



Florida Atlantic University  
Charles E. Schmidt College of Medicine  
**Graduate Medical Education**  
POLICY AND OPERATIONS MANUAL

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## INTRODUCTION

The following policies and guidelines have been developed to ensure and enhance the quality and effectiveness of graduate medical education (GME) at Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) and to assure compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME). These policies and guidelines are intended to provide an overall framework for the graduate medical education programs sponsored by FAU COM.

No policy or guideline can be developed to cover every situation. The unique nature of the programs in graduate medical education requires each program to consider carefully the requirements of the discipline and specialty in order to ensure a clinically and academically sound course of study. Therefore, it is recognized that these policies provide a broad set of general criteria for graduate medical education programs sponsored by FAUCOM.

Programs may supplement these policies, as required, with more stringent requirements, policies and unique evaluation forms for the advancement of trainees, designation of teaching and non-teaching members of the department, etc., and must provide the trainee with these standards and/or policies. All trainees can review the ACGME Institutional Requirements and the Program Requirements for their discipline/program online at [www.acgme.org](http://www.acgme.org), choosing the appropriate specialty and then the link for "Program Requirements Currently in Effect".

FAU and COM GME Policies should serve as a reference and guide for Faculty and Residents/Fellows and must be adhered to at all times. The provisions of these policies are subject to all applicable Federal and Florida laws and University Regulations and must be adhered to. These policies are not a contract or a guarantee of employment.

The link to access these policies are:

<http://www.fau.edu/policies/>

<https://www.fau.edu/medicine/gme/benefits/>

**GRADUATE MEDICAL EDUCATION CONTACT INFORMATION**

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**GME Ombudsperson**

Mark Di Corcia, Ph.D., OTR  
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The Ombudsperson is available as a resource to report concerns or issues specifically about your training program/GME leadership.

**FAU COM GME Anonymous Resident/Fellow Reporting System**

The GME Anonymous Resident/Fellow Reporting System has been established as an anonymous method for you to report concerns or issues about your training program/GME leadership.

<https://www.fau.edu/medicine/gme/anonymous/>

FLORIDA ATLANTIC UNIVERSITY CHARLES E. SCHMIDT COLLEGE OF MEDICINE  
GRADUATE MEDICAL EDUCATION  
INSTITUTIONAL STATEMENT OF COMMITMENT

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The Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) is fully committed to the education of physicians as part of its core mission. This includes, but is not limited to, the allocation of substantial resources to support its educational programs, including those in graduate medical education (GME). The FAU COM administration is committed to, and will be responsible for, providing the educational needs of all its trainees.

The FAU COM authorizes its Designated Institutional Official (DIO), in conjunction with a duly appointed Graduate Medical Education Committee (GMEC), to function as the operating officer responsible for all graduate level training programs, including Accreditation Council for Graduate Medical Education (ACGME) accredited programs sponsored by the FAU COM within its affiliated hospitals. The DIO reports directly to the Dean of the FAU COM. In the absence of the DIO, the Associate DIO will assume the role of the DIO, provide administrative oversight over the GME programs sponsored by the FAU COM, and assist the staff of the Office of Graduate Medical Education.

The FAU COM strives to fully realize its commitment to GME by providing oversight and support for all sponsored ACGME accredited GME programs. Consistent with the Institutional and Program Requirements of the ACGME, it is expected that each residency and fellowship program will appoint the most qualified applicants, recruit and retain outstanding academic attending physicians, and offer comprehensive, competency-based educational programs, while maintaining a balance between training, patient safety, service and research, and while fostering the professional development and personnel growth of each resident and fellow.

To achieve the above objectives, the FAU COM will:

- Support a GMEC that has policy and oversight responsibilities, as required by ACGME Institutional Requirements.
- Fund a central administrative Office of Graduate Medical Education to support all GME programs, the GMEC and GMEC subcommittees.
- Ensure the availability of educational resources (library, teaching space and equipment, information systems) and curricula common to all GME programs.
- Ensure that all residents and fellows have the opportunity to learn and provide supervised safe patient care.
- Ensure that all residents and fellows are treated fairly and have ample opportunity to communicate any concerns.
- Facilitate and formalize collaborations and affiliations with teaching hospitals and community facilities.
- Ensure the provision of hospital professional, informational and support services that are adequate to meet the educational goals of each program.

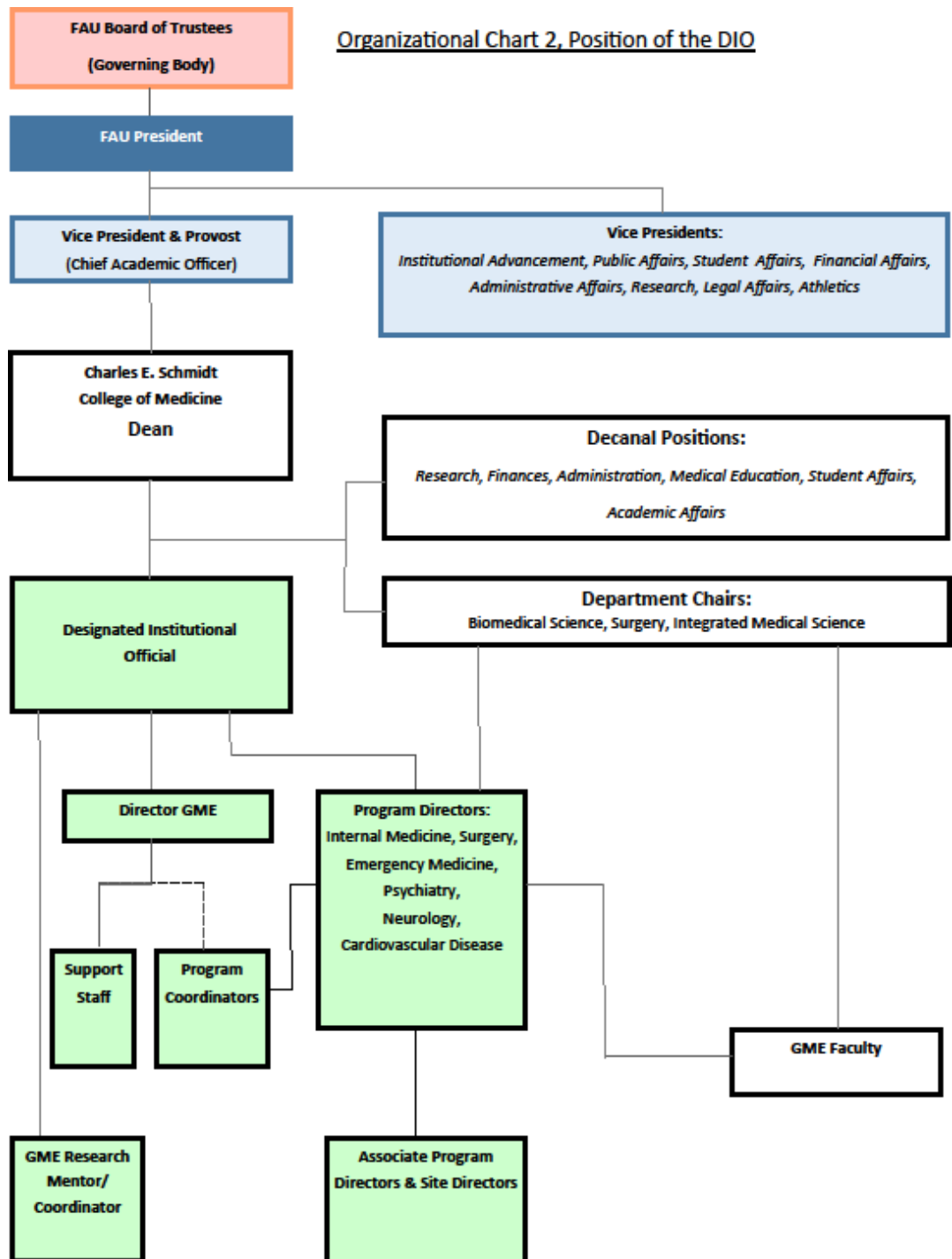
- Coordinate the fair implementation of personnel policies and procedures for all trainees.
- Ensure the provision of adequate on-call rooms, food services, security and other services beneficial to the well-being of all trainees.
- Assure compliance with ACGME work hour requirements.

This Institutional Statement of Commitment is supported by the FAU COM and its administration, teaching faculty, and medical staff. The FAU COM commits to providing the necessary educational, financial and human resources necessary to support all its GME training programs.

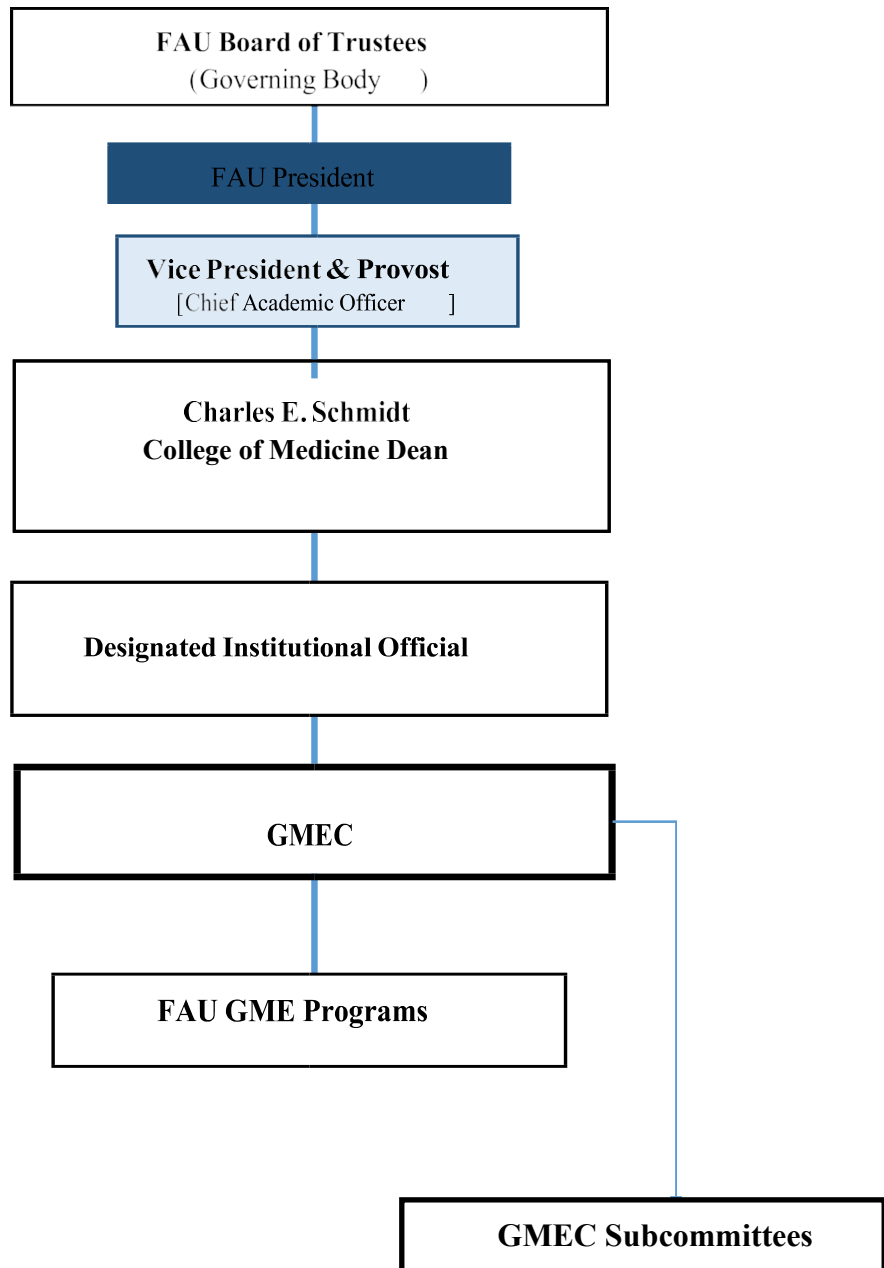
Florida Atlantic University

**FLORIDA ATLANTIC UNIVERSITY CHARLES E. SCHMIDT COLLEGE OF MEDICINE  
GRADUATE MEDICAL EDUCATION  
Organizational Charts Graduate Medical Education**

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# Organizational Chart 1, Position of the GMEC



**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Designated Institutional Official (DIO) & Designee during absence of DIO**

The Accreditation Council for Graduate Medical Education (ACGME) requires the University to appoint a Designated Institutional Official (DIO) who has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and who is responsible for assuring compliance with ACGME Institutional Requirements. As part of those responsibilities, among other things, the DIO must establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by Program Directors.

**Policy**

Designee during absence of Designated Institutional Official (DIO)

In the absence of the DIO, the Assistant Dean of Graduate Medical Education (GME) shall act as the designee of the DIO and shall perform all the duties and responsibilities of the DIO as required during his/her absence, including but not limited to oversight and administration of the University's ACGME accredited and non-accredited programs, assure compliance with ACGME institutional requirements, and review and cosign all program information forms and any documents or correspondence submitted to the ACGME. The Assistant Dean of GME shall act as the designee until the return of the appointed DIO or until a replacement DIO has been appointed.

