident's current agreement. However, if the primary reason for the non-renewal occurs within the four (4) months prior to the end of the agreement, the GME Program will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

2. Non-promotion
   In the event a resident will not be promoted to the next level of training, a written notice of intent must be provided no later than four (4) months prior to the end of the resident’s current agreement. However, if the primary reason for the
non-promotion occurs within the four (4) months prior to the end of the agreement, the GME Program will provide the resident with as much written notice of the intent not to promote as the circumstances will reasonably allow, prior to the end of the agreement.

3. **Extension of training**

In the event a resident’s training will be extended into the next academic year, a written notice of intent must be provided no later than four (4) months prior to the end of the resident’s current agreement. However, if the primary reason for the non-promotion occurs within the four (4) months prior to the end of the agreement, the GME Program will provide the resident with as much written notice of the intent not to promote as the circumstances will reasonably allow, prior to the end of the agreement. The resident will remain at his/her current stipend level until the promotion is granted. If a resident fails to make satisfactory progress in performance,

a. The resident may be dismissed from the GME Program, or
b. The resident’s contract may not be renewed.

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

4. **Grievance Procedure**

Residents are allowed to initiate the institution’s grievance procedure if they have received a written notice of intent not to renew their agreement of appointment, non-promotion or extension of training as outlined in the Grievance Procedures. See SECTION XI: G.

E. **PROMOTION / ADVANCEMENT OF RESIDENTS**

1. The promotion/advancement of a resident from one postgraduate level to another in a GME Program occurs following the satisfactory completion of each 12-month period of graduate medical education.

2. Residents are promoted on the basis of acceptable periodic clinical evaluations which may be augmented by other evaluation methods, upon recommendation by their department’s Promotion Committee, the program director, and by final approval of the GMEC.

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

F. **COMPLETION OF RESIDENCY TRAINING**

1. The program director shall complete and submit to the GME Office a final, written summative competency-based evaluation for each resident completing the GME Program (GME “Final Verification of Training” form) within 30 days of program completion, which will be maintained in the institution’s permanent records. This evaluation must

   a. Document the resident’s performance during the final period of education, and
   b. Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

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

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

G. **MAINTENANCE OF GME PROGRAM TRAINING RECORDS**

1. Individual GME programs are to maintain educational records on each individual trainee, summary documentation of the recruitment process, and policy and procedure documents to be in compliance with policies of the University of South Alabama, including The Records Disposition Authority Policy; the laws of the state of Alabama, including the Public Universities of Alabama Functional Analysis & Records Disposition Authority and the Health Care Authorities Records
Disposition Authority; the Accreditation Council for Graduate Medical Education requirements including the Common Program Requirements, and the laws of the United States of America, including Equal Employment Opportunity Commission (EEOC) regulations. Individual GME programs are responsible for maintaining and retaining documents relevant to ACGME specialty- and subspecialty-specific requirements.

2. For the purposes of record retention in GME Programs at the University of South Alabama policy, the following terms are defined:

a. The Performance Assessment, henceforth Assessment, serves the function of formative feedback as defined by the ACGME. These should be completed at least once during a rotation and at completion of the rotation and "provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones", and document progressive resident performance improvement appropriate to educational level. Programs should use multiple assessment tools, such as...

   - BCLS/ACLS/PALS;
   - Case/procedure logs, including complications;
   - Completion of institutional safety modules;
   - Completion of knowledge-based modules;
   - Conference attendance log;
   - Critical incidents reporting and feedback;
   - Direct observation and feedback;
   - End-of-rotation global assessment;
   - End-of-year, in-training, or other medical knowledge examinations;
   - Objective structured clinical examinations (OSCEs);
   - Peer assessments;
   - Procedural competency checklist;
   - Professionalism mini-evaluation exercise (P-MEX);
   - Self-assessment and reflections/portfolio;
   - Simulation exercise; and/or
   - Timeliness in completing institutional and program requirements.

b. Semiannual Review: The program must provide each resident with documented semiannual review of performance with feedback, henceforth Review. The Review should at least include...

   - Reported ACGME Milestones,
   - Case and procedure logs, and
   - Aggregated Assessment data and feedback with details provided as needed.

c. Summative Evaluation: The program director must provide a summative evaluation for each resident upon completion of the program, henceforth Evaluation, to become part of the resident’s education file maintained by the institution, and must be accessible for review by the resident in a reasonable period of time, but not more than 45 days after receipt of a request; document the resident’s performance during the final period of education; and, verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. The Evaluation should at least summate information from the...
• Reviews,
• Reported ACGME Milestones,
• Summary of educational experiences, documenting specialty/subspecialty specific requirements,
• Case and procedure logs, and
• Board certification results.

The Evaluation may be addended to include information available after graduation, such as board certification results reported after completion of the program or post-graduate education experiences obtained within the program, department, or institution, such as a mini-fellowship, chief residency, or research program/fellowship.

3. **Permanent records** are kept forever. These include lists of graduates, policy and procedure manuals and handbooks, and accreditation records, such as letters and notices of accreditation status.

4. **Resident education files** include the trainee’ residency applications and supporting documents, ECFMG certification, evaluations, all probationary records, case and procedure logs, any documents supporting board eligibility and/or certification, a copy of the certificate of training and copies of final verifications of training. Documents supporting **unsuccessful** remediation resulting in probation or supporting dismissal are to be included in the resident's education records. The resident education file should be maintained in a dedicated section of the resident's record until completion of training and retained for 75 years thereafter.

5. **Temporary records** are retained until completion of training and creation of the Evaluation, including Assessments and documentation of successful remediation. These documents should be maintained in a separate section of the resident’s record from permanent records. Any temporary records that include financial data, personnel records, or sensitive information must be shredded for disposal.

6. Records must be maintained in a secure manner with access available only to individuals who are authorized to view the records. Records maintained within New Innovations are considered to be in a secure location, based on the level of privileges authorized by the GME program director.

7. When records are stored external to New Innovations or University servers, a duplicate copy should be maintained in a remote, secure location and protected from environmental and other potential harm; specifically, duplicate copies of records stored in physical form should be maintained in an unattached building.

8. E-mail systems facilitate both internal and external business communications on a day-to-day basis for GME programs. Messages contained on email systems are kept for a limited period of time. Therefore email systems should not be considered, or used as, an information archival or storage system and should be considered temporary records.

9. Programs must make a resident’s educational records available for review by the resident within 45 days of a request by the resident.

10. Residents must be notified annually of their right to review their records.

11. Digital records must be maintained on retrievable media platforms.

   a. Digital records may be kept on New Innovations or on University servers.

   b. Records maintained on media external to New Innovations or University servers must be kept in a secure (locked) location.

   c. E-mail, spreadsheet, word processed and other electronic documents, files, and databases must be retained for the same time period as their paper equivalents.

H. **ADDRESSING RESIDENCY ALTERING DISASTERS**

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

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

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

1. Preparation

Residents are referred to disaster preparedness resources, specifically hurricane preparedness resources at the time of orientation, and are instructed to plan for their immediate family at that time, before a disaster occurs. Plans for families should cover a minimum of four (4) days and should include water, food, medications, cash, important papers, childcare, known shelters and destination sites, and emergency contact numbers to include a third party contact known to both the resident and their family. Residents are instructed to familiarize themselves with the University Hospital and USACW Emergency Operation Plans located on the USAH website.

Due to limited resources, USAH will be unable to accommodate family members (or pets) of residents. Shelters are available for family members of residents at the Spring Hill Avenue Campus; however, pets cannot be accommodated at this site.

The GME Office staff and DIO will maintain contact information for program directors and coordinators, hospital administration and USACOM leadership off site as back-up for access during and following an emergency.

2. Policy and Procedure

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

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

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

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

2) The DIO or designee will work with the GME Programs and USAH in an effort to assess the impact of the disaster on clinical and hospital operations.
3) The DIO or designee will facilitate an initial post-disaster meeting with available members of the GMEC in order to formulate short-term and long-term plans for moving forward to ensure the integrity of the residents’ educational experience.

4) Specific subjects to be addressed will include:
   a) Safety issues for patients, residents, faculty members and staff,
   b) Adequacy of faculty members for resident supervision and patient safety, and
   c) Adequacy of GME Program resources and the physical plant including the electronic medical record (EMR), availability of patient testing and treatment services, effectiveness of communication systems, effect on patient volume along with any other issues raised by the GMEC members.

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

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

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

1) Attempt to temporarily relocate residents to already established participating sites within the local area,
2) Temporarily transfer residents to another GME Program, or
3) Assist residents in managing permanent transfers should that become necessary.

4) Should residents be temporarily transferred to a GME Program at an already established participating site, USAH will continue to pay resident salary and benefits as long as funds remain available.

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

6) Should residents permanently transfer to a GME Program at another institution, USAH will no longer pay their salary and benefits.

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

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

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

   a. ACGME Declaration of a Disaster

   When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.
b. **Resident Transfers and Program Reconfiguration**

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents because of a disaster, it must:

1) Arrange temporary transfers to other programs/institutions until such time as the GME Program can provide an adequate educational experience for each of its residents, or

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

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

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

1) To submit program reconfigurations to the ACGME, and

2) To inform each program's residents of resident transfer decisions.

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

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

4. **ACGME Website**

a. The ACGME will provide, and periodically update, information relating to the disaster on its website (www.ACGME.org).

b. **Communication with ACGME from Disaster Affected Institutions/Programs**

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and programs. In general, *Designated institutional officials* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.

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

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

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

5. **Institutions Offering to Accept Transfers**

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.
The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

6. **Changes in Participating Sites and Resident Complement**

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

a. The addition or deletion of a participating site,

b. Change in the format of the educational program, and

c. Change in the approved resident complement.

7. **Temporary Resident Transfer**

At the outset of a temporary resident transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

8. **Site Visits**

Once information concerning a disaster-affected program's condition is received, the ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

9. **ACGME Policies and Procedures to be followed during a Local Extreme Emergent Situation**

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

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

c. Given the complexity of some events, the ED-IRC may request that the DIO submit a written description of the disruptions at the institution and details regarding activities the institution has undertaken in response. Additional updates to this information may be requested based on the duration of the event.

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

e. Upon receipt of this confirmation by the DIO, program directors may contact their respective EDs of their RCs if necessary to discuss any specialty/subspecialty-specific concerns regarding interruptions to resident education or effect on educational environment.

f. Program directors are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RCs regarding any specialty/subspecialty-specific issued.

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

I. **CLOSURES AND REDUCTIONS OF PROGRAMS OR INSTITUTIONS**
1. USAH complies with the ACGME’s requirements in closures and reductions of residency programs or institutions.

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

3. USAH will allow those residents already in the GME Program to complete their education or assist the resident in enrolling in a GME Program in which they can continue their education.

J. APPOINTMENT OF FELLOWS AND OTHER LEARNERS

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

K. AVAILABILITY OF RESOURCES

1. USAH and programs ensure availability of the following resources, as specified in the program specific requirements:
   a. Availability of adequate resources for resident education.
   b. Ready access to specialty/subspecialty specific and other appropriate reference material, in print and electronic format, to include electronic medical literature.
   c. Databases with search capabilities are available at the Biomedical Library or their website.

L. VENDOR INTERACTION

1. Each department shall establish a policy that meets the departmental educational needs and is in compliance USAH policies as follows:

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

3. Guidelines
   a. Faculty members
      1) Faculty members should model behavior consistent with ethical guidelines developed by responsible professional organizations (AMA, ACGME) regarding relationships between physicians and industry. Faculty members comprise any and all physicians and non-physician instructors engaged in teaching residents.
2) Regardless of venue or sponsorship, faculty members must present only objective and balanced materials, consistent with established norms of the ACGME and AMA.

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

b. Residents

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

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

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

4) Residents may attend social events associated with educational activities under the following circumstances:
   a) The value of the event to the physician is modest,
   b) The event facilitates discussion among attendees or between attendees and faculty members, and
   c) The educational portion of the event accounts for a substantial majority of the total time accounted for by the educational activities and social events together.

4. Vendors

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

b. Vendors are expected to contact the department head/attending physician for an appointment through Facilities Management.

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

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

e. Vendors may not loiter in the hospital library or elsewhere within the hospitals or clinics for the purpose of contacting physicians or other health care providers.

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

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

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

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

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

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

5. Vendor/Industry Support of Educational Conferences

a. Vendors may recommend and sponsor a physician guest speaker for an educational conference, as long as
1) A faculty member approves the speaker and topic,
2) There is full disclosure of the speaker's conflicts of interest, and
3) At least one attending physician is present to moderate/respond to content.

In this setting, vendors may be present but may not address the attendees. These criteria are consistent with standards of the ACGME.

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

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

6. Presentation by Vendors

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

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

b. Attendees must include at least one physician faculty member;

c. Vendors must make promotional materials to be used during the presentation available to the faculty member preceptor prior to the meeting in a time frame acceptable to the preceptor;

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

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

7. Gifts

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

b. Trainees/faculty members may not:
   1) Solicit or receive personal gifts from vendors;
   2) Allow vendors to conduct contests, drawings, or raffles or other activities that lead to personal gifts;
   3) Display gifts or promotional materials that advertise specific branded products in patient care waiting areas; or
   4) Trainees/faculty members may receive competitive awards and scholarship funded by a vendor's company if all control of recipient selection rests with an independent professional organization.

8. Product Samples

a. Medications and other product sampling are promotional activities and should be limited among the hospital's clinical departments and faculty member’s practices. Sample products may be helpful to patients who have financial difficulty in obtaining needed medications. However, prescribing and distributing branded medications solely because of gratis availability is inappropriate.
b. The physician (or designee) responsible for a clinical department or faculty member practice determines the specific medication or product samples to be accepted for distribution.

c. It may be acceptable to distribute a specific branded medication sample to treat a condition provided

1) The quality of care to the patient is in no way compromised by selection or the medication (e.g. efficacy, risk profile, compliance or cost); and

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

(Acknowledgement: St. Peter's University Hospital Graduate Medical Education)

M. RESIDENTS WITH DISABILITIES

Program directors with residents having special needs or disabilities will afford reasonable accommodation in accordance with the Americans with Disabilities Act. For guidance consult the Office of Special Student Services. (See Appendix A for contact information).

SECTION IV: FINANCIAL SUPPORT AND BENEFITS

A. ALLOCATED RESIDENCY POSITIONS

1. Any request for residency positions in excess of the allocated number must be reviewed and approved by the GMEC with final approval by the Dean of USACOM / Vice President for Medical Affairs. The following policies are to be followed by program directors in the allocation of residency positions:

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

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

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

B. SALARIES

1. Salaries for each postgraduate year are based on the budget of USAH, with review and comment by the GMEC. Periodic analysis of national and regional trends is performed, and resident salaries adjusted in accordance with USAH policy to ensure salaries are competitive with those in the region. Following review by the GMEC and final approval by the Vice-President for USAHS, the GME Programs are notified of the salaries for the academic year beginning July 1.

2. The following policies have been established and should be used as guidelines by program directors in determining the salary level for a resident:

   a. Residents in all programs at like levels of training must be paid in accordance with the salary set by USAHS for the postgraduate year of training.

   b. Residents are paid bi-weekly and on Friday.

   c. Reimbursement for on-call meals will be added to the residents’ regular paychecks. ALL ON-CALL MEALS MUST BE VERIFIED BY THE CHIEF RESIDENT ON THE SERVICE AND WILL NOT BE PAID UNTIL VERIFIED.

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

   e. Travel reimbursement checks may be picked up in the Housestaff Office.

   f. At University Hospital, paychecks may be picked up in the Housestaff Office. Psychiatry residents receive their checks/stubs in the Department’s Residency Office.
g. At USA Children's and Women's Hospital, pediatrics and Ob/Gyn residents receive their check stubs in the administrative offices at USA Children's and Women's Hospital.

C. FRINGE BENEFITS

A comprehensive benefits program is provided for residents enrolled in GME Programs. Fringe benefits are funded by USAH or other source of salary support and provide residents with health and dental insurance, life insurance, disability insurance, and professional liability insurance. Benefits for incoming residents and their eligible family members are effective on their program start date, provided enrollment applications for insurance are completed within 30 days of their employment date.

1. USA Health & Dental Plan

The USA Health & Dental Plan provides comprehensive health and dental benefits within a network of Blue Cross Blue Shield of Alabama providers. Within the USA Health & Dental Plan is a network of hospital, physicians, outpatient clinics and other providers affiliated with the University of South Alabama. Their participation in the USA Health & Dental Plan allows members to receive medical care at a lower cost to both the Plan and the member.