Approved by GMEC 8-27-2013  
Approved by GMEC 12-17-2014  
Reviewed, no changes 09-01-2015  
Reviewed 12-12-2017  
Revised and Approved 9-18-2023

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Affiliation Agreements and Program Letters of Agreement**

Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) retains responsibility for the quality of Graduate Medical Education of its residents, including when resident education occurs in other sites.

### **Policy**

FAU COM maintains Affiliation Agreements with each of its major participating sites participating in Graduate Medical Education in order to provide direction and outline responsibilities between parties.

Each Program maintains Program Letters of Agreement that enhance and supplement the Affiliation Agreements. These Program Letters of Agreement meet the four specific components outlined by the ACGME Program Requirements, which are as follows:

1. Identify the faculty who will assume both educational and supervisory responsibilities for residents. Specify the faculty member's responsibilities for teaching, supervision, and formal evaluation of residents in accordance with the requirements of the ACGME and applicable policies.
2. Outline the educational goals and objectives to be attained within the participating institution.
3. Specify the duration and content of the educational experience.
4. Resident education during their assignment to the Affiliate Institution will be governed by University regulations and FAU COM policies and procedures.

### **Procedure**

<b>Responsible Party</b>	<b>Action</b>
GME Office	Reviews and ensures that all Affiliation Agreements are in place and up to date (renewed every five years) for each of its major participating institutions participating in Graduate Medical Education.
	Reviews all Program Letters of Agreement every five (5) years.
Program Director	Ensures that Program Letters of Agreement are in place and up to date (renewed every five years) between each participating institution that provides specialty and subspecialty residency training experiences and each recognized training program.

Responsible Party	Action
Program Director	Maintains a copy of each Program Letter of Agreement within the residency program office, which has been signed by the responsible physician for residents at each institution, the Program Director, the DIO, the Dean of the College of Medicine and the Associate Provost of the College.
	Updates Program Letters of Agreement when changes and circumstances necessitate.

Approved by GMEC 8-27-2013  
 Approved by GMEC 12-17-2014

Reviewed, no changes 09-01-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Quality Assurance**

**Policy**

Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) is committed to providing an educational curriculum that meets the standards of excellence as defined by the College, the Graduate Medical Education Office, and the ACGME. This curriculum must also provide an opportunity for the residents to learn the principles, objectives, and processes of continuous quality assessment and improvement in a healthcare setting.

**Procedure**

<b>Responsible Party</b>	<b>Action</b>
GME Office	Ensures residents are provided with instruction in the principles of quality assurance and performance improvement.
Program Director	Ensures residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs within the curriculum and within the activities at the various affiliated institutions, e.g., participate on hospital Quality Assurance Committees.
Residents	Participate in the quality assurance/performance improvement activities of his/her program and rotation site, developing a commitment to these principles.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Reviewed, no changes 09-01-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Recruitment, Eligibility and Selection of Residents**

Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) strives to maintain a competitive, high quality Graduate Medical Education Program that provides fair and equitable access to individuals who meet the specified qualifications.

**Policy**

The Accreditation Council for Graduate Medical Education Institutional requirements require written policies on the recruitment, eligibility and selection of residents. FAU COM's accredited programs participate in the National Resident Matching Program (NRMP). Only residents eligible by ACGME requirements will be recruited and appointed.

In accordance with state and federal law, the recruitment process does not discriminate against qualified applicants based on race, color, religion, sex, national origin, age, disabilities, veteran status, marital status, sexual orientation, gender identity or expression or any other applicable legally protected status in the recruitment process or selection.

**Resident Eligibility**

Applicants with one of the following qualifications are eligible for appointment to Florida Atlantic University College of Medicine accredited residency programs.

- 1) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- 2) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- 3) Graduates of medical schools outside of the United States and Canada who meet one of the following qualifications:
  - a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or
  - b. Have a full and unrestricted license to practice medicine in a U.S licensing jurisdiction in which they are training.
- 4) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
- 5) For individuals who are not U.S. citizens or permanent residents, J-1 is the accepted visa. Consideration will be given to requests for sponsoring H1-b visas for exceptional individuals with appropriate documentation.

## Resident Selection and Appointment

- 1) All sponsored programs must ensure that they select from among eligible applicants on the bases of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regards to race, color, religion, sex, national origin, age, disabilities, veteran status, marital status, sexual orientation, gender identity or expression or any other applicable legally protected status in the recruitment process or selection.
- 2) Each program's compliance with residency eligibility selection rules will be confirmed in periodic internal reviews.
- 3) Residents seeking to transfer from another program are governed by both this policy and the Resident Transfer Policy.
- 4) Selections and Appointment Process Outline:
  - a. Candidates submit applications utilizing the Electronic Residency Application System (ERAS). Candidates are responsible for requesting information that needs to be forwarded to ERAS in order to complete their file. Documents needed for a complete file are the same as requested on the ERAS application. Files are selected for review in ERAS or paper file sent for review.
  - b. The candidate's credentials/information is reviewed by the program and the following decisions may be made:
    - i. invite for an interview;
    - ii. deny an interview; or
    - iii. hold, will review at a later date.
  - c. E-mails or letters are sent to Candidates to:
    - i. invite them for an interview
    - ii. deny them the interview [optional] or
    - iii. request more information (it is the responsibility of the candidate to ensure that their application is complete).
  - d. Invited applicants are called or e-mailed to set up an interview date. Interview dates are available on a first come first serve basis, and some candidates who are invited may not be able to schedule a date due to lack of availability.
  - e. Applicants arrive for their interview. Each program has established criteria for the interview process and evaluation of the candidates.
  - f. Programs rank their candidates and submit the rank list to the NRMP before the established deadline, and the DIO verifies the program rank lists, as specified in the NRMP policies and procedures.
  - g. Upon completion of the match letters of appointment and contracts/agreements are sent to the matched applicants, in addition to specific program-related material, as applicable. It is the resident's responsibility to sign the contracts/agreements and complete program-related materials to assure timely start of their training.

- h. Programs will follow NRMP SOAP policies and procedures to fill any unmatched positions.
- i. Upon receiving the completed application and signed contract/agreement the GME office, in collaboration with the program and the affiliated hospitals, will initiate the credentialing process. When the credentialing process is complete the applicant is considered a member of the Resident Staff of FAU COM.
- j. If for any reason outside the control of FAU COM, its sponsored programs and affiliated hospitals an applicant does not complete all requirements necessary to graduate medical school, does not complete the required documentation, does not want to or cannot keep the appointment with the FAU COM program or cannot obtain an appropriate visa or fails to meet credentialing standards, the appropriate Program Director and the DIO are notified; a decision as to the resident's status going forward, is made, and appropriate action taken.
- k. All newly appointed residents [House Staff] attend orientation as specified by the GME office and the Program.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Revision approved by GMEC 09-16-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Resident Credentialing**

**Policy:**

Residents must be credentialed prior to beginning a residency or fellowship training program at FAU COM [within its sponsored programs] and affiliated hospitals; this occurs in two distinct processes: 1) FAU COM onboarding, 2) affiliated hospital credentialing

**Procedure:**

**FAU COM onboarding:**

Onboarding is done to collect essential resident documents in the Office of Graduate Medical Education, to verify visas [if applicable] and eligibility to work in the State of Florida, to obtain a necessary background check, complete the resident's initial health screening and vaccinations [as applicable], to assure completion of the required orientation modules, and to enroll the resident with the department of Human Resources [payroll, benefits, other]

1. Each resident shall submit the following documents to the Graduate Medical Education Office as requested, in a timely matter, before the beginning of clinical training:
  - a. Signed Contract/Agreement
  - b. Copy of Unlicensed Medical Practitioner Application [original to be sent to the State of Florida Board of Medicine]
  - c. Proof of National Provider Identification [NPI] application
  - d. Letter from resident/fellow explaining any gaps/interruptions in clinical training and/or appointments since receipt of medical school degree, longer than 2 months in length
  - e. Official copy of medical school transcript, and copy of Medical School Diploma and ECFMG certificate [if applicable]
  - f. Copies of appropriate certifications required by program [i.e American Heart Association Basic and Advanced Cardiac Life Support, American Advanced Trauma Life Support, Pediatric Advanced Life Support, other]
  - g. Copy of passport, visa or green card, as applicable; copy of driver's license/ID and social security card
  - h. Copy of complete ERAS application [including personal statement, letters of recommendation, Dean's letter, transcripts, board scores, etc.]
  - i. Current Curriculum Vitae
  - j. Hospital IT, ID, and credentialing forms as provided by the GME office

2. The GME Office staff in collaboration with the program will:
  - a. Initiate a background check, and drug testing in accordance with established FAU policies
  - b. Request verification of the resident/fellow's previous training and employment, claims history, and medical licenses
  - c. Request ECFMG verification directly from ECFMG for all International Medical Graduates
  - d. Obtain and maintain the J-1, H-1B or other sponsored visas [as applicable]

For detailed information see FAU COM GME Onboarding Package and checklist.

Residents may not commence clinical training before completion of the onboarding and credentialing process; any delay in the start of clinical training may cause the need to later extend the training, to fulfill the appropriate specialty-related requirements for board eligibility. If a delay is due to reasons outside of the control of FAU COM, its programs and/or affiliated hospitals, the resident may not be able to be eligible for compensation and commencement of benefits, until completion of the credentialing process. The decision shall be made on an individual basis by the DIO in collaboration with the Program Director.

### **Credentialing for clinical duties and procedures**

Supervision is a key concept in graduate medical education; it is critical in ensuring safe and effective patient care. Supervision and the resulting feedback are the important cornerstones to residents' acquisition of the clinical skills, professional development and socialization into the profession needed to develop gradually increasing authority and independence, and to allow the residents to make the transition from novice learner to proficient practitioner at the completion of residency training [see GME policy on resident supervision.

1. Residents are credentialed by the program in collaboration with the GME office and the affiliated hospitals to perform routine clinical tasks under supervision and/or independently, commensurate with their position as physician in training, as specified by:
  - a. The ACGME rules and regulations for resident supervision as expressed in the FAU COM GME policy for resident supervision
  - b. The resident's program policies and regulations for supervision
  - c. The affiliated hospitals' bylaws for their Medical Staff

Tasks include, but are not limited to

- a. Admission to and discharge from the hospital
- b. Performing history and physical examinations
- c. Ordering therapeutic interventions, medications, diagnostic tests and consultations
- d. Patient and family counseling
- e. Scheduling for clinic/office appointments and follow-up
- f. Other tasks as specified

- 2 Residents are credentialed by the program in collaboration with the GME office and the affiliated hospitals to perform bedside procedures and/or operations under supervision and/or independently, commensurate with their position as physician in training, as specified by:
  - a. The ACGME rules and regulations for resident supervision as expressed in the FAU COM GME policy for resident supervision
  - b. The resident's program policies and regulations for supervision
  - c. The affiliated hospitals' bylaws for their Medical Staff

Procedures/operations include, but are not limited to

- a. Wound care, including suturing and debridement
- b. Removal of foreign bodies
- c. Tissue and organ biopsies with and without imaging guidance
- d. Placement of arterial and/or venous catheters; central and peripheral
- e. Placement of drainage tubes, including urinary catheters, tube thoracostomy, paracentesis, thoracocentesis, pericardiocentesis, other
- f. Incision and drainage of abscesses
- g. Endoscopy, including pharyngoscopy, laryngoscopy, esophago-gastro-duodenoscopy, enteroscopy, ano-rectoscopy, sigmoidoscopy, colonoscopy, trachea-bronchoscopy; rigid or flexible, for diagnostic and/or therapeutic purposes
- h. Airway management, including oral or nasal endotracheal intubation, with and without technical aids; cricothyroidotomy, tracheostomy
- i. General operative procedures
- j. Life-saving operative procedures
- k. Obstetric Procedures
- l. Conscious sedation
- m. Fluoroscopy
- n. Other procedures as specified

Each Program will establish policies for supervision, and criteria for independent performance of tasks and procedures applicable to the resident's area of specialty practice; each program will review at least annually with the resident those tasks and procedures that he/she is credentialed to perform under supervision or independently and provide the affiliated hospitals with that information.

Residents performing tasks and/or procedures outside of their established credentials may be subject to review, disciplinary action and/or termination.

**New Policy approved by GMEC 09-16-2015**

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Appointment of Residents**

**Policy**

To ensure the accurate and timely appointment of residents approved into a Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) specialty/subspecialty Graduate Medical Education Program.

**Procedure**

Responsible Party	Action
GME Office	Sends contract to the appropriate program coordinator which completes a resident contract for each newly appointed and continuing residents, and sends to the resident.
	Provides residents with schedule of orientation, Graduate Medical Education Policy and Procedure Manual, and necessary paperwork on lab coats, insurance, etc., for completion by the resident. Files original resident contract, with a copy to program coordinators. Files original appointment forms, and sends copy to appropriate department.
	Verifies completion of all required education modules, immunization and/or health-related documentation.
Program Director	Provides GME Office with the dates of appointment, appointment forms, completed Human Resources paperwork, and other required documents necessary to process residents. Provides fully executed contract to the resident.
Residents	Must be a graduate from a North American medical school that is LCME or AOA accredited or have full ECFMG certification. International medical graduates that are not U.S. citizens must have successfully received a J-1 visa or H1-b visa.
	Must have successfully passed USMLE steps 1 and 2 (including the clinical skills exam) or its equivalent and must also pass USMLE step 3 if entering as a PGY-3 or above.

Responsible Party	Action
Residents	Must have an active State of Florida Board of Medicine unlicensed physician training license or a full and unrestricted license to practice medicine in Florida.
	Return completed paperwork to appropriate person/department.
	Report to appropriate department/program as specified.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Reviewed, no changes 09-01-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Anti-Discrimination and Anti-Harassment Regulation**

Within Florida Atlantic University Charles E. Schmidt College of Medicine, its Departments, Divisions and Sections, and the Programs that it sponsors, equal opportunity is guaranteed. The professionalism of a physician (both faculty and resident) encompasses respect and compassion towards each other as well as to patients, their families and other health professionals.

**Florida Atlantic University  
Regulation 7.008 Anti-  
Discrimination and Anti-  
Harassment**

**I. VALUES**

Florida Atlantic University (“FAU”) is committed to providing a workplace and educational environment that is free from discrimination and harassment. To facilitate compliance with federal, state, and local civil rights laws and regulations, and to affirm its commitment to promoting the goals of fairness and equity in all aspects of the educational enterprise, FAU has developed internal policies and procedures that provide a prompt, fair, and equitable process for those involved in allegations of discrimination or harassment. FAU values the dignity of all members of its community.

**II. PURPOSE**

- A. Florida Atlantic University (“FAU” or University) shall comply with applicable federal, state and local discrimination/harassment laws to provide an educational, employment, and business environment free of all forms of discrimination or harassment. Unlawful discrimination or harassment based upon an individual’s race, color, religion, sex, national origin, age, disability, military or veteran status, marital status, pregnancy or parental status, sexual orientation, gender identity or expression, or other protected status is prohibited. Discriminatory conduct in the form of sexual misconduct, including sexual harassment, sexual assault, domestic violence, dating violence, and stalking, is also prohibited, as well as discrimination on the basis of race, color, national origin, or sex by subjecting any student or employee to training or instruction that espouses, promotes, advances, inculcates, or compels such student or employee to believe any of the concepts set forth in paragraph (1)(a) of Florida Board of Governors (BOG) Regulation 10.005, which are incorporated by reference herein. Federal laws covered by this Regulation include Title II of the Civil Rights Act of 1964 (“Title II”), Title VI of the Civil Rights Act of 1964 (“Title VI”), Title VII of the Civil Rights Act of 1964 (“Title VII”), and Title IX of the Education Amendments Act of 1972 (“Title IX”), along with all applicable implementing regulations. This Regulation also covers the Florida Civil Rights Act, the Florida Educational Equity

Act, and any other applicable local, state or federal laws.

- B. This Regulation 7.008 (“Regulation”) applies to all FAU students, registered student organizations, applicants for employment, faculty, volunteers and staff (hereinafter collectively referred to as “University Community Members”), as well as third parties providing services to FAU. When a potential violation of this regulation is reported, the allegations will be investigated and addressed promptly and equitably in accordance with the processes detailed in University Policy 1.15 (Prohibited Discrimination and Harassment) and University Regulation 4.007 (Student Code of Conduct). Potential violations pertaining to BOG Regulation 10.005 (Prohibition of Discrimination in University Training or Instruction) will be investigated and addressed in accordance with the processes detailed in BOG Regulation 10.005.
- C. The University’s Civil Rights and Title IX (“OCR9”) shall administer this Regulation. The Executive Director of OCR9 is the University’s Title IX Coordinator. Inquiries regarding the procedures contained in this Regulation should be forwarded to OCR9.
- D. It shall be a violation of this Regulation for any University Community Member to deny, deprive, or limit the educational or employment access, benefits, or opportunities of any member of the FAU community, guest, or visitor on the basis of that person’s actual or perceived membership in a protected status as defined by law or University regulations and policies.
- E. Activities covered under this Regulation include, but are not limited to, all educational, athletic, cultural and social activities occurring on campus or sponsored by FAU, housing supplied by the University, training and instruction (as defined in BOG Regulation 10.005), and employment practices between the University and its employees.
- F. Those found to have violated any term, condition or provision of this Regulation will be subject to disciplinary action, up to and including suspension, expulsion, termination, or separation.
- G. This Regulation shall not be implemented in a manner that restricts or prohibits speech that is protected by the First Amendment or the principles of academic freedom. The University may not shield students or employees from ideas or opinions that they may find uncomfortable, unwelcome, disagreeable, or offensive. This Regulation does not prohibit the discussion of the concepts set forth in BOG Regulation 10.005 as part of a larger course of training or instruction, provided such training or instruction is given in an objective manner without endorsement of the concepts.

### **III. REPORTING**

- A. OCR9 is responsible for administering the complaint and investigation process set forth in this Regulation.
  - 1. Any supervisory employee or other official who has the authority to institute corrective measures on behalf of the University who receives a report, observes or learns of an alleged violation of this Regulation, and any administrator as defined in BOG Regulation 10.005(1)(f) who receives a complaint alleging that University training

or instruction violates BOG Regulation 10.005(1)(a), has an absolute and unqualified duty to promptly report the conduct to OCR9. Failure to report an alleged violation as required by this Regulation may result in disciplinary action up to and including separation or termination from employment.

2. All employees in the University's K-12 programs are all considered officials with authority to institute corrective measures on behalf of the University for K-12 students and must report any claims of harassment, discrimination, or sexual misconduct to OCR9.
3. Reports or allegations of an alleged violation of this Regulation will be processed upon the filing of a written complaint with OCR9, consistent with the requirements of University Policy 1.15; provided, however, that reports of allegations of an alleged violation pertaining to BOG Regulation 10.005 will be processed upon the receipt of a complaint by OCR9 and consistent with the requirements of BOG Regulation 10.005. In cases where the person making an allegation that they have been subjected to conduct that violates this regulation ("Complainant") chooses not to file a formal complaint, OCR9 will take any action it deems necessary and permissible pursuant to applicable law or regulations to attempt to address the situation or prevent further concerns. Such action may include informing the alleged offender ("Respondent") or their supervisor of the potential violation and suggesting behavioral modifications (if necessary).
4. The OCR9 and Title IX Coordinator contact information is provided below. Any person may report allegations of harassment, discrimination, or sexual misconduct in person, via telephone, or online at [FAU.edu/report](http://FAU.edu/report).

Office of Civil Rights and Title IX  
Florida Atlantic University  
Administration Building  
777 Glades Road, Room 265  
Boca Raton, Florida 33431-0991  
[compliance@fau.edu](mailto:compliance@fau.edu)  
<http://www.fau.edu/ocr9/>  
(561) 297-3004

- B. Any University employee or applicant who believes they have been harassed, discriminated or retaliated against in violation of this Regulation should report the facts and circumstances thereof to OCR9, or in the alternative, may report to the appropriate supervisory employee or other official who has the authority to institute corrective measures on behalf of the University, including the appropriate Vice President or Provost, College Dean, or the Director of Human Resources, who in turn must notify the Executive Director.

Any student who believes they have been harassed or discriminated against in violation of this Regulation should report the facts and circumstances thereof to OCR9, or in the alternative, may report to another official who has the authority to institute corrective measures on behalf of the University, including the appropriate University Vice President or Provost, the Dean of Students, the Dean of their College, or to their Department Head,

who in turn must notify the Executive Director.

- C. A complaint of discrimination or harassment not related to Title IX or BOG Regulation 10.005 must be filed with OCR9 within one-hundred eighty (180) calendar days of the alleged act(s) of discrimination or harassment. OCR9 may process an alleged violation outside of this time limitation in the discretion of the Executive Director. The filing of a complaint under this Regulation is independent and does not preclude the Complainant from also filing a complaint with federal, state or local enforcement agencies. The filing of a complaint with OCR9 does not constitute a filing with, or have any effect on the filing time limitations of those external agencies. All Complainants are advised to contact these external agencies directly to learn the filing deadlines and procedures for each agency. Contact information for these agencies is available from the OCR9 office.
- D. All complaints should contain the name of the reporting party and state the nature of the act(s) complained of, including such details as the name of the alleged offender and the date(s) or approximate date(s) on which the offending act(s) occurred, the name(s) of any witnesses, and the desired resolution(s). Any portion of a complaint file that is exempt from public disclosure under the Florida Public Records law shall remain confidential to the extent permitted by law.

#### **IV. INVESTIGATION**

- A. OCR9 shall investigate all complaints, as permitted or required by law, which contain enough information to substantiate investigation and allege prohibited discrimination or harassment. The investigation may include, but shall not be limited to, interviewing the involved parties and any relevant witnesses. Each party shall have an equitable opportunity to present the names and contact details of witnesses and other relevant evidence. Upon completion of the investigation, a final investigation report shall be prepared which includes a summary of the complaint, a description of the investigation, and analysis of the facts and evidence presented based on a preponderance of the evidence standard.
- B. OCR9 may attempt conciliation or informal resolution before or during an investigation of a complaint, consistent with the requirements of University Policy 1.15, as applicable. If conciliation or informal resolution is not achieved, OCR9 shall continue to investigate the complaint, and shall issue a final investigation report.
- C. *OCR9 shall attempt to conclude its investigation and issue its final report within seventy-five (75) calendar days of the filing of the complaint. However, the investigation process may be extended for good cause as determined by the Executive Director.*
- D. All University employees have a duty to cooperate fully and unconditionally in a University investigation. This duty includes, among other things, speaking truthfully with OCR9 and voluntarily providing all documentation and information that relates to the claim being investigated.
- E. The final report by OCR9 shall be submitted to the appropriate Vice President, Provost or designee if an employee is involved, and/or to the Dean of Students or designee if a student is involved. The Respondent and Complainant will each be notified in writing of

the outcome of the complaint, consistent with the requirements of Policy 1.15, as applicable. Corrective or disciplinary action up to and including dismissal or expulsion will be considered and implemented, if warranted, by the Vice President, Provost or Dean of Students in consultation with the Executive Director. Corrective or disciplinary action may also be considered and implemented if OCR9 determined the complaint was unfounded and made maliciously or recklessly. All disciplinary action shall be subject to applicable University Regulations and Policies, including but not limited to University Regulation 5.009 (Grievance Procedure), University Regulation 4.007 (Student Code of Conduct), University Policy 1.15, BOG Regulations, including but not limited to BOG Regulation 10.005 (Prohibition of Discrimination in University Training or Instruction) and applicable collective bargaining agreements. In the event the investigation finds that an instruction or training is inconsistent with requirements of this Regulation with regards to the concepts set forth in BOG Regulation 10.005(1)(a), the University's Chief Compliance & Ethics Officer shall inform the BOG Office of Inspector General.

*Specific Authority: Article IX of the Florida Constitution; Florida Board of Governors Regulation 1.001 and 10.005; Formerly 6C5-5.012, Amended 11-11-87, 7-5-99, 11-9-05, 6-28-06, 11-16-11, 07-01-15, 6-4-19, 8-14-20, 11-15-22, XX-XX-23..*

Approved by GMEC 8-27-  
2013

Approved by GMEC 12-17-  
2014

Reviewed, no changes 09-01-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Evaluation, Promotion and Completion of Training**

As part of the ACGME Institutional Requirements, the College of Medicine is required to provide documentation that each Residency Program has written criteria on the evaluation, promotion and completion of the resident's program.

### **Policy**

Residents will be evaluated at the end of each rotation using the rotation's goals and objectives and the six (6) ACGME Core Competencies as a guide.

1. Formative Semi-annual Resident Evaluations: Each resident shall be evaluated at least twice yearly, in writing, on his/her knowledge, skills, professional growth, professional attitude, moral and ethical development, as well as professional demeanor and rapport with patients, colleagues, supervisors, and others.

These evaluations are formative and utilize multiple evaluation sources [to include teaching physicians, peers, nurses, physician assistants, patients and others as applicable] and multiple evaluation tools [360-degree evaluation] designed to obtain a comprehensive assessment of the resident's abilities and technical skills.

- a) Milestone Evaluation: One part of the semi-annual resident evaluation shall be completion of the ACGME / Specialty Board defined Milestone Evaluation; this evaluation shall be done by the Clinical Competency Committee [CCC] and results reported on the ACGME Web-based Accreditation System [WebADS] site before the specified deadlines.
- b) Evaluation for Promotion: One of the semi-annual resident evaluations shall specifically include consideration of promotion of the resident to the next level of training; that annual evaluation shall include a decision to promote the resident to the next level (or completion) of training, with or without a specific (written) plan for improvement or remediation. The decision of promotion or non-promotion to the next level of training must be made by the Program Director.  
The resident shall be presented with this decision in writing, along with his/her new contract [if applicable], at least 120 days prior to termination of his/her current contract. Such time shall be allowed for the resident to file a grievance or an appeal.