Health and dental insurance coverage is effective the first day of a resident's employment. Residents are eligible to enroll in single or family coverage during the first thirty (30) days of employment. USA Health & Dental Plan insurance is provided on a cost-shared basis, with USAH paying the major portion of the premium. Premiums are paid one month in advance, and coverage is carried through the last day of the month following the month in which a resident leaves USAH employment. Additional information can be provided by contacting the Human Resources Department. See Appendix A for contact information.

2. Long Term Disability Insurance

A resident who is unable to return to work may apply at any time prior to the end of his/her leave of absence for long-term disability benefits under The Standard. Residents employed prior to January 1, 2013, are automatically enrolled in a plan that provides for a 66 2/3% income replacement benefit, not to exceed $10,000 per month. Residents employed on or after January 1, 2013, are automatically enrolled in a plan that provides for a 60% income replacement benefit, not to exceed $10,000 per month. Benefits are payable from the 91st day of disability and may continue up to the maximum benefit duration. Should a resident need to file a long term disability claim, this may be done through the Human Resources Department, at the resident's earliest convenience to ensure that benefits will be paid at the end of each month during the period of total disability. See Appendix A for contact information.

3. Life Insurance

A Group Term Life and AD & D insurance policy, based on annual base salary is provided free of charge by USAH. Additionally, eligible dependents receive a $5,000 term life insurance policy also free of charge. Additional life insurance can also be purchased for the resident and their eligible dependents.

D. PROFESSIONAL LIABILITY INSURANCE

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

E. ANNUAL LEAVE

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

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

The following is a summary of leave policies established by USAH, which generally apply to all residents, except as modified by the policies established by the individual GME Programs:

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

2. **Sick Leave**
   Upon employment and with each anniversary, each resident is granted twelve (12) days paid sick leave per twelve (12) month year. Sick leave does not accrue and is not cumulative. There is no remuneration for unused sick days. Sick leave may be used when a resident is:
   a. Unable to perform work duties because of illness or injury;
   b. A member of a household that has been quarantined because of the presence of a contagious disease; or
   c. Required to care for a seriously ill member of the immediate family (not to exceed three (3) days).

   USAH reserves the right to have a resident examined by a physician of its choice in cases where abuse of sick leave is suspected. Abuse of sick leave benefits is grounds for disciplinary action.

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

4. **Military Leave, Administrative Leave and On the Job Injury**
   The program director or chair of the department may grant a leave of absence, with pay, to residents in order to take an examination(s) or interview required for medical licensure in the state of Alabama. Military leave, jury duty, and on the job injury leave, with pay, will be granted consistent with University Staff Personnel Policies.

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

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

1. The amount of time taken for leave(s) of absence will be added to the expected completion date for the GME Program. Each GME Program must provide their residents with a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

2. Leaves of absence must be reported to the Housestaff Office.
3. Residents can access information related to eligibility requirements for specialty board examinations in Appendix J of this manual or contact their program director for information.

G. HOLIDAYS

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

H. PROFESSIONAL MEETINGS/CONTINUING EDUCATION

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

SECTION V: RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

A. Compliance with Institutional Policies and Procedures

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

B. Orientation for New Residents

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

C. Postgraduate Training Agreement of Appointment (Resident Contract)

A “Postgraduate Training Agreement of Appointment” must be signed by the resident, program director and Vice President for USAHS, either upon entry into a GME Program and when promoted to the next PGY level. The original agreement must be maintained in the Housestaff Office as part of USAH permanent record.

D. Leaving the Residency

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

E. Physical Examination

1. Pre-employment Drug Screen

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

Residents are subject to the provisions set forth in the USA Drug and Alcohol Policy and are subject to drug testing when:

   a. There is reasonable cause to suspect the resident is in violation of this policy;
b. The resident has been involved in a job site accident or incident which resulted, or might have resulted, in serious bodily injury or property loss or damage; or

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

The program director or Hospital Administration will contact the University Hospital or USACW Personnel Manager to request testing of residents under the conditions listed above.

2. Immunizations

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

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

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

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

e. Varicella: All residents who have not had chickenpox (varicella zoster virus) will be tested for the presence of varicella antibodies. Residents who are seronegative must receive the recommended two-dose series of varicella vaccine at no cost to the residents.

f. Influenza: All residents rotating through University Hospital and USACW must be vaccinated against influenza by December 1st of each year. Residents may obtain vaccinations, at no charge, through the hospital's health nurse office. Availability of vaccinations will be announced.

F. ACLS, ATLS, PALS and NALS Certifications

Residents are required to obtain their ACLS, ATLS, PALS, NALS and/or BLS Certification(s) as determined by individual GME Programs.

G. Identification Badges

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

H. Professional Liability Insurance:

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

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

1. USMLE Step 2/COMLEX Level 2: All residents with M.D. or D.O. degrees, regardless of postgraduate year, must take and receive a passing score on both the Clinical Skills and Knowledge parts of USMLE Step 2 (for M.D.s) or COMLEX Level 2 (for D.O.s) by the completion of their third month after entering a residency training program at USAH. (For example, if a resident begins the PG year on July 1st, the deadline for successful completion of the applicable exam is September 30th of the same year.)
2. **USMLE Step 3/COMLEX Level 3**: All residents with M.D. or D.O. degrees must take and receive a passing score for USMLE Step 3/COMLEX Level 3 as soon as possible after beginning their PGY-2 year, but at the latest by the completion of the 6th month of postgraduate year two (Taking and passing the exam by October 10 will avoid the necessity of paying for both a limited and a full license in the same calendar year). Notwithstanding the foregoing, licensure requirements for residents transferring into USAH will be determined as part of the transfer process in conjunction with the Housestaff Office. Refer to www.USMLE.org for eligibility requirements to take USMLE Step III.

3. **Oversight and Disciplinary Action**:
   a. The individual GME programs will be primarily responsible for monitoring the compliance of their residents with this policy.
   b. As additional oversight, the Housestaff Office will request a status report from the GME Programs in September for residents needing to pass USMLE Step 2 / COMLEX Level 2 as outlined above. The names of residents who have been unsuccessful will be referred to the GME Office / DIO.
   c. The Housestaff Office will request a status report from the GME Programs in October for residents needing to pass USMLE Step 3 / COMLEX Level 3 as outlined above. The names of residents who have been unsuccessful will be referred to the GME Office / DIO.
   d. Failure to meet these requirements will result in the resident being reported to the GMEC to be addressed on a case by case basis. Failure to successfully navigate their medical licensing exams by completion of the 6th month of postgraduate year two may result in dismissal from the GME Program. This disciplinary action will not be grievable by the resident.

J. **Licensure**

1. **Limited Alabama Medical License**
   All residents, whether U.S. or International Graduates, who are not eligible for an unrestricted Alabama medical license must obtain a limited medical license to be obtained by their first day of employ.

2. **Unrestricted Alabama Medical License**
   a. All residents must apply for and obtain an unrestricted Alabama license to practice medicine when they meet the requirements stipulated by the Alabama Board of Medical Examiners.
   b. Residents who transfer into a GME program off cycle must apply for and obtain an unrestricted Alabama license to practice medicine at the time they meet requirements stipulated by the Alabama Board of Medical Examiners.

3. **Licensure Reimbursement**
   USA Health will reimburse residents for the cost of licensure once annually. Late fees or other penalties will not be reimbursed.

4. **Oversight and Disciplinary Action**
   a. The individual GME programs will be primarily responsible for monitoring the compliance of their residents with this policy.
   b. As additional oversight, the Housestaff Office will monitor for licensure compliance. All residents will be required to demonstrate to their GME programs and the Housestaff Office that they have obtained and maintained a medical license (unrestricted or limited) with the Alabama Board of Medical Examiners according to the policies and procedures outlined above.
   c. The Housestaff Office will notify the GME office and assistant dean for GME of any residents not in compliance with the resident licensure policy.
   d. Noncompliant residents will be reported to the GMEC and addressed on a case by case basis. This disciplinary action will not be grievable by the resident.
Reference “Alabama Medical Licensure, ASCS and DEA Decision Tree” (See Appendix C.) for information on fees and timing for consideration of applications for medical licensure by the Alabama Board of Medical Examiners.

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

1. Hospital Setting

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

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

2. Non-hospital Setting (Clinics)

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

b. Once obtained, residents must maintain a current ACSC and DEA registration for the remainder of their GME training.

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

3. ACSC and DEA Reimbursement

a. USA Health will reimburse residents for the cost of the ACSC once annually.

b. Late fees or other penalties will not be reimbursed.

c. Residents are eligible for fee waivers for federal DEA certificates; therefore, the cost of DEA certificates is not reimbursed.

4. Oversight and Disciplinary Action

The individual programs will be primarily responsible for monitoring the compliance of their residents with this policy. As additional oversight, the Housestaff Office will monitor ACSC and DEA certificate compliance in January of each year, and copies of current ACSC and DEA certificates must be provided to the Housestaff Office prior to contract renewal for the next academic year. The Housestaff Office will notify the GME Office/DIO of any residents not in compliance with obtaining or maintaining their ACSC/DEA certificates. Noncompliant residents will be reported to the GMEC and addressed on a case by case basis. This disciplinary action will not be grievable by the resident.

5. Residents in training programs where controlled substances are not prescribed will not be required to obtain a DEA registration or ACSC, although they must obtain a limited or unrestricted Alabama medical license as outlined above. As with all GME Programs, residents may not prescribe or order controlled substances without DEA and ACSC certificates.

L. Duty Hours

All GME Programs are required to incorporate the Institutional Requirements on duty hours into their individual program’s policy and procedure manual. Residents will be required to follow their GME Program’s policy on duty hours. Institutional Requirements on duty hours can be found in SECTION IX: E. of this manual.

M. Moonlighting
Specific policies concerning moonlighting may vary from program to program, and residents may undertake moonlighting activities only in accordance with the policies and guidelines established by their GME Program. Moonlighting is not required by this institution. Institutional Requirements on moonlighting can be found in SECTION IX: H. below.

N. Individual Identification Numbers

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

O. Participation in Educational and Professional Activities

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

1. Incorporation of the Six Core Competencies
   a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
   b. Medical Knowledge that demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care;
   c. Practice-based Learning and Improvement that demonstrates the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning;
   d. Interpersonal and Communication Skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
   e. Professionalism that demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles; and
   f. Systems-based Practice that demonstrates an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

2. Participation in the educational and scholarly activities of their GME Programs and, as required, assume responsibility for teaching and supervision of residents and students;

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

4. Participation in educational programs offered in SECTION VIII: below of this manual; and

5. Submission of confidential written evaluations of the faculty members and the educational experience to the program director, at least annually.

P. Resident Duties

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

1. Assurance of the safety and welfare of patients entrusted to their care;

2. Provision of patient and family-centered care;

3. Assurance of their fitness for duty;

4. Management of their time before, during, and after clinical assignments;

5. Recognition of impairment, including illness and fatigue in themselves and in their peers;

6. Attention to lifelong learning;
7. Monitoring of patient care performance improvement indicators; and,
8. Honest and accurate reporting of duty hours, patient outcomes, and clinical experiences.

Q. **Dress Code**

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

R. **Electronic, Digital and Internet Communication, including Social Networking and User-Created Web Content**

The relationship between the healthcare provider and the patient is based on a sacred bond of trust and respect. Within the protection of that relationship, those seeking healing present themselves, yielding a vulnerable portion of themselves with the expectation of trust. To quote Hippocrates, “All that may come to my knowledge in the exercise of my profession or in daily commerce, which ought not to be spread abroad, I will keep secret and will never reveal.”

Within the assurance of trust, the principles of confidentiality and privacy thrive. The ability of the patient to confide in their healthcare providers allows the providers to gather personal health information and thereby render diagnoses and therapies. The healthcare provider is entrusted to act in the best interests of their patient and to protect the personal health information provided to them in the process of assessing, diagnosing and healing. The patient should expect their healthcare providers to share information with others on a legitimate “need to know” basis. Without this confidence the patient may not be forthright with vital personal information necessary for the healing professions. Without patient authorization, disclosure of this protected health information is a breach of the confidence that patients have in their healthcare providers and the providers' associates and weakens all healthcare professions.

Within the pledge of respect, the healer exerts authority and provides guidance to the infirmed. Blurring boundaries between the healthcare provider and the patient diminishes the provider's integrity, authority and both parties' respect for the other. Loss of professional standing may render healthcare providers unable to fulfill their professional responsibilities.

Upon these principles of trust and respect, policies and guidelines for handling patient relationships and personal health information are based.

1. **Purpose and Scope**

   Acknowledging the benefits to patients when healthcare providers are readily accessible, healthcare providers must consider protection of confidential information, loss of personal interactions and the possibility of misunderstanding of communications when interacting with patients via non-verbal mechanisms. Inappropriate use of communication tools, such as posting patient personal health information or patient photographs/videos on social media sites, blogs, or discussion boards can violate federal, state, and/or local laws, resulting in the posting healthcare provider facing the possibilities of civil liability, employment related discipline including job loss, disciplinary actions by licensing and credentialing authorities, and criminal investigations and sanctions.

The ever evolving world of communication tools, and in particular the area of the digital, electronic, and Internet communication platforms, represents a challenge to individuals and groups to be engaged and relevant in their community while maintaining professional standards of comport. With the advent of social media outlets and advancing capabilities of mobile devices, employees, faculty, residents, students, staff, and associates (hereafter “healthcare providers”) must be cognizant and respectful of patient privacy and confidentiality as protected by the Health Information Portability and Accountability Act of 1996, as amended from time to time (collectively referred to as “HIPAA”).

The purpose of this policy is to ensure the proper and uniform use of digital and electronic communication tools in the University of South Alabama ("USA") healthcare, education, and associated settings to reduce the risk of inappropriate or unlawful disclosures of protected health information (“PHI”). It is the intent of this policy statement to establish procedures and provide guidelines for the professional use of digital, electronic and Internet communication tools.
This policy addresses activities that (1) affiliate or identify a healthcare provider with USA or any members of its organized healthcare arrangements (OHCA) as delineated in the privacy notice, (2) use USA-provided communication tools, including but not limited to web pages, text messaging, email correspondence, and current or future social media websites, or (3) appear to represent the interests of USA. This policy is not intended to impact activities that do not represent USA and are purely related to personal matters not involving patients, including legally protected free speech.

This policy statement applies to the following:

a. Activities that would fall under the jurisdiction of HIPAA, such as handling of protected health information (PHI) by USA healthcare providers via digital, electronic, and Internet communication tools, including remote access into USA medical records of PHI.

b. Digital and electronic communications between healthcare providers in the process of carrying out their professional responsibilities.

c. Activities on electronic media and user-created web content. Common communication platforms and web content include email; text and instant messaging; cell phones, tablets and other mobile devices; blogs and journaling; internet posts and comments; and social media networks, including, but not limited to, Doximity, FaceBook, Flickr, Foursquare, Google+, LinkedIn, MySpace, Pinterest, Tumblr, Twitter, and YouTube.

2. Policy

a. Protected Health Information

With very limited exceptions and only as authorized by the HIPAA Compliance Office, identifiable PHI, including identifiable case descriptions, must never be published, on the Internet or otherwise, without the patient's expressed and documented permission. This applies even if no one other than a patient is able to identify him/herself from the posted information. Healthcare providers must adhere to all HIPAA principles, including the reporting of HIPAA violations. PHI should be accessed and transmitted only in accordance with USA HIPAA privacy and security policies.

b. Representation of USA or USA Hospitals

Unauthorized use of institutional information or logos is prohibited as is creation of any social media site that is branded to represent USA, and authorization must be obtained from the USA Public Relations Department. Only individuals authorized by the University are permitted to represent USA online. Management of any USA webpage or social media site will be the responsibility of the authorized creating division/department/section/office. Official posts must respect copyright, fair use, and financial disclosure laws. Posting of institutional phone numbers, email addresses, web addresses, photographs or videos to the Internet must be done in accordance with USA policy.

c. Communication Using E-mail, Texting, and Instant Messaging

Secure platforms for communicating PHI by healthcare providers are (1) Safebox (2) USA provided Microsoft Exchange/Outlook, and (3) secure portal communication systems (e.g. NextGen, Sorian). USA healthcare providers are fully responsible for their communications whether on USA-owned or personally-owned communication devices. Digital communication tools may supplement, but not replace, face-to-face interaction. Text messaging and email communication should not be used unless documented HIPAA-compliant authorization is made by the patient. Publicly available email (Hotmail, Gmail, Yahoo, etc.), texting, and instant messaging systems are not secure, do not guarantee confidential communication, and cannot be used for communicating PHI. Furthermore, healthcare providers cannot be certain that no other party has access to the patient's communications.

d. Offering Medical Advice

It is never appropriate to provide medical advice on a social networking site. Interactions between patients and healthcare providers should occur within an established healthcare relationship. Initial assessment of a patient's condition and development of a care plan must be performed in an appropriate clinical setting.
**e. Privacy Settings**

Healthcare providers should consider setting privacy at the highest level on all social networking sites. This policy is not meant to discourage the use of innovative technologies, but to provide guidance and heighten the awareness of healthcare providers at USA to the potential risks and consequences.