The program Director should meet with the resident, discuss the specific findings of the evaluation, and a specific plan for remediation/performance improvement, as applicable. The resident shall acknowledge the evaluation and plan by signing the evaluation document.

2. Final Summative Evaluation: Each program shall provide a final written [summative] evaluation of each resident who completes his/her applicable residency program. This final review shall include a review of the resident's performance during the final period of training and shall demonstrate that the resident has developed sufficient professional ability to practice in his/her area of specialization without supervision.

This final evaluation shall remain a part of the resident's permanent record maintained by each residency program.

**Procedure**

Responsible Party	Action
GME Office	Communicates with Program Directors to assure timely completion of semi-annual evaluations. Milestone evaluations, and final summative evaluations; maintains a copy of the resident's final summative evaluation in the permanent record and provides this documentation to future licensing/credentialing agencies and employers, if authorized in writing by the (former) resident
Program Director	Directs appropriate teaching faculty to complete, in writing, an evaluation of the resident at the end of each rotation. Evaluations must be based on the goals and objectives of the specific rotation and on the ACGME Core Competencies
	Provides the resident with a twice-annual formative evaluation, in writing, according to criteria and procedures established by the specific program, to include the knowledge, skills, and professional growth of the resident as defined by the ACGME Core Competencies. Ensures that a record is maintained in the resident's file, which is accessible for review by the resident. Once Yearly this evaluation must include the decision whether or not to promote the resident to the next level of training, with or without a specific plan for improvement or remediation
	Completes the semi-annual ACGME/Specialty Board Milestone evaluation for each resident and uploads the information on the ACGME WebADS database
	Provides the resident, in writing with the outcome of evaluation and, as applicable, with specific performance improvement or remediation plans
Residents	Complies with established milestones set by the program for each level of training
	Complies with the remediation/performance improvement plans, if applicable and strives to remedy any deficiencies noted by the evaluation, as appropriate.

Approved by GMEC 8-27-2013  
 Approved by GMEC 12-17-2014

Revision approved by GMEC 09-16-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement**

**Process for Performance Improvement for Residents/Fellows in FAU COM Training Programs**

The purpose of this policy is to establish guidelines for addressing deficiencies in a resident's performance in the six (6) ACGME Core Competencies, as well as areas of clinical judgment or proficiency, patient care and interpersonal and communication skills necessary for the practice of medicine, and to ensure that the resident is given a clear explanation regarding the area(s) of unsatisfactory or sub-optimal performance and the opportunity to improve.

### **Policy**

When a Program Director and/or a Clinical Competency Committee determines that a resident has been performing in a unsatisfactory or sub-optimal manner, the Program Director or designee will review the evidence and schedule a meeting with the resident to explain the details surrounding specific incidents, deficiencies, or problems that serve as the basis for concern. At this meeting a written Performance Improvement Plan (PIP), designed by the Program Director or designee, will be presented to the resident. If needed, the resident will be assigned a faculty mentor to monitor and support the resident's performance improvement efforts. A timeframe for improvement/resolution of the performance issue, and re-evaluation shall be set.

### **Procedure**

1. The Performance Improvement Plan shall be in writing and include the following:
  - a. Key Concerns/ Background: A list of the key concerns that have led to the initiation of the Performance Improvement Plan.
  - b. Objectives and Expectations: A list of the goals and expectations that the resident is expected to meet within a defined period of time. The goals shall set forth the level of improvement that will be expected for each specified concern.
  - c. Evaluation Process and Timeline: An explanation of how performance will be measured. In addition, a time line shall be assigned to determine when the Program Director and Clinical Competency Committee will reassess the performance of the resident.
  - d. Outcomes: A range of outcomes that are likely to occur in the event the resident does not meet the expectations as set forth in the Performance Improvement plan.
2. The contents of the meeting will be documented by the Program Director or designee and be signed by both the Program Director and the resident to acknowledge that all of these elements have been covered during the meeting. This documentation shall be retained in the resident file.

3. After the specified evaluation period has expired, the Program Director, in consultation with the Clinical Competency Committee and/or a resident performance improvement faculty mentor, as assigned, shall make a determination as to whether the resident met or failed to meet the specified goals and objectives of the PIP.
  - a. If the resident has satisfactorily met the required goals and objectives, the resident shall continue with his/her training without any disciplinary action
  - b. If the resident has not satisfactorily met the required goals and objectives,
    - i. The PIP may be extended or
    - ii. Disciplinary action may be initiated.

New Policy Approved by GMEC 09-16-15

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Disciplinary, Appeal and Dismissal Process**

This policy establishes procedures covering non-reportable and reportable discipline. It covers two distinct levels of discipline and a subsequent right of the resident/fellow to initiate the Appeal Procedures outlined below. This policy and the procedures provided herein comprise the exclusive remedies available to trainees who are appealing discipline, including formal discipline or nonrenewal of appointment or whose trainee contract is modified or terminated.

This policy does not and is not intended to constitute an employment contract or alter any trainee agreement, nor is it intended to create for trainees any legally enforceable contractual right.

### **Policy**

Following the receipt of reliable information that the trainee's clinical judgment or proficiency in clinical skills, medical knowledge, or patient care necessary to the practice of medicine is deficient or impaired, or the trainee is deficient in any of the six Accreditation Counsel for Graduate Medical Education (ACGME) core competencies (patient care, medical knowledge, practice based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills) or in the case of misconduct, policy violation, neglect of duty, violation of the trainee contract, failure to maintain a valid license to practice medicine, threat to patient safety, or any other malfeasance, misfeasance, or misconduct, the following disciplinary procedures shall be implemented until the deficiency is corrected or the trainee is terminated from the program.

### **Procedure**

#### LEVEL 1-FORMATIVE NON-REPORTABLE NOTICE

If a program director or the Designated Institutional Official (DIO) deems a trainee's performance or conduct to be deficient, and the ordinary elements of the educational program or evaluations appear to be unsatisfactory the program director should informally counsel or administer a verbal or written warning. Informal counseling or a verbal or written warning is given in the following circumstances:

#### **Informal Counseling or Verbal Notice/Warning**

An unstructured formative counseling session between the trainee and the program director, following the evaluation process as outlined in the GME Policy and Operations Manual ("GME Manual"). Informal counseling or verbal warning is designed to identify a trainee's minor infraction.

Responsible Party	Action
Program Director	A written record of the date and content of the discussion, as well as the underlying situation precipitating the informal counseling or verbal warning shall be maintained in the trainee's file.

### Written Notice/Warning

A written notice or warning is appropriate when a prior verbal notice or warning has not resulted in the needed improvement or when the initial misconduct or performance inadequacy indicates the need for action stronger than a verbal notice or warning. The written notice or warning should note the unacceptable conduct/action or performance deficit that caused the notice/warning, as well as the trainee's improvement expectations.

Responsible Party	Action
Program Director	Meet with the trainee to discuss the circumstances surrounding the written notice/warning and the expectations for improvement; A copy of the written notice/warning will be placed in the trainee's file; the trainee will receive a copy of the written notice/warning.
Trainee	Sign a copy of the written warning.

There is a special form of Level-1 written notice, referred to as a "Letter of Academic Deficiency", which may be assigned to the trainee by the Program Director. The term "Academic Deficiency" denotes that the trainee will be allowed to continue in his/her training, but that there are area(s) of significant deficiencies that need improvement and that a specific individual learning plan (ILP) is being given to the trainee. This type of notice might require, for example, that a training experience or rotation be repeated.

If the trainee succeeds to correct the identified deficiencies within the time specified, the condition of Academic Deficiency will be terminated and no further action taken; if the trainee fails to progress through the ILP, the Letter of Academic Deficiency may be continued, the trainee may be placed on probation, or other disciplinary action may be taken by the Program Director.

Additionally, the condition of "Administrative Leave" may be assigned by the Program or Designated Institutional Official (DIO) in the event of clinical or non-clinical events which necessitate further investigation or as otherwise described in (and subject to) FAU Regulation 5.012. Time away from clinical training may or may not be awarded towards their curriculum based on specialty board regulations which will be specified in the written notice. Administrative Leave may be with or without pay, pending final administrative action. Within two work days of receiving the notice of Administrative Leave, excluding weekends and official holidays, the Program Director, shall serve written notice upon the trainee including a statement of the reasons for any action taken.

The informal counseling and corrective actions, including oral or written notice or warnings, are distinct from the categories of formal reportable discipline set forth below, and accordingly, should not be cited as disciplinary action in the event a reference, credentialing or training verification is requested. **Therefore, any LEVEL-1 FORMATIVE NON-REPORTABLE NOTICE, including informal counseling, oral or written notices or warnings, Letters of Academic Deficiency and Notices of Administrative Leave, are not eligible for appeal by the trainees.**

LEVEL II – FORMAL REPORTABLE DISCIPLINARY ACTION

If formative non-reportable notice above fails to resolve an issue, or in cases of serious or repeated performance deficits, misconduct or policy violations, a program director may administer formal discipline as set forth below. In certain cases, and at the discretion of the Program Director, formal reportable disciplinary action may be appropriate without the administration of LEVEL-1 FORMATIVE NON-REPORTABLE NOTICE. A trainee's appointment in the residency program may be conditioned, suspended or terminated in the following circumstances:

**Probation**

Probation is generally the second step of a series of disciplinary actions for a trainee (after a written notice or warning). A trainee may also be placed on probation without a preliminary or written warning if circumstances warrant an immediate probation decision.

Responsible Party	Action
DIO / GME office	Review each case of probation with the Program Director to discuss the circumstances and the validity of the action with regard to the issues.
	Keep a copy of the probation and probation evaluation statements, as well as copies of the remediation/performance improvement plan (PIP) and further action plans
Office of General Counsel	Review of the wording of the statement of probation and advise the Program Director on drafting the required documents.

Program Director	<p>Notification of the DIO of intent to place the trainee on probation; the Program Director meets with DIO to discuss the circumstances and the validity of the action with regard to the issues.</p> <p>Construct a statement of probation that outlines due process and right to appeal within 14 days of receipt.</p> <p>The statement shall identify:</p> <ol style="list-style-type: none"> <li>(1) the areas of deficiency and the reason(s) for the decision</li> <li>(2) a specific plan for improvements that must be achieved by the trainee during the probation period (PIP, remediation plan or remediation steps)</li> <li>(3) the length of the probation period, including the date the probation began or will begin and the date by which the trainee will be re-evaluated or his/her status reconsidered or when probation will end if performance has sufficiently improved.</li> </ol>
	<p>During the probation, monitor the trainees' performance and improvement; the Program Director may also assign an appropriate faculty mentor to assist the trainee in his/her remediation efforts</p>
	<p>At the specified time, conduct a probation evaluation which may include a self-evaluation of the trainee and his/her progress with performance improvement/remediation; based on that evaluation, the Program Director will decide to:</p>

Probation is appropriate in circumstances that include, but are not limited to, failure to meet the academic expectations of the training program, a lapse in complying with the responsibilities of the program, the trainee contract or GME policies and procedures, or other serious misconduct and/or performance problems.

Responsible Party	Action
Program Director	<p>(1) Terminate probation, if the trainee has successfully completed his/her remediation/PIP (2) Continue probation and modify the remediation plan/PIP if the trainee has not successfully completed (all elements of) the PIP, or</p> <p>(3) Initiate further disciplinary action (including suspension, termination, requirement to repeat a specific educational activity (i.e. project, rotation, other) or entire training year)</p> <p>The Program Director shall meet with the trainee and discuss the outcome of his/her probation evaluation;</p> <p>The Program Director shall provide the trainee with a written copy of the probation evaluation and further actions taken</p> <p>The Program Director shall notify the DIO and provide the DIO with copies of the probation evaluation and further actions taken</p> <p>Copies of the probation evaluation and further action taken shall be placed in the trainee's file</p>
Trainee	<p>Must meet with the Program Director to discuss the statement of probation and remediation/PIP; the trainee must sign the probation statement and remediation/PIP, acknowledging receipt and its content</p>
	<p>Must meet with the Program Director and/or assigned faculty mentor periodically to assess his/her progress with remediation; the trainee must sign the probation evaluation statement and further action plan, acknowledging receipt and its content</p>
	<p>Must meet with the Program Director and/or assigned faculty mentor periodically during the duration of the probation to discuss his/her progress with remediation/performance improvement</p>
	<p>The trainee may appeal the decision through the procedures set forth below.</p>

A probation period occurring during training will be noted in all letters of reference, training verification and credentialing requests.

## Suspension

A Program Director, at his/her discretion, may impose immediate suspension with or without pay for some or all of the trainee's duties and training for circumstances including, but not limited to, violations of policies, rules, laws and misconduct, recurring administrative lapses and/or performance and academic problems, including but not limited to failure to provide patient care consistent with expectations, disregard for patient safety or welfare, failure to work in a collegial manner with others, failure to obtain or renew trainee's license for the practice of medicine, or conduct of a trainee that is reasonably likely to threaten the safety or welfare of patients. The time during which a trainee is suspended will not be counted toward completion of the training time required to be eligible for board examination(s).

Responsible Party	Action
DIO / GME office	Review each case of suspension with the Program Director to discuss the circumstances and the validity of the action with regard to the issues.
	Keep a copy of the suspension statements, as well as copies of the remediation/performance improvement and further action plans
Office of General Counsel	Review of the wording of the statement of suspension and advise the Program Director on drafting the required documents.
Program Director	Notification of the DIO of intent to place the trainee on suspension; the Program Director meets with DIO to discuss the circumstances and the validity of the action with regard to the issues.
	<p>Construct a written statement of suspension that outlines due process and right to appeal within 14 days of receipt.</p> <p>The statement shall identify:</p> <ol style="list-style-type: none"> <li>(1) the areas of deficiency and the reason(s) for the decision</li> <li>(2) a specific plan for improvements that must be achieved by the trainee during the suspension period (performance improvement plan, remediation plan or remediation steps)</li> <li>(3) the effective date of the suspension and the end date (if the end date is not indefinite due to the need to investigate or for other reasons)</li> <li>(4) any specific duty or requirement or remediation the trainee must fulfill and/or achieve in order to return to the program</li> <li>(5) whether the trainee will be paid while on suspension; and</li> </ol>

	(6) the fact that the suspension will not be counted toward completion of the training time required to be eligible for board examination(s).
Program Director	<p>During the suspension, monitor the trainees' improvement/remediation; the Program Director may also assign an appropriate faculty mentor to assist the trainee in his/her remediation efforts</p> <p>At the specified time, conduct a suspension evaluation of the trainee and his/her progress with performance improvement/ remediation; based on that evaluation, the Program Director will decide to:</p> <p>(1) Terminate suspension, if the trainee has successfully completed his/her remediation/performance improvement plan (PIP)</p> <p>(2) Continue suspension and modify the remediation plan/PIP if the trainee has not successfully completed [all elements of] the PIP or</p> <p>(3) Initiate further disciplinary action (including termination, requirement to repeat a specific educational activity (i.e. project, rotation, other) or entire training year)</p> <p>The Program Director shall meet with the trainee and discuss the outcome of his/her suspension evaluation;</p> <p>The Program Director shall provide the trainee with a written copy of the suspension evaluation and further actions taken</p> <p>The Program Director shall notify the DIO and provide the DIO with copies of the evaluation and further actions taken</p> <p>Copies of the evaluation and further action taken shall be placed in the trainee's file</p>

Trainee	Must meet with the Program Director to discuss the statement of suspension and remediation/PIP; the trainee must sign the suspension statement and remediation/PIP, acknowledging receipt and its content
	Must meet with the Program Director and/or assigned faculty mentor periodically to assess his/her progress with remediation; the trainee must sign the suspension evaluation statement and further action plan, acknowledging receipt and its content

Responsible Party	Action
Trainee	Must meet with the Program Director and/or assigned faculty mentor periodically during the duration of the suspension to discuss his/her progress with remediation/performance improvement
	The trainee may appeal the decision through the procedures set forth below.

A suspension period occurring during training will be noted in all letters of reference, training verification and credentialing requests.

**Termination (Dismissal), Non-Renewal of Contract, and Non-Promotion (repeating the current year or any portion thereof).**

The Program Director, based on patient care, professional and performance issues may decide to impose one of the following actions in addition to the aforementioned disciplines:

1. Non-Promotion. Have the trainee repeat a year (or any portion of that year) of training  
This action is generally necessary when the trainee is considered to have failed to achieve set goals and objectives for more than one educational activity or has failed to achieve core milestones set for his/her year of training, which are required to move on to the next level and/or has failed to successfully complete prior remediation/PIP. This action will extend the current training level beyond the 12 months originally stated in the trainee’s contract.
2. Termination (dismissal) or Non-renewal of contract for the trainee  
This action is generally necessary if the trainee is considered unsuitable to continue residency training at FAU COM. The decision to terminate or dismiss lies with the Program Director and the DIO. Termination (or Dismissal) is effective upon notice. Non-renewal of a contract will allow the trainee to complete the current academic year, but such trainee will not continue in the training program or be promoted into the next level at the end of their academic year. Trainees will be granted time toward their curriculum for training up to termination or the end of the academic year for Non-renewal.

Responsible Party	Action
DIO / GME office	Review each case of proposed non-promotion (i.e. repeating a year or any portion thereof), non-renewal of contract and termination with the Program Director to discuss the circumstances and the validity of the action with regard to the issues.
Office of General Counsel	Review of the wording of the statement of action and advise the Program Director on drafting the required documents.

<p>Program Director</p>	<p>Reviews the available evidence/evaluations, seeks direct communication with the faculty (evaluators) for that educational activity as appropriate.</p> <p>As appropriate, the Program Director involves the trainee’s faculty mentor and the program’s clinical competency committee (CCC), the GMEC and/or others to aid in the discussion and decision making.</p> <p>The Program Director shall document the evaluation review, all discussions with the trainee, faculty and (as applicable) trainee mentor and CCC, as well as the written notice and specific PIP for the trainee or the notice of termination.</p> <p>Place a copy of the documentation in the trainee’s program file; for termination a copy should also be placed in the GME/DIO file.</p>
	<p>Notify the GME Office/DIO that the trainee is repeating a year (or portion), having a non-renewal of contract or is being terminated.</p>
	<p>In all cases except termination, provide the trainee with a specific remediation/PIP and set evaluation(s) (date, methods, and metrics) to determine if the trainee has successfully completed remediation.</p>
	<p>Notify and meet with the trainee to discuss the implications and reasons for non-promotion, as well as the set goals and the specific remediation/PIP</p>
<p>Trainee</p>	<p>Must meet with Program Director to discuss the statement of action.</p> <p>May file an appeal within 14 days, in accordance with existing policies and procedures.</p> <p>Must meet the set goals and objectives for the educational activity and/or remediation/PIP.</p>

The trainee may appeal the decision(s) through the procedures set forth below. The notification of termination, non-renewal of contract, non-promotion (e.g., intent to repeat a year (or portions of a year)) will be noted in all letters of reference, training verification and credentialing requests.

**Appeal Procedure**

The Appeal Procedures set forth below apply only to a trainee who has received a LEVEL II – FORMAL REPORTABLE DISCIPLINARY ACTION such as but not limited to notice of probation, notice of suspension, notice of termination/dismissal, notice of intent not to renew a contract, non-promotion (notice of intent to repeat a year or portion of a year) or any notice of continuation of probation or suspension.

STEP 1: DIO REVIEW The trainee has fourteen calendar (14) days from the receipt of a notice of probation, notice of suspension, notice of termination/ dismissal, notice of intent not to renew, notice of intent to not promote to the next level or any notice of continuation of probation or suspension to file a written letter of dispute with the DIO appealing the disciplinary action. After receipt of such a letter of dispute, the DIO shall meet with the trainee, review the situation and seek to settle the dispute. The DIO will issue a written statement to the trainee concerning his/her recommendation for resolution. If the trainee fails to file a written letter of dispute with the DIO within the fourteen (14) calendar day time frame, his/her rights pursuant to this procedure shall be deemed to be waived.

STEP 2: APPEAL Assuming Step 1 above is followed, if the dispute is not resolved to the satisfaction of the trainee, the trainee may appeal the decision of the DIO within fourteen (14) calendar days of receipt of the DIO's decision by filing a written letter of dispute with the Dean. If the trainee fails to file a written letter of dispute with the Dean within the fourteen (14) calendar day time frame, his/her appeal rights pursuant to this procedure shall be deemed to be waived.

STEP 3: HEARING - Such appeal to the Dean shall be considered at a hearing by a Performance Dispute Resolution Committee.

#### **Performance Dispute Resolution Committee Members**

The Performance Dispute Resolution Committee ("Committee") members shall be comprised of 4 members (including a chair)

- 1 Two trainees appointed by the DIO to serve one academic year on the Committee. The trainees shall not be from the same or related training program as the trainee filing the appeal.
- 2 Two members of FAU COM faculty appointed by the DIO to serve one academic year on the Committee. Such faculty shall not be Program Directors or Chairs of a Department. The faculty members shall be from different departments than the trainee filing the appeal.
- 3 One trainee and one FAU COM faculty member shall be appointed by the DIO to serve as an alternate ("Alternate") for one academic year and should be from different departments or programs than the trainee filing the appeal. An Alternate shall serve on the Committee in the event that a resident or faculty member on the Committee is not available.
- 4 One faculty member of the Committee shall be selected as chair of the Committee by the members but shall not vote. The Committee shall make a recommendation to the Dean to adopt, reject or modify the discipline that has been imposed.

#### **Hearing Procedures:**

- 1 The trainee will be given written notice of the time and place of the hearing to occur before the Committee.

2. The GME Office will provide all material relevant to the Committee, including the trainee's letters of dispute.
3. The Committee will permit the trainee to submit whatever material or documents the trainee believes to have bearing on the dispute for the Committee's consideration.
4. All Committee members should be present throughout the hearing. The trainee may personally appear at the hearing and may bring or call witnesses. Alternatively, the trainee may submit a written statement and/or other materials.
5. The trainee may bring an attorney, or other advisor, who can assist the trainee; however, the attorney/advisor will not be allowed to represent the trainee during the hearing or participate in the hearing or in the deliberation of the Committee.
6. The trainee may examine his/her residency/fellowship files prior to or at the hearing.
7. The trainee will be afforded an opportunity to make an oral presentation to the Committee at the hearing. The trainee may ask questions and may be questioned by the Committee.
8. Although evidence may be presented, the hearing is not a legal proceeding, does not follow the rules of law or of evidence, and is not subject to laws relating to the conduct of legal proceedings.
9. The Committee will review all material relevant to the dispute, including material presented at the hearing, will interview appropriate individuals (prior to, during or following the hearing), and will issue a written report of findings and a recommendation to the Dean.
10. Because the Committee is advisory to the Dean and is not serving as the institutional official, the Committee report is not subject to appeal, cross-examination or negotiation.

STEP 4: FINAL DECISION The Dean shall review the findings and recommendations of the Committee. The Dean shall render the final agency decision for the College of Medicine and Florida Atlantic University. Notwithstanding any other provision in this policy, no trainee shall be entitled to more than one hearing or additional appellate review of the same matter.

Responsible Party	Action
Dean, College of Medicine or Designee	<p>Advises the trainee of the outcome of the appeal process and that the trainee is to be dismissed from the Florida Atlantic University Charles E. Schmidt College of Medicine residency program.</p> <p>Advises GME Office/DIO of pending dismissal.</p>
Office of GME / DIO	Advises Program Director of the pending dismissal.
Program Director	Informs trainee of the pending dismissal
Program Coordinator	<p>Contacts trainee to ensure that trainee is up to date on all files, medical records, residency paperwork, and has completed a sign-out sheet.</p> <p>Advises trainee to return keys, parking tags, etc. to the department or to the GME Office.</p> <p>Contacts Information Services to delete trainee's server accounts.</p>

Recognizing that while it is in everyone's best interest to resolve disputes expeditiously, it is difficult to meet or enforce strict timelines. Every effort will be made to expedite each step in the appeal process, but emphasis will be placed on fairness and completeness rather than speed.

Approved by GMEC 12-17-2014  
 Approved by GMEC 8-27-2013

Revision approved by GMEC 09-16-2015  
 Revision approved by GMEC 04-17-2023  
 Revision approved by GMEC 08-21-2023  
 Revision approved by GMEC 02-19-2024

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Grievances**

This policy provides a mechanism for resolving significant disputes and complaints which may arise between a resident or fellow in training at one of the FAU COM sponsored programs, and his/her residency program, peer, hospital staff, faculty member, Program Director or GME officer or staff, including disputes or complaints about working conditions, benefits, or the failure of Florida Atlantic University Charles E. Schmidt College of Medicine to fulfill its obligations to the resident under the terms of his/her resident contract.

**Policy**

Residents may appeal significant disagreements, disputes, or conflicts with their program using the procedure outlined below.

Grievances should be dealt with in a confidential manner and without fear of retaliation by any involved party. This grievance procedure does not cover:

- (1) disputes or complaints arising out of informal or formal discipline, including probation, suspension, or termination of a resident during an annual contract period, which is addressed in the policy on Disciplinary Action, Appeal and Dismissal in the Graduate Medical Education manual;
- (2) Alleged harassment or discrimination;
- (3) Alleged violation of the Americans with Disabilities Act;

The foregoing items (2) and (3) are addressed in other FAU regulations, policies and procedures, including but not limited to, FAU Regulation 5.010, the terms of which shall govern as applicable. Assistance in identifying the appropriate/applicable FAU policies and regulations can be obtained through the FAU website, the GME office, the FAU COM Human Resources Department and the Office of General Counsel, and FAU COM administration.

Only residents/fellows currently undergoing training in a graduate medical training program, including any mandated research training experiences that are part of the program, sponsored by FAU COM [residency, fellowship] may utilize the Grievance Procedures described hereunder.

A former resident is not eligible to utilize this Grievance Procedure. Once a resident has used the process outlined in the procedure, the resident cannot re-initiate the process for the same issue.

## Procedure

### Filing a Grievance

A resident/fellow who has a grievance shall initiate action by filing a signed, written account of the alleged grievance with the Program Director within thirty (30) calendar days of the event serving as the basis for the grievance.