Violations of this or any USA computer or information privacy policies or laws, including, but not limited to, those regarding student and patient information, may lead to disciplinary action, up to and including termination and/or legal action.

**3. Procedures**

USA recognizes the rapidly changing landscape of communication tools. Healthcare providers will adhere to professional standards in their use of digital, electronic, and Internet communication tools by acknowledging and observing the following:

a. USA institutional resources are provided to healthcare providers for the primary purpose of timely completion of their educational and clinical/work duties, including the access and transmission of PHI. Personal use of USA resources should not interfere with these duties.

b. USA healthcare providers should not expect privacy when using institutional computers.

c. Privacy and confidentiality between the healthcare provider and the patient are of the utmost importance. All healthcare providers have an obligation to maintain their personal access authorization through their supervisory personnel/leadership.

d. Be aware that photographs taken in the healthcare environment may contain PHI, including the presence of patients in the background or foreground of the photograph.

e. Remote access into any USA system containing PHI should be performed in a secure environment. Remote access into any USA medical record system in public venues or via open Wifi connections should not be considered secure or HIPAA compliant. Passwords to USA medical record systems should not be stored in an unprotected repository.

f. All material published on the Internet via email, social media, or otherwise, should be considered public and permanent; published information cannot be recovered. Be aware that your relationship to USA can be discovered on the Internet without including a specific reference to your USA affiliation in any specific post. Healthcare providers must consider the content to be posted and the message it sends about them, their profession, and USA. USA reserves the right to request that certain subjects be avoided and that individuals withdraw certain posts as well as remove inappropriate comments.

g. The healthcare provider is owner of and responsible for the content of his/her own Internet and social media blogs/posts, pictures, etc., including but not limited to any legal liability incurred (defamation, harassment, obscenity, libel, slander, privacy issues regarding students or patients, etc.).

h. Misrepresentation of professional credentials or failure to reveal conflicts of interest via electronic, digital, or Internet platforms may result in disciplinary action by USA or credentialing authorities.

i. The tone and content of all USA-related electronic communications should remain professional. Respect among healthcare providers must occur in a multidisciplinary environment.

j. Healthcare providers should use separate personal and professional social networking accounts. For personal activity, the use of a non-USA email address as your primary means of contact is encouraged.

k. Do not post any material that is obscene, pornographic, defamatory, libelous or unlawfully threatening to another person or any other entity.

l. Healthcare providers are discouraged from interacting with any current or former patient on any social networking site or checking patient profiles on social networking sites.
m. Only reputable sites and sources should be used as medical education resources, including for patient education. Any referral made by a USA healthcare provider represents a tacit endorsement of that site by our institution.

n. Internet repository accounts, such as Dropbox and Google Docs, shall be utilized solely for the purposes of posting documents available in the public domain. Under no circumstances will non-public documents, particularly those containing PHI, be posted to any Internet repository account. USA-affiliated Internet repository accounts will be audited monthly with quarterly reports provided to the appropriate supervisory personnel/leadership. USA provides Safebox as a secure and safe method for sharing sensitive data with other USA faculty and staff. Note: Refer to the Computer Services Center for guidance on setup and use of Safebox.

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

p. The use of personal entertainment devices (E.G., MP3 players, DVD players, cell phone entertainment features, cell phone texting, employee personal laptop, etc.) are not allowed in patient care areas, public service areas, or within view of patients or visitors unless being used for USA business.

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

r. Healthcare providers will be provided with training in the use of electronic, digital, and Internet communication platforms by their department. This training must be documented.

S. Hospital Information

1. Federal and State Regulations
   a. Abuse/Neglect/Exploitation
      Alabama law requires that all cases of suspected elder and child abuse, neglect, and/or exploitation be reported to the Department of Human Resources. All such cases must be reported to Social Services at the appropriate hospital.
   
   b. Medical Examiner’s Cases
      In Mobile County, the Medical Examiner law requires that the following types of deaths be reported and investigated:
      1) Violent deaths by physical and chemical means, to include all homicides, suicides, accidents and motor vehicle crashes including all cases in which the underlying problem is a physical or chemical injury and whether the injury occurred recently or in the past;
      2) Deaths arising under suspicious circumstances;
      3) Death as a result of abortion;
      4) Sudden unexpected death in an otherwise healthy person including sudden infant death syndrome;
      5) Medically unattended deaths, i.e., deaths in which no physician has enough knowledge of the patient to certify the cause of death; or
      6) All ER deaths at University Hospital and EC deaths at USACW are to be reviewed by the medical examiner.
      In the above circumstances, the resident should tell the family that the death falls under the Medical Examiner’s law and will be reported and that the case is under the jurisdiction of the Medical Examiner, who alone will determine if an autopsy is necessary (Alabama House Act 87-525.) Bodies are released by the Medical Examiner’s office to families and funeral homes only between the hours of 8 AM and 6 PM. Bodies are not released at night.
      Residents should inform the patient’s family of these hours at the time the Medical Examiner law is explained. (Deaths occurring within twenty-four (24) hours of admission are not automatically medical examiner cases unless they fall under the above categories.)
2. **Organ Procurement**

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

3. **Patient Care**

   a. **History and Physical Examination**

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

   b. **Orders**

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

4. **Patient Confidentiality**

   a. **Confidentiality and HIPAA**

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

      1) Any information relating to:

         a) The physical and/or mental condition of a patient (applies to past, present, or future health information),

         b) The provision of health care to a patient, or

         c) Past, present or future payment for health care;

      2) Health information created or received by USAH;

      3) Individually identifiable health information or information that identifies the individual or can be reasonably believed to provide information that can be used to identify the individual; or

      4) Information in any form written, verbal or electronic.

   b. **HIPAA Violations**

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

      1) Inappropriate access, use, or disclosure of PHI,
2) Disclosing hospital-designated user IDs and passwords,
3) Logging on or authenticating entries with the user ID or password of another individual, or
4) Violations of regulations not only expose the hospital to civil and criminal liability but also the individual.

5. Consultations
Requests for consultation are made by the patient's physician, and must include a reason for the consult and be documented on the medical record. The completed consult is part of the patient's medical record.

6. Patient Deaths
The resident is to write a complete death note on the chart, giving exact details leading to the demise. In deaths where an autopsy will be performed, the death summary should be dictated into the stat medical records line for immediate transcription. Death certificates should be signed by licensed residents on each service, except in Medical Examiner's cases. Death certificates must be signed within seventy-two (72) hours of receipt from the funeral home in order to promptly submit vital statistics information to the Health Department.

7. Fetal Deaths
a. A certificate of fetal death shall be required to be filed with the local registrar for every fetal death where the fetus has advanced to or beyond the twentieth (20th) week of gestation.
b. Disposition of the body, i.e., delivery to the morgue for burial or to Pathology for surgical disposal, shall be determined by the parents.
c. Medical Records is to be notified in order to process a fetal death certificate and to obtain signatures for release of the body.

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

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

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

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

**A. Confidential Reporting**

USAH provides residents with an educational and work environment in which they may raise and resolve issues without fear of intimidation or retaliation. Mechanisms for this are as follows:

1. **Ombudsperson**

   The Hospital Residency Coordinator acts as an Ombudsperson to the residents.

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

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

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

2. **Chief Resident Committee**

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

   a. Serving as a resident advocate and voice throughout USAH;
   b. Providing housestaff representation as it pertains to USAH affairs;
   c. Promoting educational resources for residents, education regarding GME policies and procedures, and interaction with medical staff and hospital administration;
   d. Re-evaluating/reinforcing the policies and procedures of GME at USAH; and
   e. Allowing the residents an opportunity to communicate and exchange information about their various working environments and corresponding educational programs.

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

4. **Housestaff Association**

The Housestaff Association is the designated organization that collectively represents all residents in GME Programs at USAH. The Housestaff Association is available to answer questions and seek resolution regarding issues that arise that cannot be resolved within the GME Programs themselves. The association assists residents in addressing training issues, including Review Committee (RC) and ACGME requirements and violations. The Housestaff Association presents and advocates for residents’ concerns to the appropriate GME, USA and/or USAH administrators.

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

The Housestaff Association represents and serves only USAH residents and is funded solely through Housestaff Association dues. The Housestaff Association is not a union and receives no other source of funding.

**B. Ancillary Support Services and Systems**

USAH is committed to the provision of necessary support services to develop healthcare delivery systems that minimize resident work that is extraneous to the GME Programs’ educational goals and objectives, and to ensure that the residents’ educational experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations. Other support services provided for residents include, but are not limited to, provision of white lab coats and scrubs, on-call quarters, free parking, discounted meals, physician dining room, lounge with computer access, extensive library within the hospitals, health sciences bookstore with resident discounts, counseling services, and 24-hour security for resident safety.

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

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

3. **Medical Records**: A comprehensive medical records system that documents the course of each patient’s illness and care is available and supports quality patient care, resident education, quality assurance activities, and provides a resource for scholarly activity.

4. **Transcription Service**: Transcription services are centralized and transcribe for all hospital medical records departments. Transcription Services is responsible for transcribing all dictated history and physical exams, operative reports, consultations and discharge summaries. Any touchtone phone may be used to access the dictation system. If you do not know your physician ID or do not have an instruction card, you may call Transcription Services. See Appendix A for contact information. Follow the instructions on your dictation card when dictating into the central system. If you choose to write a history and physical instead of dictating, please use the approved form. If a form is not on the chart, one may be requested at the nurse’s station. Any questions regarding the use of dictating equipment or the status of dictated reports can be directed to Transcription Services. History and physicals must be dictated or handwritten within twenty-four (24) hours of admission and/or prior to surgery. Operative reports must be dictated or written immediately following surgery. If you are unable to dictate a discharge summary at the time of a patient’s discharge, write the final diagnoses on the last progress note to enable appropriate staff to code the chart in a timely manner. STAT dictation: Please refer to your dictation instruction card for marking a dictation STAT. This procedure should be reserved for use only in cases where a dictation needs immediate transcription.

5. **Food Services**: USAH ensures residents have access to appropriate food services while on duty twenty-four (24) hours a day through stocked vending machines, cafeteria services providing breakfast, lunch and dinner meal schedules, a grill at USACW, as well as numerous restaurants located near each of the hospitals.
a. **Hospital Cafeterias**: Hospital cafeterias are located on the second floor of the University Hospital and first floor of the USACW. With proper identification, residents receive a 25% discount on meals at these facilities. Residents must present their USA ID badge to receive this discount.

b. **Meal Reimbursement (On-call)**: Meals are the responsibility of the resident. When a resident is on-call in the hospital, reimbursement of $5.00/call period is provided for meals. ALL MEAL REIMBURSEMENT FORMS MUST BE VERIFIED BY THE RESIDENT’S CHIEF RESIDENT ON SERVICE.

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

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

8. **USA Bookstore** is located at the Student Center on the USA campus. Residents receive a 10% discount on selected items with proper identification.

9. **Lounge/Break Room**: Each hospital provides a lounge for use by residents. The University Hospital resident lounge is located on the 7th floor of the hospital, and the USACW resident lounge is located in the lower level of the hospital.

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

11. **Mileage Reimbursement**: Mileage between healthcare facilities (for work-related reasons) is reimbursable. Travel reimbursement forms should be filed within sixty (60) days. USAH reserves the right not to honor travel reimbursement requests after that time. Contact the Housestaff Office for proper forms. See Appendix A for contact information.

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

13. **Reference Materials**: USA provides residents with access to specialty-specific and other appropriate reference materials:

   a. The USA Biomedical Library print access to specialty-specific and other appropriate reference materials at the main library located on the USA main campus.

   b. The USA Biomedical Library provides electronic access to specialty-specific and other appropriate reference materials with lists of specialty-specific library resources available online in subject guides devoted to clinical resources.

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

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

16. **Uniforms**

   a. **White Coats**: At the time of orientation, a categorical resident is issued three (3) white coats and a preliminary (intern) resident is issued two (2) white coats. Each year thereafter, each resident is issued one (1) lab coat through the end of their residency.

   b. **Scrubs**: USAH issues scrub suits to residents based on their specialty. Hospital scrubs are specifically provided for staff working in high risk areas of blood and body fluid exposure including the operating rooms, specialty surgical areas, certain areas of Radiology, Labor and Delivery and the Emergency Department. Staff working in these areas should wear their own clothing to work, change into hospital scrubs for work, and change back into
personal clothing prior to leaving. No hospital scrubs should be worn home or worn into the hospital from home. Tops and bottoms must be of the same color and style. Hospital scrubs worn while on rounds or on call will require a white lab coat while in areas other than the OR, specialty areas, certain areas of Radiology, Labor and Delivery or the Emergency Department. Physicians and students who work in direct patient care areas may wear hospital scrubs if their own clothes have been heavily soiled in the line of duty or in keeping with departmental guidelines. Scrubs, if soiled, should be changed. Residents are responsible for laundering their own scrub suits and having them available when needed. All head and shoe covers and OR masks should be removed prior to leaving the operating room and invasive laboratory areas.

SECTION VII: RESIDENCY PROGRAM PERSONNEL AND FACULTY MEMBER DEVELOPMENT

A. PROGRAM DIRECTOR SELECTION, QUALIFICATIONS, AND REQUIREMENTS

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

1. Selection
   a. The individual department chair will appoint a program director for the program. The chair may appoint him/herself as program director or as further specified by the ACGME.
   b. The department chair is responsible for ensuring that the program director meets all institutional and specialty/subspecialty-specific program requirements.
   c. For combined residency programs (e.g. combined Internal Medicine-Pediatrics) the department chairs of all applicable departments will collaboratively appoint a program director and ensure s/he meets all requirements.
   d. The GMEC will review the qualifications of the program director. After review and approval, the chair of the GMEC will appoint a mentor from the GMEC to the newly appointed program director to assist with any questions s/he may have. The DIO will then submit information requesting approval from the ACGME via WebADS. Upon notification by the ACGME, the program director will receive a confirmation e-mail from the ACGME with further instruction.

2. Qualifications
   a. Each program director must obtain and maintain the following qualifications:
      1) Requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee (RC);
      2) Current certification by the specialty board in the discipline of the program, or specialty qualifications that are acceptable to the RC;
      3) Licensure to practice medicine in the state where the institution that sponsors the program is located and an appointment in good standing to the medical staff of an institution participating in the program; and
      4) As further specified by the RC.
   b. The program director must continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. The minimum term of the program director appointment should be the duration of the program plus one year.

3. Responsibility
Program directors must communicate any changes in credentials that could adversely affect program accreditation to the department chair and Chair of the GME Committee.

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

a. **Quality Monitoring**: Monitor and ensure the quality of didactic sessions and the clinical education of the residents;

b. **Faculty Member Evaluations**: Evaluate the effectiveness of faculty members in resident education in accordance with departmental policies based on resident evaluations of the faculty members;

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

d. **Policies and Procedures**: Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working and learning environment, including moonlighting, and, to that end, ensure:
   1) Distribution of these policies and procedures to the residents and faculty members,
   2) Monitoring of resident duty hours according to institutional guidelines with a frequency sufficient to ensure compliance with ACGME requirements,
   3) Monitoring the demands of at-home call; and if applicable, and
   4) Adjustment of schedules as necessary to mitigate excessive service demands and/or fatigue;

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

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

g. **Administrative Duties** include, but are not limited to:
   1) Preparation and submission of all information required and requested by the ACGME, including but not limited to the annual program updates to WebADS, and ensuring that the information submitted is accurate and complete;
   2) Completion of all required written documents before a site visit;
   3) Provision of verification of residency education for all residents, including those who leave the program prior to completion to the GME Office;
   4) Obtain GMEC and DIO approval before submitting information or requests to the ACGME for the following:
      a) Applications for ACGME accreditation of new programs,
      b) Changes in resident complement,
      c) Major changes in program structure or length of training,
      d) Progress reports requested by any RC,
      e) Responses to all proposed adverse actions,
Requests for increases or changes to resident duty hours,

Voluntary withdrawals of ACGME-accredited programs,

Requests for appeal of an adverse action,

Appeal presentations to a Board of Appeal or the ACGME,

Proposals to ACGME for approval of innovative educational approaches, and

5) Obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
   a) Program citations and
   b) Requests for changes in the program that would have significant impact, including financial, on the program or institution (as further specified by the individual RC);

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

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

8) Ensure compliance with grievance and due process procedures as set forth in SECTION XI: G. below of this manual; and

h. Monitoring of Faculty Member Development: The program director should encourage the utilization of available online resources, as listed SECTION VIII: C. below, and create a plan to promote faculty member development, including a monitoring mechanism.

4. Scholarly Activities

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

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

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

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

d. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research, and provision of support for residents participating in appropriate scholarly activities.

The program director must ensure that adequate resources for scholarly activities for faculty members and residents are available, including sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

B. FACULTY MEMBERS

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

1. Current certification by the specialty board in the discipline of the program, or specialty qualifications that are judged to be acceptable by the RC;
2. Licensure to practice medicine in the state where their participating site is located and an appointment in good standing to the medical staff of an institution participating in the program;
3. Non-physician faculty members must have appropriate qualifications in their field and an appointment in good standing to the medical staff of an institution participating in the program; and
4. The faculty members must establish and maintain an environment of inquiry and scholarship with an active research component. The responsibilities of the faculty members must include, but are not limited to, the following:
   a. The faculty members must regularly participate in grand rounds, posters, workshops, quality improvement presentations, grant leadership, non-peer reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor.
   b. Some faculty members should also demonstrate scholarship by one or more of the following:
      1) Peer-reviewed funding,
      2) Publication of original research or review articles in peer-reviewed journals or chapters in textbooks, or
      3) Publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; and
      4) Participation in national committees or educational organizations; and
   c. Faculty members should encourage and support residents in scholarly activities.

C. OTHER PROGRAM PERSONNEL AND RESOURCES

USAH and GME Programs ensure availability of the following, as specified in the program specific requirements:

1. Availability of all necessary professional, technical, and clerical personnel for the effective administration of the program;
2. Availability of adequate resources for resident education; and
3. Ready access to specialty/subspecialty-specific and other appropriate reference material, in print and electronic format, to include electronic medical literature. NOTE: Databases with search capabilities are available at the Biomedical Library or their website at http://biomedicallibrary.southalabama.edu/library/.

D. FACULTY MEMBER DEVELOPMENT RESOURCES

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

1. Alertness Management and Fatigue Mitigation

   USAH provides the following resources for the education of faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. GME Programs must have a monitoring system in place to ensure compliance with this requirement.

   a. LIFE Curriculum

      The “Teachers Guide on Learning to Address Impairment and Fatigue to Enhance Patient Safety (LIFE)” Curriculum is available in New Innovations (along with other various faculty member development resources specific to Graduate Medical Education), and is an excellent resource for faculty member development in the
recognition of various forms of impairment in residents to include recognizing the signs of fatigue and sleep deprivation.

b. **USA Counseling and Testing Services (CTS)**

The staff in the USA Counseling and Testing Services (CTS) offer seminars, at no charge to staff and faculty, in areas such as:

1. Anger Management
2. Communication Skills
3. Career Development
4. Conflict Resolution
5. Diversity Training
6. Human Relations Training
7. Leadership Training
8. Stress Management
9. Substance Abuse Prevention Training
10. Time Management
11. Value Clarification

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

2. **USA Biomedical Library**

The USA Biomedical Library provides access to the library's book and journal collection. It also serves as a centralized entry point into the library's numerous research tools and databases including PubMed, Access Medicine, ACP Pier, Cochrane, DynaMed, Ovid's Primal Pictures, and other authoritative and full text tools only available through the library's paid subscriptions. This link also provides easy access to reference librarians via e-mail, chat, text, or telephone. Most of the library's resources can be accessed from off-campus locations with student or faculty members log in via the proxy server. Each GME Program is assigned a biomedical resource librarian to aid in securing program specific educational resources.

3. **Educational Technologies and Services**

The Department of Educational Technologies and Services coordinates quality improvement of education by providing support and development to College of Medicine faculty members and students. Educational support includes designing and developing instructional materials and methodologies, keeping up-to-date with innovative technological advancements, and developing assessment strategies. Educational support is provided for all College of Medicine educational departments (i.e. Medical Education, Continuing Medical Education, Graduate and Residency including GME Programs).


4. **Evidence-Based Medicine in Primary Care and Internal Medicine**

Evidence-Based Medicine ([http://ebm.bmj.com/](http://ebm.bmj.com/)) systematically searches a wide range of international medical journals applying strict criteria for the validity of research. Experts critically appraise the validity of the most clinically relevant articles and summarize them including commentary on their clinical applicability. EBM also publishes articles relevant to the study and practice of evidence-based medicine. The biomedical librarians are available to present instruction on the utilization of Dynamed, the USAH evidence-based medicine resource, to the various programs at the request of the program director.
5. **MedEdPORTAL**
   A resource from the Association of American Medical Colleges (AAMC) for publication and dissemination of peer-reviewed works related to medical education; resources for educational scholarship.
   
   [https://www.mededportal.org/](https://www.mededportal.org/)

6. **Faculty Vitae**
   Faculty Vitae is a Web-based publication of the AAMC's Faculty Development and Leadership (FD&L) section. Its features bring resources for professional development to the desktops of faculty members in medical schools and teaching hospitals.
   
   [https://www.aamc.org/members/qfa/faculty_vitae/148574/educator_portfolio.html](https://www.aamc.org/members/qfa/faculty_vitae/148574/educator_portfolio.html)

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

**SECTION VIII: EDUCATIONAL PROGRAM, ASSESSMENTS AND RESOURCES**

**A. CURRICULUM COMPONENTS**

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

1. Overall educational goals for the program, which must be distributed to the residents and faculty members annually;
2. Regularly scheduled didactic sessions;
3. Job descriptions of resident responsibilities by PGY level for patient care, progressive responsibility for patient management, and supervision of residents over the length of the program; and
4. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty members, in either written or electronic form, annually. Programs must require residents review this information prior to the start of each rotation and have a monitoring system in place to ensure compliance.

5. The following ACGME Competencies must be integrated into the program's curriculum:
   a. **Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
   b. **Medical Knowledge:** Residents must be able to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care;
   c. **Practice-based Learning and Improvement:** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
      1) Identify strengths, deficiencies, and limits in one's knowledge and expertise;
2) Set learning and improvement goals;
3) Identify and perform appropriate learning activities;
4) Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
5) Incorporate formative evaluation feedback into daily practice;
6) Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
7) Use information technology to optimize learning; and
8) Participate in the education of patients, families, students, residents and other health professionals.

d. **Interpersonal and Communication Skills**: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
   1) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
   2) Communicate effectively with physicians, other health professionals, and health related agencies;
   3) Work effectively as a member or leader of a health care team or other professional group;
   4) Act in a consultative role to other physicians and health professionals; and
   5) Maintain comprehensive, timely, and legible medical records, if applicable;

e. **Professionalism**: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
   1) Compassion, integrity, and respect for others;
   2) Responsiveness to patient needs that supersedes self-interest;
   3) Respect for patient privacy and autonomy;
   4) Accountability to patients, society and the profession; and
   5) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and

f. **Systems-based Practice**: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
   1) Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
   2) Coordinate patient care within the health care system relevant to their clinical specialty;
   3) Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
   4) Advocate for quality patient care and optimal patient care systems; and
   5) Work in inter-professional teams to enhance patient safety and improve patient care quality; and, participate in identifying system errors and implementing potential system solutions.

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

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

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

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

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

4. **Program Completion Evaluation**: An exit questionnaire or exit interview with residents completing the program to assess their overall training experience; and/or

5. **Postgraduate Surveys**: A short postgraduate survey can be sent to former residents one year after they graduate which provides feedback of current issues young physicians are encountering in practice, which allows programs to adjust their curriculum, accordingly. This may also provide more forthright responses than current residents give a program.

C. **GME CURRICULUM AND SPECIALTY/SUBSPECIALTY-SPECIFIC RESOURCES**

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

1. **ACGME Core Competencies**

   **GME Competency Education Program (GCEP)**: Each interactive module takes 15-60 minutes to complete. At the conclusion of each module, the resident completes an online post-test and evaluation which is used to log their participation. Automated e-mail alerts are sent to residents reminding them to complete the assigned curriculum as a monitoring method. Usage reports are tracked by the program coordinators.

2. **Residents as Teachers**

   It is the policy of the GMEC to provide regular review of all GME Programs to ensure compliance with institutional policies, the ACGME Institutional Requirements, and ACGME Program Requirements and to follow the guidelines set forth by the LCME.

   **Clinical Teaching Handbook**: The GME Office has identified teaching guidelines from the Ohio State University College of Medicine. Information for purchasing this handbook, as well as other helpful links, is at [http://medicine.osu.edu/orgs/obgyn/education/fellowships/pages/clinical-teaching-handbook.aspx](http://medicine.osu.edu/orgs/obgyn/education/fellowships/pages/clinical-teaching-handbook.aspx).

   **GCEP**: All incoming residents are required to complete the module in GCEP entitled Residents as Teachers.

3. **Alertness Management and Fatigue Mitigation**

   USAH provides the following resources for the education of residents concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

   a. Programs must have a monitoring system in place to ensure compliance with this requirement.

   b. **Sleep Deprivation and Fatigue**: All incoming residents are required to view the LIFE Curriculum module on Sleep Deprivation and Fatigue housed in New Innovations.

4. **Physician Impairment and Substance Abuse**

   **GME Competency Education Program (GCEP)**: All incoming residents are required to complete the modules in GCEP entitled Sleep Deprivation and Physician Health: Physicians Caring for Ourselves.

5. **USA Biomedical Library**
The USA Biomedical Library provides access to the library's book and journal collection. It also serves as a centralized entry point into the library's numerous research tools and databases including PubMed, Access Medicine, ACP Pier, Cochrane, DynaMed, Ovid's Primal Pictures, and other authoritative and full text tools only available through the library's paid subscriptions. This link also provides easy access to reference librarians via e-mail, chat, text, or telephone. Most of the library's resources can be accessed from off-campus locations with resident log in via the proxy server. Each GME Program is assigned a Biomedical resource librarian to aid in securing program specific educational resources. Resources of interest to physicians are provided from the link at the top of the Biomedical Libraries homepage titled "Medicine", such as the following:

1) Exam Master Online is an excellent resource for learners in all phases of their medical education, with each section consisting of question banks containing a large number of questions. Of special relevance to the medical student are the following sections: USMLE is useful to medical students in preparing for all steps of the USMLE, Step 1, Step 2, and Step 3.

2) Certification Review Series is useful to residents in preparing for various certification exams.

3) Medical Subject Review offers board questions arranged by subject for most of the subjects taught in the first two years of the M.D. curriculum.

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

c. First Aid Cases for the USMLE Step 2 CK

d. Surgery Board Review Tests from Access Surgery

D. CREATION OF NEW GME TRAINING PROGRAM

1. Purpose
   a. Creation of new training programs may be necessary to fulfill the educational and clinical missions of The University of South Alabama Health System.

   b. The purpose of this policy is to assure that the process for creation of new GME training programs are handled in a fair, equitable and timely manner.

2. Policy
   a. A request for a new GME training program must be anticipated more than a full year before the program is to begin to allow time for GMEC and USA Health procedures and for submission of all necessary documentation needed for program for fellows occurs at various times during the year, requests for new fellowship programs must be anticipated at least two full years before they are to begin.

   b. All training programs must seek accreditation from the ACGME. If accreditation is not available from the ACGME in a specialty or subspecialty, the program must seek equivalent accreditation if available through another accreditation authority. A training program that does not seek appropriate accreditation will not be sponsored by USA Health.

   c. The GMEC provides vetting for all new GME programs. GMEC approval is required for all new GME programs prior to submitting the proposal to the Dean of USACOM / Vice President for Medical Affairs.

   d. The Dean of USACOM / Vice President for Medical Affairs makes the final decision for approval of sponsorship of a new GME program.

   e. Review of all applications and approval of the DIO is required prior to submission of the application for accreditation.

3. Procedure
   a. The chair of the department proposing the program and the potential program director meet with the DIO and GME Accreditation Specialist to review the University, GMEC and ACGME requirements that would affect the
The chair and program director would need to address major accreditation requirements before the program is presented to the GMEC. The GMEC will not consider a program that cannot meet accreditation requirements.

b. The chair and program director will present a written proposal to the GMEC for the new GME program. To allow for distribution to the GMEC membership, the proposal will need to be presented to the GME Office at least 2 weeks prior to the GMEC scheduled to consider the proposal. The GME Office should receive the proposal in digital MS Word format.

c. At minimum, information in this proposal will include the following:

1) The educational rational for the proposed program, including the program’s goals and objectives and how these align with the mission of USA Health.

2) The structure of the program including...
   a) Length of training
   b) Number of trainees
   c) Eligibility requirements of trainees (training prerequisites)
   d) Selection process for trainees (NRMP, or other specialty match)
   e) Program curriculum, including a didactic curriculum and a block schedule diagram.
   f) Trainee clinical schedules, including call schedules
   g) Review of sufficient patient / case volume
   h) Use of simulation training experiences

3) The impact on clinical services, including impact on the following
   a) Core faculty physicians’ ability to perform their clinical duties
   b) Reputation of USA Health, locally, regionally, and nationally
   c) Other training programs in USA Health with particular attention to residents in other GME programs and medical students in the USA College of Medicine.

4) Fellowship programs must have a letter of support from the program director of the core residency. Letters of support from the program directors most likely to be impacted by the program is expected.

5) The following program staff must be identified:
   a) Program director
   b) Faculty complement
   c) Program coordinator

6) Description of any requirements that will need to be outsourced and a viable plan to do so, i.e., if USA Health does not provide clinical services to fulfill a required experience, the resident(s) will need to go to another institution to obtain this training.

7) An estimation of cost and the source of funding to cover program expenses, such as...
   a) Resident salaries, benefits, malpractice, etc.
   b) Program director’s and coordinator’s salary support
   c) Potential increases in faculty complement and / or GME staffing
   d) Cost of outsourcing clinical rotations or other training
e) Program expenses such as ACGME, NRMP, New Innovations, and other fees
f) Workspace for the program staff and trainee(s), including office space, classroom(s), call room(s),

8) A timeline to be used to guide the process from application to full accreditation. If requesting the program is to be accredited by an agency other than the ACGME, a copy of the agency requirements must be included with the proposal.

d. The program director must present at the GMEC when the proposal is considered. Attendance by the department chair is expected. Approval of the proposal by the GMEC does not imply financial commitment to the program.

e. Upon receiving the approval of the GMEC, the proposal will go to the Dean of USACOM / Vice President for Medical Affairs, who would make the final decision of institutional support and commitment to the program.

f. Upon receiving approval by the Dean of USACOM / Vice President for Medical Affairs, the application process will be initiated with guidance from the DIO and GME Office. Again, review of all applications and approval of the DIO is required prior to submission of the application for accreditation.

E. EXPERIMENTATION AND INNOVATION

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

F. EDUCATIONAL RESOURCES FOR CRITICAL CARE TRAINING PROGRAMS

USAH provides support to its critical care GME Programs. The ACGME requires that there be an institutional policy governing the educational resources committed to critical care assuring cooperation of all involved disciplines.

1. Purpose

The purpose of this policy is to ensure that the educational training experience for the critical care GME Programs complies with the Institutional and specialty/subspecialty-specific Program Requirements, and that the allocation of clinical and other resources is monitored.

2. Monitoring and compliance

Each critical care program director is assigned the primary responsibility for organizing the educational program for each critical care trainee and to assure cooperation among all involved disciplines.

The critical care program director will perform an annual review of program effectiveness and submit a written report to the GME Office. The report will be reviewed by the GMEC. As a follow-up, the program director may be asked to submit a progress report to the GMEC on corrective actions for resolution of any issues identified. The Chair of the GMEC may also request that the program director meet with the committee when the report is reviewed.

The GMEC will also monitor the educational resources committed to the critical care training programs through the Internal Review process, ACGME accreditation letters and correspondence, and the ACGME Resident Surveys. As a follow-up, the program director may be asked to submit a progress report on corrective actions for resolution of any issues identified.
If difficulties in the distribution of resources committed to critical care training are identified, the Chair of the GMEC will meet with members of the program involved to assess the issues and to recommend corrective action. The findings will be reported to the GMEC.