### Program Response

1. **Informal resolution:** The Program Director has the discretion to discuss the grievance with the resident and any other involved parties in an effort to resolve the grievance. If the grievance is resolved in this manner, a brief summary of the grievance, and the terms of the resolution will be put in writing and signed by the Program Director and the resident and filed in the resident's program file.

In general, unless the cause for grievance is felt to be severe or egregious, a good faith attempt should be to resolve any grievances in this informal manner, first.

If the grievance is not resolved through this process or the resident is uncomfortable approaching his/her Program Director, the resident should submit a written request for a formal Grievance Review to the GME office/DIO within 14 days of the attempt at informal resolution or the occurrence leading to the grievance complaint, if no informal resolution attempt has been made. The request must outline the details of the issues and concerns the resident wants to be addressed.

2. **Formal Resolution:** Within 14 days of receipt of a formal grievance, the GME office/DIO shall request a report from the Program Director on what investigation was conducted and what steps were taken to resolve the issues/concerns. The DIO will review the Program Director's report and meet with the resident/fellow[s]. Based on this the DIO may:
  - a) **Conduct a further investigation** with the involved parties in an attempt to resolve the issues and concerns. If the grievance can be resolved in this manner, the DIO shall, within thirty (30) calendar days, write a summary report; this report should contain a description of the issues and concerns, specific recommendations for the Program Director, resident, and other significant involved parties on how to resolve the issues or concerns and avoid similar grievances in the future. If the grievance cannot be resolved in this manner, the DIO shall convene a formal grievance committee and hearing.
  - b) **Grievance Committee and Hearing:** If the resident's issues/concerns [grievance] have not been resolved by the processes described above or if the grievance is considered severe or egregious, as the initial step, the resident, Program Director or DIO may request in writing, the appointment of, and investigation of the issues by a Grievance Committee.
    - i. The GME office/DIO shall convene the Grievance committee within 14 business days of the request
    - ii. The committee shall consist of
      - The DIO as chair of the Grievance Committee
      - At least one program Director of a FAU COM residency program that is not the program of the resident
      - One chief resident of a FAU COM residency program that is not the program of the resident

- The Director of GME
- The CMO of one of the affiliated hospitals or his/her designee
- Any other faculty or hospital staff, as deemed necessary by the Chair of the Grievance Committee,

The Chair of the Grievance Committee will notify the resident of the place, time and date of the meeting at least five business days in advance of the meeting.

The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of evidence.

In all cases that do not involve suspension or termination or non-renewal of the resident's employment contract, each party involved in the dispute may present his/her findings, testimony, and recommendations to the Grievance Committee. Neither party is entitled to legal representation at the Grievance Committee meeting; however each party may have legal representation present.

The parties to the grievance and the program director shall be permitted to:

- i. be represented by counsel or other advocate of choice;
- ii. call, examine and cross-examine witnesses;
- iii. present relevant evidence (as determined by the Grievance Committee);
- iv. submit a written statement at the close of the hearing; and
- v. request that a transcript (or summary) of the hearing may be made.

[For further details regarding Disciplinary Action, Grievance and Dismissal, please refer to the policy with the same title in the GME manual]

The Grievance Committee reviews the facts and materials presented to it under the preponderance of the evidence standard.

Decisions of the Grievance Committee are made by majority vote.

The Grievance Committee will provide a written report with recommendations to the involved parties and the program director, and DIO. The Program Director, GME office and/or hospital administration as appropriate will monitor implementation any such recommendations. If the resident or program director disputes the findings of the Grievance Committee, the Committee will forward the report and the hearing record, if applicable, and all other documentation to the Dean Of FAU COM. The Dean will render a written decision within 30 days to the resident physician. Such decision will be final. A copy of the Grievance report will be kept in the GME office.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Revision approved by GMEC 09-16-2015

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Supervision of Residents and Fellows**

It is the policy of Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) and in keeping with the statutes of the State of Florida, the Accreditation Council for Graduate Medical Education (ACGME), and the respective Specialty Boards that post-graduate trainees function under supervision of a faculty member or (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

"The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept of graded and progressive responsibility is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth." [ACGME Common Program Requirements 2017, Introduction]

"Fellows who have completed residency are able to practice independently in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering into residency training. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, professionalism, and scholarship." [ACGME Common Program Requirements 2019, Introduction]

### **Policy**

1. All FAU COM sponsored programs for each participating site must have a program letter of agreement (PLA) between the program and the participating site. The PLA should:
  - a. identify the faculty who will assume both educational and
  - b. supervisory responsibilities for residents/fellows; and

- c. specify their responsibilities for teaching, supervision, and
  - d. evaluation of residents/fellows
2. The program director must:
    - a. monitor resident/fellow supervision at all participating sites
    - b. designate other well-qualified teaching physicians to assist in the supervision and education of the residents/fellows
    - c. design a curriculum that contains delineation of resident/fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of residents/fellows over the continuum of the program
  3. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.
    - a. The names of the responsible healthcare providers should be available to residents/fellows, faculty members, ancillary health providers involved in the patient's care, hospital administration and patients.
    - b. Residents/fellows and faculty members should inform patients of their respective roles in each patient's care, as appropriate.
    - c. The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident/fellow can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

4. Levels of Supervision
  - a. **Direct:** The supervising physician is physically present with the resident/fellow and the patient.
  - b. **Indirect Supervision with Direct Supervision Immediately Available:** The supervising physician is physically present in the hospital or other site of patient care, and is immediately available to provide Direct Supervision. The supervisor may not be engaged in any activities (such as a patient care procedure) which would delay his/her response to

a resident/fellow requiring direct supervision.

- c. **Indirect Supervision with Direct Supervision Available:** The supervising physician is not required to be physically present in the hospital or site of patient care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities, and is available to provide Direct Supervision.
- d. **Oversight:** The supervising physician is available to provide review of procedures/encounters, with feedback provided after care is delivered.

Residency/fellowship Programs recognize and support the importance and privilege of graded and progressive authority and responsibility, conditional independence, and a supervisory role in patient care in graduate medical education.

Principles of supervision and accountability:

1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the program director and faculty members.
2. The program director must evaluate each resident's/fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria, guided by the Milestones.
3. Faculty members functioning as supervising physicians should delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents/fellows and guided by the Milestones for the specialty/subspecialty as defined by the ACGME.
4. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
5. Each Program must set guidelines for circumstances and events in which resident/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
6. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.
7. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

Should a Resident/Fellow or Faculty need to report an incident of perceived inadequate supervision or accountability, they may do so in one of the following ways:

1. Residents/Fellows are encouraged to report such incidents directly to their Program Director, Associate Program Directors, or Coordinator.

2. A report may be logged online through the FAU Graduate Medical Education Anonymous Resident/Fellow Reporting System.
3. Reports may be filed through the clinical site's incident reporting system, if applicable, or to the Chief Medical Officer or Risk Manager. Instructions for these reports can be found on the intranet system of the particular site. These reports may also include incidents of patient safety events at the clinical site, including near misses.
4. Residents/Fellows may report an incident involving program or GME leadership to the GME Ombudsman, who will act as an impartial intermediary.

Recipients of the reports will treat such reports with sensitivity but cannot ensure confidentiality in all circumstances. The College of Medicine encourages residents/fellows to submit reports as outlined above and has a zero tolerance policy for intimidation or retaliation against residents/fellows who submit reports.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Revision approved by GMEC 09-16-2015

Revision approved by GMEC 03-25-2019

Reviewed and Approved by GMEC 7-15-24

Reviewed and Approved by GMEC 5-19-2025

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Clinical Experience and Educational Work Hours**

Florida Atlantic University Charles E. Schmidt College of Medicine is committed to promoting patient safety and Resident/Fellow well-being and to providing a supportive educational environment. The procedures set forth below have been developed to monitor Resident/Fellow clinical experience and educational work hours (“work hours”) and to comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements.

Work hours are defined as all clinical and academic activities related to the training program, i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, time spent on clinical work done at home, and scheduled academic activities such as conferences. Work hours do not include reading, studying, and research done from home and preparation time spent away from the work site.

**Policy**

- A) The Program Director must implement policies and procedures consistent with the institutional and program requirements for Resident/Fellow work hours and the working environment, including moonlighting, and, to that end, must:
- 1) distribute these policies and procedures to the Resident/Fellows and faculty;
  - 2) monitor work hours with a frequency sufficient to ensure compliance with ACGME requirements;
  - 3) adjust schedules as necessary to mitigate excessive demands and/or fatigue and, if applicable, monitor the demands of at-home call;
  - 4) monitor the need for and ensure the provision of back up support systems when patient care responsibilities exceed the resident’s capabilities to provide such care; and
  - 5) comply with the sponsoring institution’s written policies and procedures
- B) Each program’s Residents/Fellows and supervising faculty must understand and accept their personal role in the following:
- 1) assurance of the safety and welfare of patients entrusted to their care

- 2) assurance of their fitness for work
- 3) management of their time before, during, and after clinical assignments
- 4) recognition of impairment, including illness and fatigue, in themselves and others
- 5) honest and accurate reporting of work hours

#### C) Work Hours

##### 1) Maximum Hours of Clinical and Educational Work per Week

- 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

- a) The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- b) Residents should have eight hours off between scheduled periods of clinical work and/or education periods.

- (1) 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.

- c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

- d) 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.

- (1) 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.

- (a) 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) Other duty hour exceptions or exemptions require the approval of the Designated Institutional Official and the satisfaction of all other applicable ACGME requirements related thereto.
- 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.
  - 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, PGY 2, and J1 VISA-sponsored residents are not permitted to moonlight.
  - d) The GME Policy and Operations Manual and program specific policies on moonlighting provide further guidelines and procedures regarding moonlighting.
- 6) In-House Night Float
- a) Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
  - b) The maximum number of consecutive weeks of night float, and the maximum number of months of night float per year may be further specified by specialty specific program

requirements and program policies.

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. 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.

- (1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time and must not interfere with the resident's fitness for work.

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.

D) Resident/Fellow Fatigue

The Policy for Resident/Fellow Well-being is set forth in the GME Policies and Operations Manual. Faculty and Residents/Fellows shall be educated to recognize the signs and symptoms of fatigue and sleep deprivation, and methods/processes for fatigue mitigation and prevention. Each program shall develop policies and procedures to prevent and counteract the potential negative effects of fatigue and ensure continuity of care in the event that a Resident/Fellow becomes unable to perform their patient care responsibilities (An option for this includes the completion of the Sleep, Alertness and Fatigue Education in Residency (SAFER) module, produced by the American Academy of Sleep Medicine).

E) Logging Work Hours

Residents/Fellows will log work hours no less than weekly, accounting for all hours in the electronic residency management system. Programs will monitor and address work hour violations regularly. Residents/Fellows who fail to log work hours are subject to

disciplinary action up to and including termination.

F) Compliance and Reporting

- 1) It is expected that programs collect data on work hours on a schedule sufficient to ensure compliance. Each program will review resident work hours on a monthly basis. Program Directors will review any violations, document any trends and take appropriate actions to prevent future violations, such as counseling of residents and faculty and/or modification of shifts, rotations or other assignments.
- 2) A compliance report will be presented quarterly to the GMEC for all programs. Thresholds for non-compliance are a) any violation of the 80-hour requirement that exceeds 10% (i.e. work weeks > 88 hours), b) any month where more than 10% of residents reported violation of any work-hour requirement, or c) any violations of the minimum one day per seven off requirement. Any program in non-compliance will be placed on special monitoring and its compliance will be reported monthly to the GMEC.
- 3) During special monitoring, the Program Director may be asked to provide additional information for any instances of non-compliance and may be asked to develop an action plan to prevent future violations. If the program cannot achieve compliance during the monitoring period a more detailed review and action plan will be requested by the DIO and monthly monitoring will continue. Once a monitored program achieves work-hour compliance for three consecutive months, it will resume regular quarterly reporting to the GMEC.

**References**

ACGME Common Program Requirements effective July 1, 2023:

[https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency\\_2023.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf)

**Approval**

Florida Atlantic University Graduate Medical Education Committee

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Revision approved by GMEC 10-21-2015

Reviewed and Approved by GMEC 11-18-2019

Reviewed and Approved by GMEC 7-15-24

Reviewed and Approved by GMEC 5-19-25

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Moonlighting**

Florida Atlantic University Charles E. Schmidt College of Medicine is committed to providing the highest quality work environment for physicians in training to master their chosen disciplines. Residency and Fellowship training is a full-time educational experience. Residents and Fellows appointed to a program are expected to achieve the goals and objectives of the educational program. Any professional, patient care or medical practice activities performed by Residents/Fellows outside of the educational program ("moonlighting") must not interfere with the Residents' or Fellows' achievement of the goals and objectives of the educational program or adversely affect patient safety. Therefore, institutions and Program Directors must closely monitor all moonlighting activities, as outlined below.