SECTION IX: THE LEARNING AND WORKING ENVIRONMENT

A. Professionalism, Personal Responsibility, and Patient Safety

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

The GMEC monitors the following requirements during the Internal Review process:

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

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

3. The program director and USAH must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following areas:
   a. Assurance of the safety and welfare of patients entrusted to their care;
   b. Provision of patient- and family-centered care;
   c. Assurance of their fitness for duty;
   d. Management of their time before, during, and after clinical assignments;
   e. Recognize impairment, including illness and fatigue, in themselves and in their peers;
   f. Attention to lifelong learning;
   g. Monitoring of their patient care performance improvement indicators; and
   h. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience.

B. Transitions of Care

1. Each department shall establish a policy that meets the departmental needs and is in compliance with USAH policies.

2. The transition of care is a critical element in patient safety. It must be organized such that complete and accurate clinical information on all involved patients is transmitted between the outgoing and incoming teams and/or individuals responsible for that specific patient or group of patients. Residents and faculty members will follow a standardized sign-out process when conducting handoffs within their department, and by doing so, will have the following benefits:
   a. Reduce handoff-related patient care errors;
   b. Provide residents with a template of information that needs to be exchanged;
   c. Underscore the importance of conducting handoffs; and
   d. Comply with the ACGME Common Program Requirements for transitions of care.

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

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

a. Programs will be required to have a structured program for faculty members and residents whereby instruction in the sign-out process is provided. Confirmation of completion of the instructional phase must be available for review by the GMEC’s Internal Review Committee and GME Office, when requested.

b. Programs will be required to have a defined sign-out process with written confirmation of sign-out procedures. This will serve as a written record of the sign-out process.

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

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

C. Supervision of Residents

1. Each department shall establish a policy that meets the departmental needs and is in compliance with USAH policies.

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

3. The GME Program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the ACGME classification of supervision from the Common Program Requirements as follows:

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

b. Indirect Supervision

  1) 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.

  2) With direct supervision available: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

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

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

5. Each GME Program must specify in writing the type and level of supervision required for each level of the program.

6. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

7. Faculty member supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
8. Each GME Program will maintain current call schedules with accurate information enabling residents, at all times, to
obtain timely access and support from a supervising faculty member. Verification of required levels of supervision for
invasive procedures will be accomplished as part of the Internal Review process. GME Programs must advise the
Assistant Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive
procedures. The GMEC must approve requests for significant changes in levels of supervision.

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

D. ALERTNESS MANAGEMENT AND FATIGUE MITIGATION

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

2. USAH provides adequate sleep facilities for residents and faculty members who may be too fatigued to safely return
home.

E. CLINICAL EXPERIENCE AND EDUCATION

1. The USAH policy on duty hours for residents follows the intent and language found in the ACGME guidelines
addressing this topic. All ACGME and non-ACGME accredited programs must adhere to the following principles:
   a. Be committed to and responsible for promoting patient safety and resident well-being and provide a supportive
      educational environment.
   b. The learning objectives of the GME Program must not be compromised by excessive reliance on residents to fulfill
      non-physician service obligations.
   c. Clinical education must have priority in the allotment of residents' time and energy.
   d. Duty hour assignments must recognize that faculty members and residents collectively have responsibility for the
      safety and welfare of patients.

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

3. Averaging must occur by rotation, i.e., four (4) week period, one (1) month period, or the period of a rotation if less than
four (4) weeks. Vacation and leave must be excluded when calculating duty hours, call frequency, or days off. When
residents are assigned to a rotation outside their program, the specialty/subspecialty-specific Program Requirements
regarding duty hours and the receiving program's duty hour policy apply.

4. All GME Programs must comply with ACGME and Institutional duty-hour requirements, policies, and procedures. Each
GME Program is required to monitor their residents’ duty hours and have written policies in place and in accordance
with the institutional and ACGME specialty/subspecialty-specific Program Requirements.
   a. Clinical and Educational Hour Requirements
      Each department shall establish a policy that meets the departmental needs and is in compliance with USAH
      policies. The following policies apply to all GME Program residents:
      1) Maximum Hours of Clinical and Educational Work per Week (80-hour rule):
a) Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

2) **Mandatory Time Free of Clinical Work and Education (1-day-in-7 Off Rule)**
   a) Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
   b) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
   c) 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.

3) **Maximum Clinical Work and Education Period Length**
   a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
   b) 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.

4) **Clinical and Educational Work Hour Exceptions**
   a) 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:
      (1) To continue to provide care to a single severely ill or unstable patient;
      (2) Humanistic attention to the needs of a patient or family; or
      (3) To attend unique educational events.
   b) These additional hours of care or education will be counted toward the 80-hour weekly limit.
   c) Rotation-specific exceptions must be approved, in advance, by the appropriate ACGME Residency Review Committee.

5) **Moonlighting**
   a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
   b) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
   c) PGY-1 residents are not permitted to moonlight.

6) **In-House Night Float**
   a) Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

7) **Maximum In-House On-Call Frequency**
   a) Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

8) **At-Home Call**
a) Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit.

   (1) 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.

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

b) 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.

F. OVERSIGHT AND MONITORING OF DUTY HOURS

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

1. Oversight and Compliance Requirements

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

   a. Mechanisms used by the GME Program to ensure residents report their duty hours in NI by a specific day;

   b. How the GME Program monitors duty hours, according to USAH GME institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;

   c. How the GME Program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable;

   d. How the GME Program monitors fatigue;

   e. How the GME Program adjusts schedules as necessary to mitigate excessive service demands and/or fatigue;

   f. How the GME Program monitors the need for and ensures the provision of backup support systems when patient care responsibilities are unusually difficult or prolonged;

   g. Whether or not the GME Program allows moonlighting. If moonlighting is allowed, the policy must comply with and reference the USAH GME Institutional Policy on Moonlighting; and

   h. Whether or not the GME Program allows call trading if so, document how the GME Program oversees this to ensure compliance with duty hour requirements.

2. Monitoring Tools

   a. New Innovations®

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

      1) The GME Office will notify the departmental program director and coordinator of any resident who is non-compliant in logging duty hours by the 7th of each month. The program director will have two (2) weeks (fourteen (14) days) from the date of notification to bring the resident into compliance with the requirement, or the resident will be placed on leave without pay, on a daily basis, until the requirement has been met.
2) The GME Office will generate a monthly duty hour compliance report for each program the Friday before the GMEC’s monthly meeting. The program director will present any duty hour violations on the compliance report to the GMEC at the meeting. Programs in violation of duty hours will follow the Monitoring Process outlined below.

3) **Internal Review Process:** At the midpoint between each program’s scheduled site visit, the GMEC is responsible for conducting an internal review of the program. As part of this process, the Internal Review Committee will review and document each program’s duty hour policy and compliance status.

4) **ACGME Resident and Fellow Survey:** Residents in all core specialty GME Programs, regardless of size, and subspecialty GME Programs with four (4) or more fellows are surveyed by the ACGME every year. A section of the survey assesses duty hour compliance. Results are available to the program and DIO for programs with four (4) or more trainees with a 70% or greater response rate.

5) **Anonymous Reporting:** Any resident may report violations of any duty hour rule through procedures established by each GME Program and/or by calling the DIO, USAH Ombudsperson, GME Office (including anonymous reporting via an e-mail account on the USAH GME Website) or the ACGME hot-line.

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

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

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

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

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

**G. REQUESTS FOR APPROVAL OF DUTY HOURS EXCEPTIONS**

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

1. **Eligibility Criteria**
   a. USAH must have a Favorable Status from its most recent review by the ACGME Institutional Review Committee.
   b. The GME Program requesting the exception to duty hours must be accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.

2. **Required Documentation**
   It will be the GME Program’s responsibility to show that the exception is necessary for educational reasons. The proposal presented to the GMEC must include the following:
   a. **Patient Safety:** Information that describes how the GME Program and USAH will monitor, evaluate, and ensure patient safety with extended work hours.
   b. **Educational Rationale:** A sound educational rationale should be described in relation to the GME Program’s stated goals and objectives for particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire GME Program should be considered the exception, not the rule.
   c. **Moonlighting Policy:** Specific moonlighting policies for the periods in question must be included.
   d. **Call Schedules:** Resident call schedules during the times specified for the exception must be provided.
e. **Faculty Member Monitoring**: Documented evidence of faculty member development activities regarding the effects of resident fatigue and sleep deprivation.

**H. MOONLIGHTING**

The GMEC recognizes that moonlighting is not an activity associated with part of the formal educational experience. Residents must not be required to participate in moonlighting activities. Moonlighting includes both internal and external moonlighting, as defined in the ACGME Glossary of Terms. Specific policies concerning moonlighting may vary from program to program, and residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the GME Programs.

External Moonlighting – Moonlighting performed outside of USA Health requires obtaining an individual DEA without the training waiver. Fees are not reimbursed by USA Health.

Internal Moonlighting with Faculty Supervision – Supervised internal moonlighting would qualify for the DEA training waiver. There is no fee when the waiver is granted.

Internal Moonlighting without Faculty Supervision – In unsupervised internal moonlighting, the resident/fellow is performing the role of an independent practitioner and would not qualify for the DEA training waiver. This situation requires obtaining an individual DEA without the training waiver. Fees are not reimbursed by USA Health through the Housestaff Office.

1) Moonlighting is not required by USAH and should be closely monitored by the program director. The following USAH policies apply to moonlighting by residents in all GME Programs:

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

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

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

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

   e) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, research, or patient care missions of the USACOM and USAH.

   f) The program director must monitor the resident’s performance for the effect of moonlighting upon performance. Adverse effects may lead to withdrawal of permission to moonlight. The program director is to ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

   g) Moonlighting must have educational value and/or provide professional services to either medically underserved areas and/or enhance the relationships between USAH and the community.

   h) Moonlighting must not incur legal liability or risk to the USA or its affiliated institutions.

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

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

   k) Residents permitted to moonlight must have appropriate medical licensure for the state where the moonlighting occurs.
l) It is the responsibility of the institution hiring the resident to moonlight to ensure that licensure is in place, adequate liability coverage is provided, and that the resident has the appropriate training and skills to carry out assigned duties.

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

2) **Procedure**

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

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

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

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

I. **EVALUATION**

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

1. **Resident Evaluation**

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

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

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

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

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

2. **Summative Evaluation**

   The program director must prepare a summative evaluation for each resident upon completion of the GME Program within 30 days. The original must then be sent to the GME Office for inclusion in the resident's permanent USAH record. This information is made available for review by the resident, upon his or her request, in the presence of GME Office personnel. The evaluation must include the following:

   a. Review of the resident's performance during the final period of education and

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

3. **Faculty Members Evaluation**

   The program director must ensure that the GME Program evaluates each faculty member's performance as it relates to the educational program, at least annually. The evaluations should include:
a. Review of the faculty member’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities; and
b. Annual written confidential evaluations by the residents.

4. **Program Evaluation and Improvement**

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

a. Resident performance;

b. Faculty member development;

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

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

1) Providing the residents and faculty members the opportunity to evaluate the program confidentially and in writing at least annually;

2) Using the results of residents’ assessments of the program together with other program evaluation results to improve the program; and

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

e. This process will be monitored by the Internal Review process.

5. **Hospital Medical Staff Review**

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

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

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

A. **RESPONSIBILITIES OF THE PROGRAM DIRECTOR AND FACULTY MEMBERS**

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

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

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

B. RESOURCES

The following resources are available to the program directors and residents:

1. University of South Alabama Employee Assistance Programs
   a. Counseling and Testing Services: The University of South Alabama Counseling Service is a comprehensive developmental/mental health center providing a full range of services to meet the needs of residents. The Counseling Center is staffed by qualified Licensed Professional Counselors to assist individuals and couples in solving situational problems or improving self-understanding and personal relationships. Some of the following services are provided:
      1) Psychological counseling, group therapy, crisis intervention.
      2) Substance abuse education, assessment and counseling.
      3) Consultation on mental health issues and diversity.
      4) Training programs in communication, leadership, conflict resolution, and substance abuse prevention, and testing (aptitude, interest, personality, national testing programs).
   b. Counseling services are available without cost (except minimal fees for testing). Strict confidentiality of records and counseling relationships is maintained at all times.
   c. The Counseling and Testing Services office can be reached by calling 460-7051. Their offices are located in the Alpha Hall East Building on the main campus of the University of South Alabama.

2. Alabama Physician Health Program
   The Alabama Physician Health Program (APHP), established and authorized by the Alabama Board of Medical Examiners, provides confidential consultation and support to physicians, residents and medical students facing health concerns related, but not limited to:
      a. Chemical dependence or abuse,
      b. Mental illness (stress, anxiety, depression, etc.),
      c. Personality disorders,
      d. Disruptive behaviors, and
      e. Sexual boundaries.
   See Appendix A for contact information.

C. PROCEDURES

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

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

SECTION XI: DISCIPLINARY ACTION AND GRIEVANCE PROCEDURES

The primary reason for having GME Programs at USAH is for the professional education and certification of successful completion of residency programs so that residents may practice medicine and take board examinations in their areas of specialty training. Therefore, in the area of educational and clinical performance, a resident's performance must be satisfactory. The residency training experience also includes related activities that are important to ensure a successful and academically sound education for a physician. Such related activities include, but are not limited to, the ability to complete medical records accurately and in a timely fashion, the ability to maintain appropriate licensure in the state of Alabama or other states where appropriate, the ability to carry out the directives of the program directors, as well as other attending physicians and upper level residents, and the ability to abide by the University of South Alabama policies applicable to the resident.

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

A. Appealable Actions

The procedures outlined in this policy apply to appealable, adverse actions which can be implemented by a program director, department chair, or DIO. These actions include:

1. Probation
2. Extension of Training
3. Non-promotion to the Next Academic Year
4. Non-renewal of Contract
5. Dismissal
6. Immediate Suspension from Clinical Responsibilities (Enacted in circumstances falling short of the criteria for immediate dismissal under item “E. Dismissal” above)

The resident involved in any of the above actions has the right to be heard by the program director, department chair or DIO, and ultimately to appeal a disciplinary action to a Special Review Committee according to the procedures outlined at the conclusion of this policy.

B. Program Level (Internal) Remediation

1. Each GME Program shall have a comprehensive resident evaluation system in place.
2. All GME Programs are required to load evaluation forms pertaining to performance of residents into the New Innovations® software program. As part of the Common Program Requirements, supervising faculty members must evaluate a resident's performance in a timely manner during each rotation or similar educational assignment and document the evaluation at the completion of the assignment. The resident's evaluation should include an objective assessment of competence using the ACGME competencies, evaluations by multiple evaluators, and documented progressive resident performance improvement appropriate to educational level. The residents must have access to each GME Program's evaluation/promotion criteria and policies.
3. When it becomes evident that a resident is not meeting curricular goals and objectives or is otherwise performing at a substandard level in the areas of any of the competencies, and when appropriate to the circumstance, efforts to correct deficiencies in resident performance should be carried out through internal remediation processes at the GME Program level.
4. Remediation is an academic tool used to strengthen a resident’s performance when the usual course of faculty members’ feedback and advisement is not resulting in a resident’s improved performance. Remediation efforts may include counseling sessions, focused remediation plans, early use of faculty mentors, monitored self-study programs and other forms of program-level remediation.

5. The “Remediation Plan Worksheet” may be used to develop a remediation plan. The form will be signed by the resident and program director as acknowledgment that the resident was notified of the deficiency and provided the opportunity to improve. This worksheet must be completed as soon as a deficiency is noted and presented to the resident with a remediation plan so that improvement can occur. The elements of transparency must be in place. These include:
   a. Immediate documentation and notification of a deficiency,
   b. Plan of remediation, including how reevaluation will be done and by whom, and
   c. The consequences of failure to remediate.

   This documentation is mandatory.