In accordance with the ACGME requirements, Residents and Fellows must not be required to engage in moonlighting, and all hours of moonlighting must be counted towards the 80-hour maximum weekly work hour limit (defined by the ACGME as 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting). Oversight of total work hours is the responsibility of the Graduate Medical Education Committee and the Office of Graduate Medical Education. In a limited number of circumstances and consistent with the provisions set forth below, Residents and Fellows may engage in moonlighting during their period of appointment.

1. Residents and Fellows seeking approval to moonlight and who engage in clinical activity or medical services moonlighting *must* be individually and fully licensed for the unsupervised medical practice in the state where the moonlighting occurs.
2. PGY-1 and PGY-2 Residents are not permitted to moonlight for clinical activity or medical services.
3. Residents/Fellows holding a J-1 or H1B Visa are expressly prohibited from moonlighting under federal regulations.
4. Residents/Fellows must complete and sign an authorization to moonlight form (see attached). The Program Director and Designated Institutional Official (DIO) must review, approve and sign the form (physically or electronically) before the trainee begins moonlighting. A copy of the form will be placed in the Resident's/Fellow's program file.
5. Residents/Fellows must be in good standing prior to seeking approval from their Program

Director and DIO to moonlight. Good standing is defined as: (a) satisfactory Resident/Fellow conference attendance, as determined in the sole discretion of the Program Director and/or chief Residents; and (b) satisfactory performance of daily Resident/Fellows responsibilities, including logging all work hours on a biweekly basis.

6. Residents/Fellows who have received informal discipline related to academic performance or any form of formal discipline for any reason, or who are on academic probation, suspension, or administrative leave, are prohibited from engaging in any moonlighting activities during the period of remediation.
7. A Program Director or DIO has the discretion to permit, prohibit, limit, or revoke permission to moonlight as s/he deems appropriate. Moonlighting is a privilege. The Program Director and DIO's decision concerning moonlighting is not subject to appeal.
8. Any approval by a Program Director and DIO allowing a Resident/Fellow to moonlight is valid for the academic year in which it is granted, unless limited or revoked sooner. Each academic year, Residents/Fellows must seek approval from the Program Director and DIO to moonlight. Approval of moonlighting requires that all hours worked in such employment combined with all FAU COM training hours be in compliance with the work hour limitations set forth by the ACGME, regardless of the accreditation status of the program. The Resident/Fellow is responsible for reporting and logging all hours worked including all moonlighting hours, with their regular duty hour reporting. Residents/Fellows who are moonlighting and have been found to be in violation of the ACGME work hour rules or fail to report any hours worked will be deemed to have voluntarily relinquished their privilege to moonlight and may be subject to other disciplinary action up to and including termination.
9. Regardless of the total number of hours worked, recurring episodes of excessive fatigue, interference with the Resident/Fellow's achievement of the goals and objectives of the educational program, or any adverse effect on patient safety shall trigger reevaluation of the approval to accept supplementary employment and may result in the rescission of approval to moonlight. The performance of Residents/Fellows will be monitored by the Program Director for the effect of moonlighting activities. Adverse effects may lead to withdrawal of permission to moonlight.
10. Residents/Fellows may not moonlight during regular work hours or while on call. Residents/Fellows may not accept outside employment or engage in other outside activity that may interfere with the full and faithful performance of clinical duties.
11. Residents/Fellows generally may not moonlight by performing work that is within the scope of their FAU training program. Fellows may obtain a waiver of this requirement on a case by case basis with the approval of the DIO.

12. Residents/Fellows are not allowed to moonlight or do locum tenens activity during an approved leave of absence unless pre-approved by the Program Director and the DIO.
13. FAU COM Self Insurance Program (SIP) does not cover the malpractice or professional liability of the trainee for any activity related to moonlighting or outside of the official FAU training program. Any professional liability (malpractice) insurance for moonlighting is the sole responsibility of the Resident/Fellow. Residents/Fellows must either purchase sufficient malpractice insurance to cover his/her moonlighting activities or obtain written assurance from the hiring institution or entity that it will provide malpractice insurance and workers' compensation coverage. Any statutory immunity otherwise available to the Residents/Fellows with respect to their FAU training activities will not apply to their moonlighting activities.
14. Use of an affiliate hospital's DEA number is not valid for activities outside the scope of the FAU residency training program.
15. It is the responsibility of the institution or entity hiring a Resident/Fellow to moonlight to confirm whether the Resident/Fellow is individually and fully licensed for the unsupervised medical practice in the state where the moonlighting occurs and that the Resident/Fellow has obtained adequate liability coverage for professional or medical malpractice. No supervision will be provided by FAU COM faculty, and no salary income will be provided by FAU to Residents/Fellows for moonlighting activities.
16. Residents/Fellows are required to communicate to the Program Director and DIO information on any changes that occur with any previously approved moonlighting.
17. Violation of this moonlighting policy may include disciplinary action up to and including dismissal.
18. It is discouraged for Residents/Fellows to moonlight in locations where the Resident/Fellow would work with faculty from the FAU training program. In the event that such circumstances arise, however, such faculty shall be recused from participating in the Clinical Competency Committee evaluation of the Resident/Fellow with respect to the FAU training program.

The College of Medicine and the University take no responsibility for any action or problem arising from professional activities which are initiated by the Resident/Fellow and do not involve any agreement between the College of Medicine and the outside employer.

### Procedure

Responsible Party

Resident/Fellow

Action

Requests written approval to moonlight. Obtains a full license to moonlight and ensures adequate professional (medical) malpractice liability

coverage for such activities.

Notifies program, Program Director and DIO when moonlighting activity is terminated. Seeks approval to moonlight on an annual basis.

Program Director

Notifies Resident/Fellow of approval or denial of moonlighting request and documents in writing that decision in the Resident's/Fellow's file.

Ensures moonlighting will not interfere with residency training and that moonlighting, once approved, is counted in the total weekly work hour limits for patient care activity set forth by the ACGME.

Monitors Resident/Fellow for any stress and fatigue or any other interference that moonlighting has on training. Monitors the level of moonlighting activity and submit reports for GMEC review at the time of each institutional work hour survey.

Limits or revokes permission to moonlight as appropriate.

Designated Institutional Official

Permits, prohibits, limits, or revokes permission to moonlight.

Approved by GMEC 8-27-2013  
Approved by GMEC 12-17-2014  
Approved revision by GMEC 4-19-2021  
Revision approved by GMEC 5-24-2024

**FAU COM Graduate Medical Education  
Moonlighting Privileges Request**

**For Academic Year July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_**

Achieving the goals and objectives of the educational program must be the highest professional responsibility of the Resident/Fellow: Moonlighting is not a right. Many programs do not allow moonlighting, and any moonlighting must be voluntary. Trainees requesting permission to moonlight for clinical activity or medical services must be a PGY-3 or higher, and must be in good standing.

By completing this form, I \_\_\_\_\_ (print name), attest to the following:

- I have read and understand the GME/program policies and procedures relating to moonlighting, work hours, and recognition, monitoring and mitigation of Resident/Fellow stress and fatigue and will adhere to the rules and regulations therein, as well as any other applicable ACGME regulations and professional standards during the time engaged in moonlighting.
- I cannot and will not be approved to moonlight for clinical activity or medical services without a full license in the state where the moonlighting will occur.
- I must have received approval by both my Program Director and the Designated Institution Official (DIO) PRIOR to beginning any moonlighting activity.
- I understand that I must receive approval for all moonlighting activity (new or previous) annually.
- I will record all moonlighting hours, as well as any regular work hours through the program's work hour reporting process on a timely basis, at a minimum weekly.
- I understand that despite receiving approval, my Program Director or the DIO office may terminate or limit my right to moonlight at any time.
- I agree that if I engage in moonlighting activity without express written approval or fail to comply with any GME/program policies and procedures or ACGME standards, I will be subject to immediate revocation of moonlighting privileges, and may be subject to other disciplinary actions up to and including termination from the program.
- I understand that this activity is apart from my assignment and in no way related to my employment as a Resident/Fellow of FAU COM. In that case, I understand that the FAU COM is not responsible for and does not provide medical professional liability coverage, disability insurance or workers' compensation coverage for non-programmatic professional activity. I agree that FAU COM has no obligation, responsibility, or liability whatsoever for any injury or harm which I may cause to others, incur to myself or others or which may befall me during my performance of or a result of this outside activity.

I hereby release, forever discharge, and waive any and all claims I may have now or in the future arising out of/or connected with my outside employment activities against the FAU Board of Trustees, the FAU COM, the Florida Board of Governors, the State of Florida, and any and all of their respective officers, agents, employees, underwriters and insurers, all individually and in their respective official capacities.

**Description of Moonlighting activity approved (by approved site):**

Site 1: \_\_\_\_\_

Activity description:

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Site 2: \_\_\_\_\_

Activity description:

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\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date:

I certify that this trainee is in good standing. I will monitor this trainee to ensure moonlighting does not negatively impact his/her medical education and training.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date:

Approved by GMEC 8-27-2013  
Approved by GMEC 12-17-2014  
Approved by GMEC 10-21-2015  
Approved revision by GMEC 4-19-2021  
Revision approved by GMEC 5-24-2023

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Monitoring Resident Stress; Prevention of & Counteracting the Effects of Fatigue**

The purpose of this policy is to provide guidelines for monitoring and dealing with resident impairment due to stress, and for the management of alertness and fatigue mitigation for residents.

**Policy:**

Under ACGME requirements, the sponsoring institution and program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment. The FAU COM office for Graduate Medical Education and Program leadership commit to the following:

1. They are responsible for educating faculty and residents:
  - a. On the signs of fatigue and sleep deprivation, and
  - b. In alertness management and fatigue mitigation techniques, and
2. They shall adopt processes to manage the potential negative effects of fatigue on learning and patient safety and care.
3. They shall respond promptly and in a supportive fashion to help resident manage stress that affects the resident's performance.

**Procedure:**

**Fatigue Prevention and Mitigation**

1. Residents will be scheduled for on-duty time in compliance with the duty hour regulations as described in the ACGME Common Program Requirements, Section VI.G.

Each resident's participation in the program's organized teaching activities (e.g., grand rounds, morning reports, simulation activities, courses and conferences, etc.) is included in the total duty hours allowed per week.

2. Programs must inform residents about and encourage them to use alertness management strategies in the context of patient care responsibilities.
  - a. At a minimum, at orientation, residents are provided with information material on the signs and symptoms of fatigue, risks associated with continuation of work despite fatigue, and ways to minimize the risks for fatigue in daily life and at work.
  - b. Faculty, residents or hospital staff that observes a resident that appears to be too fatigued to provide safe and effective patient care should contact the resident's chief resident, the Program Coordinator or Program Director to address and resolve the situation.

- c. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10 p.m. and 8 a.m. is strongly suggested [measures must be taken by the resident to assure continued safe patient care; i.e transition of care].
  - d. Programs must put in place procedures and resources [i.e. backup systems] to allow for the safety and recovery of a fatigued resident, including mechanisms to transfer the resident's patient care responsibilities, rest facilities and/or transportation of the resident to his/or her home.
3. Sleep rooms are provided to residents on call by each FAU COM affiliated teaching hospital, that are secure, private, clean, stocked with clean linen, have a telephone, and access to a bathroom and shower. The Sleep rooms should be in the main hospital building and in close proximity to the resident's principal area of work [i.e. floors, Emergency Department, Operating Rooms, Intensive Care Unit], which may vary depending on the resident's training specialty and rotation.
- a) Residents utilizing on-call sleep rooms are prohibited from having any guests which includes spouses and/or significant others. Sleep rooms are to be used by residents only when they are on-call and when mitigating the effects of stress/fatigue under the direction of the program leadership
  - b) Residents should report any deficiencies in a call room and its cleanliness to the Residency Coordinator and/or the Chief Resident. To correct the issue immediately, the resident should contact an Environmental Service Manager through the hospital operator. Issues that go unresolved should be reported to the Program Director
4. Residents who are too fatigued to drive may use a taxi service to return home and will be reimbursed by the Graduate Medical Education Office upon presentation of the receipt.

### **Stress Recognition and Management**

- 1. The Program Director is responsible for monitoring resident stress and, if necessary, providing support for the resident in a confidential fashion.
- 2. Residents must be informed at orientation, periodically thereafter, and as needed of the resources that exist at FAU and its affiliated teaching hospitals to help them deal with stress.

To seek help, the resident may contact:

- a. The Chief Resident
- b. Any attending or faculty mentor
- c. The Program Coordinator, the Associate or Program Director
- d. The FAU Department Chairman of the resident's specialty
- e. The Director of Graduate Medical Education or Designated Institutional Officer [DIO] 561-297-4241 or 561-297-0128 [hotline]
- f. FAU COM Employee Assistance Program
- g. Any personal resource (i.e. private physician, psychologist, therapist, or psychiatrist, etc.).