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

C. Residency Program File Review

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

D. Disciplinary Action

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

1. Probation
   a. Probation is defined as a carefully and clearly defined trial period designed to allow a resident to remediate academic performance or behavioral conduct that does not meet the standards of the GME Program. Time spent on probation may be counted toward completion of GME Program requirements. Probation is a disciplinary action that constitutes notification of the resident that dismissal from the GME Program can occur at any time during or at the conclusion of the probationary period.
   b. Probation is typically the final step before dismissal occurs. However, dismissal prior to the conclusion of the probationary period may occur if there is further deterioration in performance or additional deficiencies are identified. Dismissal without first placing the resident on probation may also occur where deemed appropriate.
   c. A resident may be placed on probation for reasons including but not limited to the following:
      1) Failure to meet the performance standards of an individual rotation;
      2) Failure to meet the performance standards of the program in any of the six competency domains;
      3) Failure to comply with the policies and procedures of the GMEC, USAH or any of the major participating institutions, programs, or practices;
      4) Misconduct that infringes upon the principles and guidelines of the GME Program;
      5) Documented failure to complete medical records in a timely and appropriate manner;
      6) Professional misconduct, unethical behavior or disruptive behavior that is considered significant enough to raise issues as to the fitness of a resident to participate in the educational program; and
d. Provided the circumstances are appropriate, prior to placing a resident on probation, clear documentation of failure to achieve the goals and objectives outlined for the academic program is essential and a record of counseling and attempts at remediation and failure of remediation is required.

e. When a resident is being considered for probation, the program director shall notify the resident in writing in a timely manner. The resident must be afforded the opportunity to present his/her own information to the program director/residency training committee. After considering the resident's input, should the program director decide to move forward with probation, the program director presents the resident with a written statement labeled “Notification of Probation” that includes the six elements outlined below. The resident must also be notified of his/her right to appeal the action according to current policies outlined in the USA GME Policy and Procedure Manual. See APPENDIX B: The Notification of Probation letter and any other documentation the program would like to provide, as well as any information the resident would like to provide related to the action are submitted to the DIO within two weeks of the date the Notification of Probation letter is signed by the resident. The DIO advises the program director throughout all phases of the disciplinary action.

f. The letter of Notification of Probation must include the following elements:

1) The exact reason(s) for the disciplinary action;
2) The length of time during which the resident must correct the deficiency or problem;
3) The specific corrective actions that must be taken to correct the deficiency;
4) The specific markers that will be used to determine if the deficiency has been corrected;
5) The consequences of noncompliance or unsuccessful correction of the deficiency; and
6) The consequences of recurrence of the initial problem after the deficiency has been corrected.

g. Based on a resident’s compliance or non-compliance with the corrective steps and the program’s evaluation regarding the success (or lack of success) in correction of the deficiency, the resident may be:

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

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

2. Extension of Training

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

1) Remediation,
2) Repetition of a rotation, and objectives of the academic program is essential and a record of counseling and attempts at remediation and failure of remediation is required, or
3) Suspension.

b. When a resident is under consideration for an extension of training, the program director shall notify the resident in writing in a timely manner (preferably within four (4) months of the start date of the period of extension of training, but with as much notice as circumstances allow), and the resident must be afforded the opportunity to present his/her own information to the program director/residency training committee. After considering the resident’s input, should the program director decide to move forward with the extension of training, the program director presents the resident with a written statement labeled “Notification of Extension of Training” that includes the 5 elements outlined below. The resident must also be notified of his / her right to appeal the disciplinary action per procedures outlined in the USA GME Grievance Policy in the USA GME Residency and Procedure Manual available on the USA GME website. The “Notification of Extension of Training” letter and other documentation the
program would like to provide, as well as any information the resident would like to provide related to the action are submitted to the DIO within two weeks of the date the Notification of Extension of Training letter was signed by the resident. The DIO advises the program director throughout all phases of the disciplinary action.

c. The letter of Notification of Extension of Training must include the following elements:
   1) The exact reason(s) for the extension of training,
   2) The length of time in which the resident must correct the deficiency or problem,
   3) The specific corrective steps that must be taken,
   4) The specific markers that will be used to determine if the deficiency has been corrected, and
   5) The consequences of noncompliance or unsuccessful correction of the deficiency.

d. Based on a resident’s compliance or non-compliance with the corrective steps and the program’s evaluation regarding the success (or lack of success) in correction of the deficiency, the resident may be:
   1) Promoted to the next academic level, or
   2) Dismissed from the program.

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

3. **Non-promotion to the next academic year/Non-renewal of contract:**

   a. Non-promotion to the next academic year is defined as failure to advance to the next postgraduate year of education (promotion), but does not imply termination of all association with USAH.

4. **Non-renewal of contract for the next academic year terminates all association with USAH**

   a. Failure of promotion to the next academic year and non-renewal of contract for the next academic year are related to inadequate academic or clinical performance and failure to achieve the goals and objectives of any academic year.

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

   c. The ACGME requires that residents in these circumstances be notified no later than four (4) months prior to the conclusion of the academic year or with as much notice as the circumstances allow. When non-promotion or non-renewal of contract of a resident is being considered, the program director shall notify the resident in writing in accordance with the time interval outlined by the ACGME or with as much notice as the circumstances allow with a “Notification of Non-Promotion to the Next Academic Year or Non-Renewal of Contract.” The resident must be afforded the opportunity to present his/her own information to the program director/residency training committee. After considering the resident's input, should the program director decide to move forward with non-promotion to the next academic year or non-renewal of contract, a written statement labeled “Notification of Non-promotion to the Next Academic Year or Non-Renewal of Contract” is presented to the resident. This document must include the exact reason(s) for the action as outlined in items 1 – 3 below. The resident must also be notified of his/her right to appeal the action according to the grievance section of the Disciplinary Action Policy in the USA GME Policies and Procedures Manual on the USA GME website. See SECTION XI: G. below. The program director submits the “Notification of Non-Promotion to the Next Academic Year” or “Non-Renewal of Contract” letter and other documentation to the DIO and the resident provides any information s/he would like to submit to the DIO as well. This information must be provided within two weeks of the date of resident's signature on the letter of notification of non-promotion to the next academic year or non-renewal of contract. The DIO advises the program director throughout all phases of the disciplinary action.

   d. The “Notification of Non-promotion to the Next Academic Year or Non-renewal of Contract” letter must include the following items:
      1) The exact reason(s) for the non-renewal/non-promotion,
2) Credit, if any, for the academic year in question which will be given to the resident, and
3) References to be offered by the program for further training or future employment.

5. Dismissal

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

b. Dismissal is usually preceded by sufficient notice to the resident that there are significant deficiencies in knowledge, performance, or behaviors. The existence of previous disciplinary actions is considered such notice. However, there is no requirement that there be any preceding disciplinary action prior to a resident being dismissed.

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

d. Provided the circumstances are appropriate, clear documentation of failure to achieve the goals and objectives outlined for the academic program is essential and a record of counseling and attempts at remediation and failure of remediation is required under appropriate circumstances.

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

1) Failure to meet requirements of probation,

2) Failure to meet the performance standards of the GME Program or any rotation considered serious enough that continued participation in the program is felt to be a danger to the patients, resident or others,

3) Failure to comply with the policies and procedures of the GMEC, USAH or any of the major participating institutions which is considered serious enough that continued participation in the GME Program is felt to be a danger to the patients or to the resident or others,

4) Misconduct that infringes on the principles and guidelines of the GME Program that are considered serious enough that continued participation in the GME Program is felt to be a danger to the patients, resident or others.

5) Documented failure to complete medical records in a timely and appropriate manner or alteration of medical records,

6) Professional misconduct or unethical behavior that is considered significant enough to raise issues as to the fitness of a resident to participate in the GME Program,

7) Failure to comply with the medical licensure laws of the State of Alabama,

8) Illegal, unethical or immoral conduct,

9) Inability to pass the requisite examinations for licensure to practice medicine in the State of Alabama according to the policies of the GMEC, and/or

10) Misrepresentation of information in the residency appointment application.

f. When dismissal of a resident is being considered, the program director must notify the resident in writing in a timely manner, and the resident must be afforded the opportunity to present his/her own information to the program director/residency training committee. After considering the resident’s input, should the program director decide to move forward with dismissal, the program director presents the resident with a written statement labeled “Notification of Dismissal” including the 3 items outlined below. The resident must also be notified of his/her right to appeal the action according to the grievance section of the USA Policies and Procedures Manual on the USA GME Website. See SECTION XI: G. below. The Letter of Notification of Dismissal along with any other documents the program wants to provide in addition to any information the resident wishes to submit are provided to the DIO within two weeks of the date of the resident’s signature on the letter of notification of dismissal. The DIO advises the program director during all phases of the disciplinary action.
The Letter of Notification of Dismissal must include the following items:

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

6. Immediate Suspension from Clinical Responsibilities
   a. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct including but not limited to theft, physical violence directed against any employee, visitor or patient, use of or being under the influence of alcohol or a controlled substance while on duty, patient endangerment or illegal conduct, and the resident does not have to be allowed input prior to taking this action under these circumstances.

E. Steps for Consulting the GMEC Subcommittee for Adverse Disciplinary Action
   1. For residents placed under disciplinary action by their GME Program (probation, extension of training, non-promotion to the next academic year, non-renewal of contract, or dismissal) the following apply:
      a. The program director notifies the resident in writing with a written statement labeled, “Notification of Adverse Disciplinary Action”, specific to the particular disciplinary action being activated by the GME Program as outlined above. An example statement is included in the appendix of this manual. At this time, the resident is also notified in writing of his/her right to appeal the disciplinary action according to the grievance section of the Disciplinary Action Policy outlined in SECTION XI: G. below.
      b. The program director and resident provide the GME Office and DIO with a copy of the notification of adverse disciplinary action letter and any other materials they would like to be considered by the DIO. Copies of the materials submitted are maintained in the GME Office, and must be received within two weeks of the date of the resident’s signature on the letter of notification of the particular disciplinary action policy.
      c. The DIO advises the program director during all phases of the disciplinary action.
      d. Reports on the activation of disciplinary action procedures and the ongoing status of residents under disciplinary action will be provided to the GME by the DIO at its regularly scheduled meetings.
      e. The anonymity of the resident under disciplinary action will be maintained to the extent possible in the verbal reports to the GMEC. Each month, updates on all cases of disciplinary action will be reported to the GMEC by the DIO. The only situation in which these actions will not be reviewed on a monthly basis will be when the GMEC itself does not meet.

F. Immediate Suspension from Clinical Responsibilities
   1. The final type of disciplinary action is immediate suspension from clinical responsibilities. This action will be imposed when the program director, department chair, DIO or supervising attending believes that a resident’s continued presence on the campus constitutes a substantial interference with the safe and/or orderly function of USAH pending a decision to permanently dismiss the resident.
   2. The suspension shall be effective immediately, but shall last no longer than thirty (30) days unless disciplinary action is initiated.
   3. Grounds for imposition of an immediate suspension include, but are not limited to:
      a. The conduct of the resident creates a reasonable possibility of injury or damage to any patient, employee or person;
      b. A resident is charged with the commission of a felony;
      c. A resident is charged with the commission of a misdemeanor which may relate to the resident’s suitability for GME Program membership;
      d. A resident engages in or is charged with unlawful or unethical activity related to the practice of medicine;
e. A resident engages in dishonest, unprofessional, abusive, or inappropriate conduct which is or may be disruptive of USAH operations and procedures;

f. A resident has falsified or inappropriately destroyed or altered a medical record;

g. A resident refuses to submit to evaluation or testing relating to the practitioner’s mental or physical status, when there is reason to conclude that the individual is impaired or is exhibiting a behavior pattern suggestive of impairment that would affect the ability to practice medicine with reasonable skill and safety. The direct observation of chemical substance abuse or observations or aberrations in performance and/or behavior may be cause for this conclusion. A refusal to submit to any testing related to drugs or alcohol use is included in this category;

h. A resident abandons a patient or wrongfully fails or refuses to provide care to a patient; and

i. A resident engages in clinical activities outside the scope of his level of expertise.

4. Procedures for Immediate Suspension from Clinical Responsibilities

a. The program director, department chair or DIO must determine that just cause exists to place a resident on Immediate Suspension from Clinical Responsibilities. The resident will then be informed in writing by the program director, department chair, or DIO that s/he will be suspended with pay pending an investigation to determine whether further disciplinary action should be imposed (GME Disciplinary Action Form C). The resident will be suspended with pay for a period no longer than 30 days from the date of the resident’s signature on the letter notifying him/her of the immediate suspension from clinical responsibilities action.

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

c. Following an investigation by appropriate individuals appointed by the DIO, a subcommittee of the GME Committee will be assigned as an advisory body to the program director, department chair or DIO to review the findings and the resident will be afforded the opportunity to address the subcommittee either in person or in writing. The subcommittee may recommend that no further disciplinary action is warranted, and upon the decision of the program director, department chair or DIO, the resident may continue in his/her GME Program without prejudice, and the suspension will not be recorded in the resident’s program file as a disciplinary action. Should the subcommittee recommend imposing further disciplinary action, the program director, department chair or DIO as appropriate to the situation shall make a final decision according to the guidelines outlined above for the particular disciplinary action indicated, and the resident will be afforded the opportunity to appeal the action according to the grievance section of the USA GME Disciplinary Action Policy outlined on the USA GME website. See SECTION XI: G. below.

*Acknowledgment: “Immediate Suspension from Clinical Responsibilities” section of this policy was adapted from the University of Arizona College of Medicine Graduate Medical Education policy University of Arizona College of Medicine Graduate Medical Education

G. RESIDENT APPEAL PROCEDURE FOR EDUCATIONAL/CLINICAL PERFORMANCE DISCIPLINARY ACTION

1. A resident has the right to appeal an adverse decision issued by his/her program director, department chair or the DIO before a hearing of a Special Review Committee (SRC) appointed by the Dean of USACOM / Vice President for Medical Affairs. The SRC will consist of at least 3 faculty members appointed by the Dean of USACOM / Vice President for Medical Affairs from 3 different specialties that have GME Programs at USAH and are accredited and in good standing with the ACGME.

2. To be appointed a member of the SRC, the faculty member must have substantial experience in residency training, and be a senior member of his/her department. However, individuals appointed to the SRC must be from a different department than that of the resident under disciplinary action. Every appeal will have its own SRC that will be disbanded at the completion of the review.
3. Request for an appeal must be made by the resident in writing to the Dean of USACOM / Vice President for Medical Affairs, within ten (10) working days of the resident's receipt of written notification of disciplinary action.

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

5. The resident may obtain legal counsel or other assistance in preparing for the hearing itself; however, the resident cannot be represented by legal counsel during the hearing. Any information the resident plans to present to the SRC must be provided to the program director and members of the SRC in advance of the hearing.

6. During the hearing of an appeal, the resident will present his/her case to the SRC first. The resident may call individuals to speak on his/her behalf.

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

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

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

10. The decision reached by the SRC is the highest level of appeal available to residents within USAH. The decision of this appeal body will be transmitted in writing to the Dean of USACOM / Vice President for Medical Affairs, who will then notify the resident and program director of the SRC’s decision.

H. GENERAL/PERSONNEL DISCIPLINARY ACTION AND GRIEVANCE PROCEDURES

1. Disciplinary Action Procedures for General/Personnel Policy Violation

   Should a resident violate any applicable general or personnel policies set forth in the general and Personnel Policies and Procedures Manuals of the University of South Alabama or its Hospitals, including the USA GME Policies and Procedures Manual, the Hospital Administrator for Graduate Medical Education will notify him/her by hand delivered or certified mail of the specific violation with any information pertaining to the violation. After review of the matter by the above-referenced individual and discussion of the matter with the subject resident, the resident may be subject to discipline, including but not limited to oral or written reprimand, suspension without pay, or termination from employment and will be so notified in writing by hand delivered or certified mail. In cases of suspension or termination, copies of what is sent to the resident will also be forwarded to the Assistant Dean for Graduate Medical Education and the appropriate Program Director, and the Chair of the resident's Department. During an investigation of these matters, if it is deemed necessary by either the Hospital Administrator for Graduate Medical Education or the Chair or Program Director of the particular department, the resident may be placed on Immediate Suspension from Clinical Responsibilities with Pay for a period of no longer than 30 days.

2. Resident Grievance Procedure for General/Personnel Policy Violation

   Residents may appeal disciplinary actions for violations of applicable policies of the University of South Alabama or its Hospitals to the Hospital Administrator for Graduate Medical Education as follows. The Staff Grievance and Appeals Process set forth in the Staff Employee Handbook is not applicable to residents.

   Appeals must be in writing and submitted within ten (10) working days of receipt of the letter notifying the resident of disciplinary action. The Hospital Administrator for Graduate Medical Education shall respond in writing to the resident's appeal within ten (10) working days of receipt of the appeal. If the appeal is not resolved to the resident's satisfaction, s/he may make an appeal to the Senior Hospital Administrator/Vice President for USA Health Systems or his/her designee. The appeal must be in writing and must be submitted within ten (10) working days of the response from the Hospital Administrator for Graduate Medical Education. The Senior Hospital Administrator/Vice President for USA Health Systems will then either hear the appeal or appoint a designee to hear the appeal. Any documentation or
information that the Program director, Chair of the Department or Hospital Administrator for Graduate Medical Education has relating to the matter to be appealed will be submitted to the resident. The resident may not be represented by legal counsel in the actual appeal hearing before the Senior Hospital Administrator/Vice President for Health Systems or his/her designee, but may present information to that Administrator and/or have persons available to speak on his/her behalf.

The Hospital Administrator for Graduate Medical Education, the Program Director or the Chair of the Department may present evidence with regard to the reason for the action to be taken. The decision reached by the Senior Hospital Administrator/Vice President for Health Systems or his/her designee following the hearing is final as this is the highest level of appeal available within the University of South Alabama Hospitals for appealable disciplinary action taken against a resident as a result of his/her violation of the General and Personnel Policies.

SECTION XII: SEXUAL HARASSMENT OR HARASSMENT BASED ON ANY OTHER PROTECTED STATUS

A. PROTECTED STATUS

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

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

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

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

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

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

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

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

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

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

This policy is published in the University of South Alabama Staff Employee Handbook.

B. SEXUAL HARASSMENT/SEXUAL VIOLENCE (TITLE IX)

1. **Title IX of the Education Amendments of 1972** is a federal law that prohibits sex discrimination in education. It reads:
"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

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

2. Sex discrimination includes sexual harassment and sexual violence.

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

3. USA Title IX Coordinators' Duties and Responsibilities

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

4. USA Title IX Deputy Coordinators

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

5. Additional Resources

**Sexual Harassment and Sexual Violence:** To file a complaint of sexual harassment or sexual violence, one may contact one of the offices above or the USA Police Department. See Appendix A for contact information.

*In the event a conflict of interest arises with any of the above named coordinators, the subject case will be managed by that coordinator's supervisor.*

**SECTION XIII: VISITING RESIDENT ELECTIVE POLICY AND PROCEDURE**

During the course of the elective rotation or observership, the visiting resident will be required to uphold the professional standards established by federal, state, and local laws, regulations stipulated by the Joint Commission and ACGME and the policies of the USA, USAH, USAH GME and the GME Program hosting the elective.

USAH will be responsible for the accreditation, planning, programming and administration of its GME Programs, as well as the selection, assignment, and supervision of visiting residents participating in electives or observerships in a GME Program.

NOTE: “Observerships” are approved at the discretion of the individual GME Programs and require approval from the department chair. (An “observer” is defined as someone who accompanies a USA faculty member or resident to a clinical function but DOES NOT participate in patient care.) Observers do not have to be currently enrolled in an ACGME- or AOA-accredited program to participate as an observer; however, they must meet all other eligibility requirements for an elective rotation as outlined below. Observers may only rotate for a period of two (2) weeks.

**A. The following documentation is required to schedule an elective rotation or observership:**

1. “University of South Alabama Graduate Medical Education Application for Visiting Resident Elective” See APPENDIX G:
   a. “University of South Alabama Resident Elective Rotation Program Directors’ Approval Form”. See APPENDIX F:
   b. Documentation listed on “Required Documents for Visiting Resident Elective Rotations” See APPENDIX D:

**B. Request to Participate in an Elective Rotation, including Observership, with a GME Program**
A resident must be currently enrolled in an ACGME- or AOA-accredited residency program in order to participate in a patient care under the supervision of the USAH faculty member as part of an elective rotation. Observers do not have to be currently enrolled in an ACGME- or AOA-accredited program.

The requesting resident completes the appropriate sections of the “University of South Alabama Graduate Medical Education Application for Visiting Resident Elective” form and submits it to the program director at the USA GME Program with which the resident is requesting to rotate (contact information available online on the GME Webpage at http://www.USAHealthSystem.com/GraduateMedicalEducation) and the USAH Residency Program Specialist.

Once initial approval has been granted the resident must provide the additional documentation noted above to the USAH Residency Program Specialist within two (2) weeks prior to beginning the rotation.

C. Risk Management

The visiting resident must provide proof of liability insurance coverage for any elective experience, be it an observership or supervised participation in direct patient care. If liability coverage is provided by the visiting resident's home program, a certificate of liability coverage must be provided to the University of South Alabama Office of Risk Management and the USAH Residency Specialist. In some cases, the home program does not extend liability coverage outside its institution. When this happens, the resident must provide his/her own liability coverage. If the resident qualifies, liability coverage may be purchased by the resident from the University of South Alabama Office of Risk Management. The availability and cost of liability coverage can be determined by contacting the Housestaff Office at the time of application.

D. HIPAA Compliance

All visiting residents, whether participating in an observership or an elective involving supervised direct patient care, must have completed HIPAA compliance training. If this has already been accomplished at the resident's home institution within the past year, s/he must provide this documentation and sign a HIPAA Confidential Agreement available from the USAH Residency Program Specialist. If the individual has not completed HIPAA compliance training, once an approved visiting resident elective application is provided to the USAH Residency Specialist, a request will be sent to Computer Information Systems and the visiting resident will be provided with the appropriate access to complete HIPAA compliance training.

E. Computer Access

Visiting residents requiring access to the electronic medical record (EMR) must be provided access to the computer systems. In order to obtain access, the GME Program hosting the elective must complete a Computer Access Request and provide it to the USAH Residency Specialist at least one (1) week prior to the beginning of the rotation.

F. Final Visiting Resident Rotation Approval

Once all of the required documents are received by the USAH Residency Specialist, the USA GME Program and visiting resident will be notified regarding the approval of the visiting resident, and, if s/he is approved to begin, the elective rotation and the beginning date for the rotation may be formalized by the GME Program with communication of same by the program to the USAH Residency Specialist.
# APPENDIX A: List of Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Address / Website</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Alabama Physician Health Program (APHP)** | www.alabamaphp.org                                                              | (344-954-2596)  
(800-239-6272)  
(334-954-2593)  
staff@alabamaphp.org                                                                 |
| **Biomedical Library**                    | http://www.southalabama.edu/departments/biomedicallibrary/                       | (251-460-7044 (Research)  
251-460-7043 (Study Rooms)  
251-460-7638  
medlib@southalabama.edu  
Library liaisons are also listed by college and department on the liaisons page. |
| **Main Campus**                           | 5901 USA Drive North  
Mobile, AL 36688                                                                   | (334-954-2593)  
staff@alabamaphp.org                                                                 |
| **Graduate Medical Education Office**     | http://www.usahealthsystem.com/GraduateMedicalEducation                           | (251-471-7206)  
251-471-7875  
mcquiston@health.southAlabama.edu  
thawkins@health.southalabama.edu  
rstanley@health.southalabama.edu  
jguest@health.southalabama.edu |
| **Samuel McQuiston, M.D.**                | University Hospital, Mastin 212  
2451 University Hospital Drive  
Mobile, AL 36617                                                                | (251-460-6133)  
251-460-7483  
hrmaincampus@southalabama.edu                                                                 |
| **Tomeika Hawkins**                       |                                                                                  | (251-471-7325)  
251-471-7075  
hrusamc@southalabama.edu                                                                 |
| **Regina Stanley**                        |                                                                                  | (251-415-1604)  
251-415-1606  
hrhealth@southalabama.edu                                                                 |
| **Joyce Guest, Ph.D.**                    |                                                                                  | (251-471-7117)  
251-470-5884  
bdavis@health.southalabama.edu                                                                 |
| **Human Resources Department**            | http://www.southalabama.edu/hr/index.html                                         | (251-460-6133)  
251-460-7483  
hrmaincampus@southalabama.edu                                                                 |
| **USA**                                   | 650 Clinic Drive  
Mobile, AL 36688                                                                   | (251-471-7325)  
251-471-7075  
hrusamc@southalabama.edu                                                                 |
| **UH**                                    | 2451 University Hospital Drive  
Mobile, AL 36617                                                                  | (251-415-1604)  
251-415-1606  
hrhealth@southalabama.edu                                                                 |
| **USA Health System (CW)**                | 210 Cox Street  
Mobile, AL 36604                                                                   | (251-471-7117)  
251-470-5884  
bdavis@health.southalabama.edu                                                                 |
| **Housestaff Office**                     | University Hospital  
Room 714  
2451 University Hospital Drive  
Mobile, Alabama 36617                                                           | (251-460-6050)  
(251-460-7228)  
bdavis@health.southalabama.edu                                                                 |
| **Brigett Davis**                         |                                                                                  | (251-471-7117)  
251-470-5884  
bdavis@health.southalabama.edu                                                                 |
| **Office of Immigration and International Admissions** | 2300 Meisler Hall, Suite 2200  
Mobile, AL 36688                                                                   | (251-460-6050)  
(251-460-7228)  
reginageorge@southalabama.edu                                                                 |
<table>
<thead>
<tr>
<th><strong>Maurice Chavarry, Sr.</strong></th>
<th><a href="mailto:mchavarry@southalabama.edu">mchavarry@southalabama.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office of Public Relations</strong></td>
<td>University Hospital, 619 Mastin Professional Bldg</td>
</tr>
<tr>
<td><strong>Paul Taylor, Director of Marketing and Communications</strong></td>
<td>2451 University Hospital Drive</td>
</tr>
<tr>
<td></td>
<td>Mobile, AL 36617</td>
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<tr>
<td></td>
<td><a href="http://www.southalabama.edu/departments/publicrelations/">http://www.southalabama.edu/departments/publicrelations/</a></td>
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<tr>
<td></td>
<td>† 251-470-1682</td>
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<tr>
<td></td>
<td>† 251-471-7843</td>
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<tr>
<td></td>
<td><a href="mailto:marcomm@southalabama.edu">marcomm@southalabama.edu</a></td>
</tr>
<tr>
<td><strong>Office of Risk Management</strong></td>
<td>Room 216, 5795 USA Drive North</td>
</tr>
<tr>
<td><strong>Connie Cook</strong></td>
<td>Mobile, AL 36688</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.southalabama.edu/departments/financialaffairs/riskmanagement/">https://www.southalabama.edu/departments/financialaffairs/riskmanagement/</a></td>
</tr>
<tr>
<td></td>
<td>† 251-460-6232</td>
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<tr>
<td></td>
<td>† 251-460-6074</td>
</tr>
<tr>
<td><strong>Office of Special Student Services</strong></td>
<td>320 Alumni Circle, Suite 19</td>
</tr>
<tr>
<td><strong>Laventrice Ridgeway, Coordinator</strong></td>
<td>Mobile, Alabama 36688</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.southalabama.edu/dss/index.htm">http://www.southalabama.edu/dss/index.htm</a></td>
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<td></td>
<td>† 251-460-7212</td>
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<td></td>
<td>† 251-414-8176</td>
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<tr>
<td></td>
<td><a href="mailto:disabilityservices@southalabama.edu">disabilityservices@southalabama.edu</a></td>
</tr>
<tr>
<td><strong>Personnel Managers</strong></td>
<td>University Hospital</td>
</tr>
<tr>
<td><strong>Anita Shirah</strong></td>
<td>UH</td>
</tr>
<tr>
<td><strong>USA CW</strong></td>
<td>CWEB 1</td>
</tr>
<tr>
<td><strong>Janice Rehm</strong></td>
<td>251-415-1604</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jrehm@southalabama.edu">jrehm@southalabama.edu</a></td>
</tr>
<tr>
<td><strong>Reimbursement</strong></td>
<td>Laura Bush</td>
</tr>
<tr>
<td></td>
<td>251-405-5364</td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td>USA</td>
</tr>
<tr>
<td><strong>290 Stadium Blvd., Mobile, AL 36688</strong></td>
<td>251-460-6312</td>
</tr>
<tr>
<td><strong>UH</strong></td>
<td>251-471-7195</td>
</tr>
<tr>
<td><strong>USA CW</strong></td>
<td>251-415-1135</td>
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<tr>
<td><strong>USA MCI</strong></td>
<td>251-665-8000</td>
</tr>
<tr>
<td><strong>Title IX Deputy Coordinators</strong></td>
<td>USA</td>
</tr>
<tr>
<td><strong>Dr. Krista Harrell</strong></td>
<td>Student Center, Room 116</td>
</tr>
<tr>
<td></td>
<td>Mobile, AL 36688</td>
</tr>
<tr>
<td></td>
<td>251-341-4073</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:titleix@southalabama.edu">titleix@southalabama.edu</a></td>
</tr>
<tr>
<td><strong>For Staff, Administrators &amp; Resident Physicians:</strong></td>
<td>College of Medicine</td>
</tr>
<tr>
<td><strong>Dr. Franklin Trimm</strong></td>
<td>251-460-6641</td>
</tr>
<tr>
<td></td>
<td>251-460-7286</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rftrimm@southalabama.edu">rftrimm@southalabama.edu</a></td>
</tr>
<tr>
<td><strong>For Academic Affairs Faculty: Dr. Charles Guest</strong></td>
<td>AD 300</td>
</tr>
<tr>
<td></td>
<td>251-460-6261</td>
</tr>
<tr>
<td></td>
<td>251-460-6575</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:cguest@southalabama.edu">cguest@southalabama.edu</a></td>
</tr>
</tbody>
</table>
APPENDIX B: Example Letter for Adverse Disciplinary Action (To be placed on department letterhead.)

<table>
<thead>
<tr>
<th>DATE:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>TO:</td>
<td>[Resident Name, PGY Level]</td>
</tr>
<tr>
<td>FROM:</td>
<td>[Program Director Name, Title]</td>
</tr>
<tr>
<td>SUBJECT:</td>
<td>Notification of Adverse Disciplinary Action</td>
</tr>
</tbody>
</table>

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

The reasons for this disciplinary action by competency domain are:

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

You will have until [Insert Date] to correct these deficiencies.

The specific remedial steps that must be taken include:

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

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

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

If remediation is successfully accomplished, the consequence for a recurrence of the same concerns will be: [specific consequence for recurrence of the same concern].

<table>
<thead>
<tr>
<th>Resident/Fellow</th>
<th>Date</th>
<th>Program Director</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I HAVE RECEIVED NOTIFICATION FROM THE DEPARTMENT OF [list your department] THAT I WILL BE PLACED ON THE ABOVE ADVERSE DISCIPLINARY ACTION EFFECTIVE DATE.</td>
<td></td>
<td>I HAVE BEEN NOTIFIED OF MY RIGHT TO APPEAL THIS DECISION, AND HAVE BEEN PROVIDED WITH A COPY OF THE CURRENT GMEC DISCIPLINARY ACTION AND GRIEVANCE POLICY.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C: Notification of Immediate Suspension from Clinical Responsibilities

University of South Alabama
Office of Graduate Medical Education

212 Mastin Bldg., 2451 University Hospital Drive, Mobile, AL 36617  251.471.7206  251.471.7875
http://www.USAHealthSystem.com/GraduateMedicalEducation

Notification of Immediate Suspension from Clinical Responsibilities

DATE: ___________________________ PROGRAM: ___________________________

RESIDENT: ______________________ PROGRAM DIRECTOR: __________________

LEVEL: __________________________ EFFECTIVE DATE: ______________________

END DATE: ______________________

JUSTIFICATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Resident Name __________________________ Date ______________ Program Director Name __________________________ Date ______________

Acknowledgement: University of Arizona College of Medicine Graduate Medical Education
APPENDIX D: Required Documents for Visiting Resident Elective Rotations / Observerships at the University of South Alabama

Residents from other Graduate Medical Education programs / institutions interested in participating in elective rotations or observerships at the USAH must complete the “University of South Alabama Graduate Medical Education Application for Visiting Resident Electives” and submit it to the training program with which they wish to rotate, as well as to the USA Housestaff Office for consideration by both. Contact information for the programs can be found on the USA College of Medicine website under academic departments, www.USAnHealthSystem.com/COM. See Appendix A for contact information.

The following items must also be submitted for approval of the rotation:

1. Program Directors' Elective Rotation Approval Form
2. Proof of malpractice coverage provided by resident’s home institution or documentation of liability insurance purchased from the University of South Alabama Office of Risk Management
3. Photocopy of CURRENT ACLS Provider certification. PALS should be submitted for Pediatric rotations (not required for observers)
4. Photocopy of diploma from medical or osteopathic program acceptable to USA College of Medicine/USA Hospitals. If diploma is not in English, please also attach an official translation.
5. Photocopy of ECGMG certificate if applicable.
6. Applicant's current Curriculum Vitae
7. Photocopy of driver's license or U.S. Passport
8. Photocopy of resident alien card – if applicable
9. Documentation of immunizations (including results of antibody titers for immunity) for: Tetanus-Diphtheria, Hepatitis B, Measles and Rubella, Mumps, Chicken Pox (Varicella), and an annual Tuberculin skin test taken within 6 months of rotation start date. The visiting resident must also provide documentation of having received the most recently available annual seasonal flu vaccination.
10. Result of current drug screen (within the past year).
11. Proof of current personal health insurance coverage (photocopy of insurance card)
   - Documentation from home institution that it will be responsible for resident salary and benefits.
   - HIPAA Training
   - Soarian (EMR) access request.
   - Alabama Limited License (for any resident not enrolled in an ACGME or AOA training program)
APPENDIX E: Extramural Resident Rotation Information Form

University of South Alabama
Graduate Medical Education Office
Extramural Rotations (Outside Rotations) Procedures
July 29, 2015

1. GME programs submit the Outside Rotation Request Form with appropriate documentation (including educational rationale) that includes an educational rational to the GME Office, where the Assistant Dean for GME would review the extramural rotation on its educational merits. The rotation would be evaluated according to the following criteria:
   - Rotation meets a required educational requirement, e.g., transplant surgery. USA does not have a transplant service.
   - Rotation does not meet a required educational requirement, but does offer an educational experience that is not provided at the University of South Alabama.
   - Rotation does not meet a required educational requirement, but it does advance the resident/fellow's career, such as obtaining a letter of recommendation from a subspecialist for pursuing fellowship, e.g., pediatric emergency medicine. USA does not have a faculty physician with credentialing in this subspecialty.
   - Rotation does not meet a required educational requirement, but it does present a research opportunity with potential publication.

2. After this review, the request is forwarded to a health system contract officer for review and approval.

3. If the rotation uses the USA template for program agreements, no legal review is required. If the rotation alters the USA template or uses the agreement of the outside institution, the program agreement would be forwarded to the Legal Department for review. This usually takes 2-4 weeks for review.

4. Upon completion of these steps the GME Office would notify the program about approval, denial, or follow-up for additional information.

5. Please be sure to set up an assignment for each location (e.g., hospital and clinical duties) in New Innovations. Residents must log their duty hours in New Innovations when on an outside rotation.
University of South Alabama
Office of Graduate Medical Education

Outside Rotation Request

Please sign, date, and return this form to: GME Office, Mastin 212

The purpose of offsite (extramural) rotations is to meet training requirements that cannot be satisfied within University of South Alabama affiliated hospitals or clinical training sites. As with all resident rotations, clear goals and objectives must be in place.

<table>
<thead>
<tr>
<th>Resident Name &amp; PGY Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Program Director/Office Number</td>
<td></td>
</tr>
<tr>
<td>Rotation Contact Person Name</td>
<td></td>
</tr>
<tr>
<td>Office Number/Fax Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Rotation Name and Location</td>
<td></td>
</tr>
<tr>
<td>(Name and Full Address of Institution)</td>
<td></td>
</tr>
<tr>
<td>Rotation Description</td>
<td></td>
</tr>
<tr>
<td>(attach if necessary)</td>
<td></td>
</tr>
<tr>
<td>Dates of Rotation</td>
<td>From</td>
</tr>
<tr>
<td>Rotation Justification – Educational Rationale</td>
<td></td>
</tr>
<tr>
<td>(attach if necessary)</td>
<td></td>
</tr>
<tr>
<td>Rotation Goals and Objectives</td>
<td></td>
</tr>
<tr>
<td>(attach if necessary)</td>
<td></td>
</tr>
<tr>
<td>Rotation Setting:</td>
<td>Required</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td></td>
</tr>
<tr>
<td>Reimbursement Approval (Contact Reimbursement at 251-434-3752)</td>
<td></td>
</tr>
<tr>
<td>Program Letter of Agreement attached (recommended)</td>
<td></td>
</tr>
<tr>
<td>Affiliation Agreement attached (required)</td>
<td></td>
</tr>
<tr>
<td>Hospital Outpatient</td>
<td></td>
</tr>
<tr>
<td>Program Letter of Agreement attached (recommended)</td>
<td></td>
</tr>
<tr>
<td>Non-Hospital Setting Agreement (required)</td>
<td></td>
</tr>
<tr>
<td>Physician’s Office (Billable Patient Care)</td>
<td></td>
</tr>
<tr>
<td>Program Letter of Agreement attached (recommended)</td>
<td></td>
</tr>
<tr>
<td>Non-Hospital Setting Agreement (required)</td>
<td></td>
</tr>
<tr>
<td>Other (Please provide a description of setting)</td>
<td></td>
</tr>
<tr>
<td>Program Letter of Agreement attached (contact GME for requirements)</td>
<td></td>
</tr>
<tr>
<td>Non-Hospital Setting Agreement (contact GME for requirements)</td>
<td></td>
</tr>
</tbody>
</table>

| | Risk Management has been contacted regarding Malpractice Coverage. |
| | Risk Management Office number is (251) 460-6232 |

| | Is this rotation available at the University of South Alabama or any USA affiliated site? |

Date: __________ Signature of Resident: ______________________

Date: __________ Signature of Program Coordinator: ______________________

Date: __________ Signature of Program Director: ______________________
This portion should be completed by the USA DIO:

Graduate Medical Education Office
☐ Rotation meets educational requirement
☐ Rotation does not meet educational requirement but does offer an educational experience that is not provided at the University of South Alabama.
☐ Rotation does not meet educational requirement but it is for career advancement such as pursuing fellowship.
☐ Research

Samuel McQuiston, M.D.
DIO

____________
Date

This portion should be completed by the USA CFO:

Chief Financial Officer:
☐ Approved
☐ Not Approved
☐ Need more information

____________

Chief Financial Officer

____________
Date
APPENDIX F: Program Director’s Approval Form

Program Director’s Approval Form

Section 1: To be completed by program director of the training program in which the resident/fellow is currently enrolled.

Current Specialty: ____________________________________________________________ PGY: __________

Current Training Program: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Street Address Room/Suite #: ______________________________________________________

City/State Zip Code: _____________________________________________________________

Program Contacts

Residency Coordinator Program Director

Printed Name: ____________________________________________________________

Phone: ___________________________ _____________________________

E-mail: ____________________________________________________________

I certify that the house officer described on this application is currently in good standing in this program and has been approved to participate in this elective rotation:

Program Director Signature: ____________________________ Date: __________

University of South Alabama Graduate Medical Education Policy and Procedure Manual 2019-2020 • Page 95
Section 2: To be completed by the University of South Alabama program director providing the elective or observership.

OBSERVERSHIP                  ELECTIVE

_____ Approved               _____ Approved

_____ Not approved           _____ Not approved

_______________________________________________________________      ________________  
Program Director Signature                                      Date

_______________________________________________________________      ________________  
Department Chair Signature                                    Date

Once the above signatures are obtained by the USA Program, please forward to the Housestaff Office.

To be completed by USA Hospital Residency Program Specialist:

I certify that the house officer described on this application has supplied all required documentation and is approved for participation in an elective rotation and the GME Office had been notified:

______________________________________________________________        ________________  
Signature                                                  Date
APPENDIX G: Application for Visiting Resident / Fellow* Elective Rotation or Observership

University of South Alabama
Office of Graduate Medical Education

212 Mastin Bldg., 2451 University Hospital Drive, Mobile, AL 36617  t 251.471.7206  t 251.471.7875
http://www.USAHealthSystem.com/GraduateMedicalEducation

Application for Visiting Resident / Fellow* Elective Rotation or Observership

Section 1: To be completed by visiting resident / fellow applying for elective rotation.

Full Name: ___________________________  Social Security #: ______________________
Home Address: ___________________________  E-mail: ___________________________
City, State, Zip: ___________________________  Date of Birth __________
Home Phone: ___________________________  Cell Phone: ___________________________
Rotation requested in ___________________________ program as:

_____ Observer of patient care only, or

_____ Participant in patient care under the supervision of USA Hospitals faculty

Dates Requested: From ___________ to ___________

ARE YOU CURRENTLY IN AN ACGME CERTIFIED RESIDENCY OR FELLOWSHIP PROGRAM?  ___ YES  ___ NO

If yes, name of program and sponsoring institution: ___________________________

Current PGY status: ___________  Total of all PGY years of training: ___________

NPI #: ___________________________

IF YOU ARE AN INTERNATIONAL GRADUATE, ARE YOU ECFMG CERTIFIED?  ___ YES  ___ NO

If yes, please include copy of certificate
IF YOU ARE NOT A UNITED STATES CITIZEN OR PERMANENT RESIDENT, YOU MUST PROVIDE
APPROPRIATE DOCUMENTATION OF YOUR ABILITY TO WORK IN THE UNITED STATES AND
PARTICIPATE IN AN ELECTIVE ROTATION AT THE UNIVERSITY OF SOUTH ALABAMA.

ARE YOU OR HAVE YOU EVER BEEN DEBARRED OR INVESTIGATED BY A THIRD PARTY PAYOR OR GOVERNMENT
AGENCY FOR BILLING IRREGULARITIES OR VIOLATION OF HEALTHCARE LAWS OR REGULATIONS? ___ YES ___ NO

Please list all US GME training in chronological order in addition to a copy of current CV:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Hospital</th>
<th>City</th>
<th>State</th>
<th>Graduate Level</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Emergency Contact Information

Name: ___________________________ Relationship: ___________________________

Complete Mailing Address: ____________________________________________________

Home Telephone: ___________________________ Alternate Phone Number: __________

In the event that malpractice insurance is not provided by the home institution, the undersigned understands that s/he will be responsible for acquiring his/her liability insurance while participating in an elective as either an observer or supervised participant in patient care at the University of South Alabama Hospitals. The undersigned further understands that liability insurance may be purchased through the University of South Alabama, Office of Risk Management and s/he will need to report to the Office of Risk Management (University of South Alabama main campus, CSAB room 216) to complete the liability coverage application and provide payment via check or money order (amount to be determined at the time of application) prior to commencing the aforementioned elective rotation.

I UNDERSTAND AND ACCEPT THE FOREGOING AND CERTIFY THAT THE INFORMATION PROVIDED IN THIS
APPLICATION IS TRUE, ACCURATE AND COMPLETE:

________________________________________________________________________
Applicant’s Signature                                                                                                         Date

Section 2: To be completed by program director at home institution.

I approve the above rotation and verify that this resident will continue to be paid during his/her rotation at the University of South Alabama Hospitals and I further verify that malpractice insurance (unless otherwise notified by written agreement) will be provided by our institution and will cover his/her activities at University of South Alabama Hospitals. A certificate of Malpractice Coverage must be provided.

Printed Name of Program Director: __________________________________________

Title: ___________________________ Phone: ___________________________
Program Director Signature: ___________________________ Date: ___________________________

Section 3: To be completed by the University of South Alabama department chair.

I approve the application of the above named resident to serve as a visiting resident for educational purposes for the period specified above in our department’s residency program. The visiting resident will participate in the category indicated below:

- Observer of patient care only
- Participation in patient care under the supervision of the University of South Alabama Hospitals faculty

____________________________________  _______________________
Program Director Date

____________________________________  _______________________
Department Chair Date

*In addition to the application, the department chair or his/her representative must collect documents outlined in the “Required Documentation for Visiting Resident Elective Rotations at the University of South Alabama” and submit all documents at least 2 weeks in advance of beginning the elective rotation to:

Housestaff Office
University Hospital, Room 714
2451 University Hospital Drive
Mobile, AL 36617

Section 4: To be completed by University of South Alabama hospitals residency program specialist.

I certify that the resident/fellow described in this application has supplied all required documentation and is approved for participation in an elective rotation and that the GME Office has been notified.

____________________________________  _______________________
Signature Date
APPENDIX H: New GME Training Program Approval Form

ACGME Application Participating Site Questions

ACGME Participating Site:
For the participating site selected answer the following:
1. Primary Teaching Site (Yes/No):
2. Required Rotation (Yes/No):
3. Do all residents rotate through this site? (Yes/No):
4. Program Letter of Agreement (PLA) exists between program and site? (Yes, No, N/A):
5. Rotation Months

Y1:

Y2:

6. Distance to Primary Teaching Facility
   Miles:
   Minutes:

7. Briefly describe the content of the educational experience, including faculty coverage, volume/variety of clinical experience, site support and educational impact:

8. Which of the following are available within your institution for residents/fellows (check all that apply)?
   Sleeping Rooms (Yes/No):
   Shower (Yes/No):
   Secure areas (lockers or rooms that can be locked) (Yes/No):
   Cafeteria (Yes/No):
   Vending machines (Yes/No):
   Parking within 5 minutes of facility (Yes/No):
   Wifi (Yes/No):
New GME Training Program Approval Form

PROPOSED PROGRAM:______________________________

TIMELINE

Date of GMEC Approval: ____________________________
Anticipated Application Submission Date to ACGME: ________________
Anticipated Start Date of Program: _______________________

PROGRAM LEADERSHIP

Program Director: _________________________________
Core Program Director (For Fellowship Applications): _____________
Program Coordinator: _____________________________
Department Chair: _________________________________
Division Chief (For Fellowship Applications): ________________
Practice Manager/Director: ___________________________

PROGRAM STRUCTURE

Duration of Training Program: _________________________
Number of Residents per Level of Training Year: _______________
Funding Source for Trainee Expenses of Employment: _____________
Funding Source to Support the Trainees in the Program (i.e. educational resources, conference travel, etc.):

Location of Space for the Trainees’ Activities: ________________
Funding Source for the ACGME New Program Submission Fee (Please provide account information): ____________
The following documents must be attached:

- Letter(s) from entities verifying funding support for the program and its trainee(s)
- Program Director curriculum vitae
- Letter from the Chair and/or Program Director explaining the rationale for creating this program.
- Letter of support from the department chair/leadership committing to provide adequate support for the trainee(s) and administrative expenses of the program
- Letter of support from the core program director, for fellowship programs only

The signatures below indicate that all parties acknowledge and agree to the following:

- The ACGME Specialty/Subspecialty-Specific Program Requirements have been reviewed, and the program can meet every requirement without exception.
- All ACGME, USA, and GME policies and procedures will be followed.
- The Program Director and Program Coordinator will be provided with adequate support and protected administrative time to be in compliance with ACGME, USA and GME requirements. 
  (Note: Protected administrative time for the program director does not include time devoted to clinical activities or supervision of trainee(s) in the clinical environment)
- USA policy dictates that foreign national trainees obtain a J1 visa before beginning training.

________________________  __________________________
Department Chair          Program Director

________________________  __________________________
Business Manager/Director  Core Program Director (For Fellowship Programs)

________________________  __________________________
GMBC Chair                Vice President for Medical Affairs/Dean, College of Medicine
APPENDIX I: Computer Access Request

University of South Alabama
Office of Graduate Medical Education

212 Mastin Bldg., 2451 University Hospital Drive, Mobile, AL 36617  t 251.471.7206  f 251.471.7875
http://www.USHealthSystem.com/GraduateMedicalEducation

Visiting Resident Computer Access Request

Visiting Resident Name: ________________________________ DOB: ________________________________

Department: ____________________________________________________________________________

The Department of ________________________________ would like to request computer privileges for the above
visiting resident beginning ______________ and ending _______________________. The resident will need
access for the following: (please check all that apply)

☐ Records Review
☐ Order Entry
☐ Dictation
☐ PACS
☐ Records Completion
☐ Other

USA Program Director/Department Chair ________________________________________________ Date __________________

For use by Graduate Medical Education Office:

J-Number: ____________________________ ID Badge: ____________________________

Doctor Number: ____________________________ HIPAA Certificate: ____________________________
### APPENDIX J: American Boards of Medical Specialties Resources

<table>
<thead>
<tr>
<th>Specialty Board</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Medical Specialties</td>
<td><a href="http://www.abms.org">www.abms.org</a></td>
</tr>
<tr>
<td>Family Medicine</td>
<td><a href="http://www.theabfm.org">www.theabfm.org</a></td>
</tr>
<tr>
<td>(Includes Sports Medicine subspecialty)</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td><a href="http://www.abim.org">www.abim.org</a></td>
</tr>
<tr>
<td>(Includes Cardiology, Gastroenterology and Pulmonary</td>
<td></td>
</tr>
<tr>
<td>subspecialties)</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td><a href="http://www.abpn.com">www.abpn.com</a></td>
</tr>
<tr>
<td>(Includes clinical neurophysiology subspecialty)</td>
<td></td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td><a href="http://www.abog.org">www.abog.org</a></td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td><a href="http://www.abos.org">www.abos.org</a></td>
</tr>
<tr>
<td>Pathology</td>
<td><a href="http://www.abpath.org">www.abpath.org</a></td>
</tr>
<tr>
<td>Pediatrics</td>
<td><a href="http://www.abp.org">www.abp.org</a></td>
</tr>
<tr>
<td>Psychiatry</td>
<td><a href="http://www.abpn.com">www.abpn.com</a></td>
</tr>
<tr>
<td>Radiology</td>
<td><a href="http://www.theabr.org">www.theabr.org</a></td>
</tr>
<tr>
<td>Surgery</td>
<td><a href="http://www.absurgery.org">www.absurgery.org</a></td>
</tr>
</tbody>
</table>