3. Based on the resident's needs, in the interest of expediting the resident's recovery, the Program Director may make the decision to provide the resident with:
  - a. A voluntary or mandatory period of time off.  
The Program Director will decide if and when return to work is appropriate and if a fitness for duty evaluation is necessary through employee health or an appropriate specialist.  
If time off is necessary the Program Director and Chief Resident will make appropriate arrangements to have the resident's patient care duties transferred.  
Time off in excess of available leave may have to be made up at a later time in order to fulfill specialty board requirements for length of training.
  - b. A change of assignment or call schedule
  - c. Informational meetings and problem-solving sessions and/or access to faculty mentors
  - d. A system of open communication and rapid feedback

New Policy 08/30/15

Approved by GMEC 09-16-15

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Resident Impairment**

Florida Atlantic University 's Charles E Schmidt College of Medicine and its participating hospitals intend the successful training of resident physicians in a safe medical practice within their specialty without impairment by medical diseases, physical risk, drug, alcohol or chemical dependency or mental incompetence. In the event an impairment in a resident poses possible safety risk to the resident themselves, their peers or patients, this policy is the primary effort to define a solution by FAU for the impaired resident.

FAU will abide by the Florida Medical Practice Act, the rules of the Florida Board of Medicine and the Florida Department of Professional Regulation.

**Policy Statement:** Florida Atlantic University's Charles E Schmidt College of Medicine recognizes the critical importance of the role placed by resident physicians and insists upon professional behavior by all residents appointed by FAU at all times. For this reason, any defect in the resident's ability to perform their public duties due to impairment by substances, physical, emotional or mental incompetence will be addressed confidentially (to the greatest extent possible) and promptly for the safety of all, including patients.

FAU adheres to all rules and regulations governing educational licensure of residents in Florida and abides by those rules in identifying and investigating a resident's potential impairment. All residents must pass medical and drug testing prior to appointment.

If Florida Atlantic University 's Charles E Schmidt College of Medicine or its participating hospitals process a valid report of impairment the resident will be confidentially and promptly informed regarding actions of the residency program. The resident may be suspended pending further investigation. The program director or DIO may concurrently report the impairment to the Florida Professional's Resource Network (PRN) (1-800-888-8PRN) of the Florida Medical Society.

Decisions about intervention, treatment and after care are determined by PRN. The resident must abide by these recommendations or risk termination from the residency program. FAU will abide by the recommendations of PRN, and a resident may be suspended if he/she voids his/her contract with PRN or places patients or peers at risk while under a contract with PRN.

The resident may incur medical and psychiatric care expenses to seek recovery. These expenses are the resident's responsibility and may or may not be covered by his/her health insurance. FAU is not responsible for sustained medical or psychiatric expenses for an impaired resident referred to PRN.

The resident, if in danger to him/herself or others will be immediately referred for acute detoxification or assessment for risk to a crisis center. The recommendations of this crisis assessment will be confidentially relayed to the program director or DIO.

If the resident is deemed to be competent to practice medicine, the resident may return to his/her duties while PRN defines a possible monitoring process.

If the resident is deemed too impaired to practice medicine, the crisis center will make arrangements for appropriate hospitalization or admission to a recovery center. PRN will be so notified by the DIO or program director. The resident may apply for FMLA for departure from the residency program.

If the impairment has been previously identified to PRN, the resident physician's monitoring physician must be notified by the resident. The resident physician with recurrence of impairment may be placed on suspension pending feedback from the PRN monitoring physician.

Any concerned party may at any time report physician impairment to PRN. This includes residents, faculty, program director, patients, nurses and others. PRN has confidential protocols to respond to suspected behaviors of physicians. Due to the impact that impairments may have on a resident's career progression, it is important for an objective party such as PRN to be part of the assessment of all allegations of impairment.

Definitions of impairment:

1. Chemical dependency including abuse of alcohol, prescription medications and illicit drugs and mental altering substances
2. Cognitive impairment by acquired infections, trauma and medical conditions
3. Psychiatric illness uncontrolled in Axis I and II
4. Physical illness impairing consciousness or ability to achieve duty schedules
5. Infectious disease posing risks to the public (patients and peers) such as HIV, Hepatitis C, active tuberculosis
6. Psychosocial impairment with lack of appropriate professional boundaries and behavioral problems e.g. harassment, sexual harassment, inappropriate touching, unsolicited sexual behaviors
7. Fraudulent prescribing or signing of prescriptions, forms or documents.

Educational responsibility

The FAU College of Medicine and its participating hospitals provide ongoing education for all residents about recognition and intervention for impairment in physicians and other health professionals. This starts during the PGY 1 orientation. FAU emphasizes that it is every physician's responsibility to seek a safe work environment and make it safe for patients. Impairment in health professionals must be identified early on for the sake of patient safety. The road to recovery for a physician with impairment may be long and have many challenges. FAU seeks to support its residents to lifelong awareness of their risks for impairment and the opportunities to maintain a safe career path.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Clinical Competency Committee and Program Evaluation Committee**

In accordance with ACGME regulations, each accredited residency program must conduct regular [at least semi-annual] formative evaluations on its residents and regular [at least annual] evaluations on the program, with the goal of ongoing structured performance improvement. The purpose of this policy is to establish a common definition of the role and responsibilities of the Residency Program Clinical Competency Committee [CCC] and Program Evaluation Committee [PEC].

**Policy:**

Clinical Competency Committee [CCC]:

Each residency program must have a Clinical Competency Committee and must have a description of the responsibilities and duties of the committee.

1. Membership

- a) The program director must appoint the members of the Clinical Competency Committee
- b) The program director may be a member of the Clinical Competency Committee
- c) At a minimum the Clinical Competency Committee must be composed of three core faculty members
- d) Others eligible for appointment to the committee include faculty from other programs, assessment specialists, members of the health care team and non-medical educators
- e) Residents may not be members of the Clinical Competency Committee; but may contribute information [peer evaluations] that may be considered, at the request of the Program Director

2. Responsibilities of the Clinical Competency Committee

- a) Discuss the milestone descriptions and come to a general agreement of their meaning.
- b) Review existing evaluation tools for appropriateness.
- c) Modify tools or identify new tools for milestone assessment.
- d) Set guidelines for remediation for trainees who are not progressing well.
- e) Prepare and assure the reporting of milestones evaluations of each resident.
- f) Advise the program director of recommendations regarding resident progress, including promotion, remediation, and dismissal.

- g) Receive input from many different assessors and relevant allied health professionals groups using a 360-degree evaluation approach.
- h) Take the data from the evaluations and apply them to the milestones to mark the progress of residents.
- i) Identify residents who are not progressing as well as their peers and suggest appropriate remediation and/or interventions.
- j) Document the resident assessment.
- k) Serve in a consultative role to the program director.
- l) The program director has final responsibility for the evaluation and promotion of the program's residents.

Program Evaluation Committee [PEC]:

Each residency program must have a Program Evaluation Committee and must have a description of the responsibilities and duties of the committee. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. The Program Director must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.

1. Membership

- a) The program director must appoint the members of the Program Evaluation Committee
- b) At a minimum the committee must be composed of two program faculty members and one resident.
- c) Others eligible for appointment to the committee include faculty from other programs, assessment specialists, members of the health care team and non-medical educators
- d) There must be a written description of the responsibilities of the committee, and the PEC should participate actively in:
  - i. Planning, developing, implementing, and evaluating educational activities of the program
  - ii. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
  - iii. Addressing areas of non-compliance with ACGME standards; and
  - iv. Reviewing the program annually using evaluations of faculty, residents, and others
- e) The Program through the PEC, must document a formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written Annual Program Evaluation (APE). The APE focuses on assessing the learning environment and the quality of the curriculum and the extent to which the educational goals have been met and should track:

- i. Resident performance
  - ii. Faculty development
  - iii. Graduate performance, including performance of program graduates on the certification examination; and,
  - iv. Program quality
- f) The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, delineating how performance improvement will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. The program, through the PEC, must monitor and track progress on the previous year's action plan.

New Policy 08/30/15

Approved by GMEC 09-16-15

**Standards of Professional Conduct**

### **Purpose**

Professionalism is a core value in medical education. The Accreditation Council for Graduate Medical Education (ACGME) requires the Sponsoring Institution, in partnership with its ACGME-accredited programs, to educate residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

### **Scope**

This policy applies to all FAU-sponsored ACGME and non-ACGME accredited residency and fellowship programs in all clinical learning environments.

### **Policy**

Residents/Fellows shall adhere to the ACGME professionalism requirements, which state: "Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity, and respect for others
- responsiveness to patient needs that supersedes self-interest
- respect for patient privacy and autonomy
- accountability to patients, society and the profession
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

In addition Residents/Fellows in FAU-sponsored programs are subject to, and shall adhere to the Standards of Conduct described in, University Regulation 5.012. Residents/Fellows shall exhibit behavior supporting the mission, purposes and best interests of their residency or fellowship program. Possession and demonstration of critical thinking skills, sound judgment, emotional stability and maturity, empathy for others, and the ability to learn and function in a variety of settings are required. Acts of misconduct, including off-duty offenses, and/or other departures from the Standards of Conduct described in University Regulation 5.012 will subject the Resident/Fellow to discipline, up to and including the termination of his/her employment agreement with FAU at the discretion of the program. Residents/Fellows are required to adhere to the following personal, educational and administrative responsibilities:

Personal responsibilities include:

- Dressing appropriately, using appropriate language, refraining from actual or perceived harassment, and interacting with patients, families, and co-workers in a congenial, professional and constructive manner.
- Demonstrating a commitment to excellence in all aspects of their activities.
- Positively representing the University and the affiliated institutions and affiliated hospitals in all activities, both within and outside of the workplace.
- Developing and following a personal program of self-study and professional growth under guidance of the Program's teaching faculty.
- Developing an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine and graduate medical education training.

Educational responsibilities include:

- Executing all duties assigned under the clinical rotation and on-call schedule as may be established and amended by the Program Director.
- Participating in safe, effective and compassionate patient care under supervision, commensurate with the clinical trainee's level of advancement and responsibility at sites specifically approved by the Program Director.
- Participating fully and performing satisfactorily in the educational and scholarly activities of the Program, including the performance of scholarly and research activities as assigned by the Program Director and/or as necessary for the completion of applicable graduation requirements.
- Assuming responsibility for participation in the teaching of more junior trainees and medical students.
- Attending all educational conferences as required and participating in educational programs, activities and required courses.
- Participating in applicable departmental and institutional committees, especially those relating to patient care review activities.
- Completing faculty and program evaluations and any other paperwork required by the Program.
- Complying with all ACGME requirements including but not limited to those regarding clinical and educational work hours and moonlighting. Please refer to specific ACGME institutional requirements and RRC program requirements at [www.acgme.org](http://www.acgme.org), as well as the FAU GME Policies and Operations Manual for additional information.
- Complying with institutional and program-specific requirements regarding record keeping, logging and/ or reporting clinical and educational work hours and work hour violations.
- Complying with the scope of practice documents pertinent to the training program and obtaining an appropriate level of supervision for all patient care activities.
- Applying for USMLE Step 3 or COMLEX Level 3 by the end of the first year of training (PGY1). Failure to pass by the end of PGY 2 will result in non-promotion to the PGY 3 level or non-renewal of the FAU employment agreement.

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Administrative responsibilities include:

- Fully cooperating with the Program and University in coordinating and completing RRC and ACGME accreditation submissions and activities. This includes participation in any review of a clinical trainee's own training program as well as participation on Review Teams to assess other training programs.
- Abiding by and adhering to all applicable state, federal and local laws, as well as the standards required to maintain accreditation by the Joint Commission, ACGME, and any other relevant accrediting, certifying or licensing organizations.
- Participating in institutional programs and activities involving the medical staff and adhering to established regulations, practices, procedures, policies, and medical staff by-laws (if any) of the University and of the relevant affiliated institutions and affiliated hospitals.
- Submitting to health screenings that may include tests for drug & tobacco use.
- Applying for in a timely manner, obtaining and providing the University with evidence that he/she has obtained certifications, licenses, visas, test results, work permits and registrations required by state, federal or local laws and regulations to enroll and remain in graduate medical education training in the State of Florida.
- Abiding by and adhering to hospital standards including the legible and timely completion of patient medical records, charts, reports, statistical operative and procedure logs.
  - Complying with the regulations, policies and procedures of the University and College of Medicine pertaining to all employees as well as those specific to clinical trainees that are contained in the FAU GME Policies and Operations Manual.
- Paying all financial obligations to the University in a timely manner. The Resident/Fellow agrees that, in the event he/she has any unpaid financial obligation(s) to the University, the University is authorized to withhold issuance of the certificate of program completion until all such financial obligations are paid in full.

## References

ACGME Institutional Requirements effective July 1, 2018:

<https://www.acgme.org/Portals/0/PFAssets/InstitutionalRequirements/000InstitutionalRequirements2018.pdf?ver=2018-02-19-132236-600>

ACGME Common Program Requirements effective July 1, 2017:

[https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs\\_2017-07-01.pdf](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf)

Florida Atlantic University Regulation 5.012

<http://www.fau.edu/regulations/chapter5/Reg%205.012%20v2%205-22-15.pdf>

## Approval

Florida Atlantic University Graduate Medical Education Committee

Date: June 17, 2019

Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure

Policy Statement  
Transitions of Care

**Background:** As required by Section III.B.3 of the ACGME Institutional Requirements, the Sponsoring Institution must facilitate professional development for core faculty members and Residents regarding effective transitions of care. Additionally, the Sponsoring Institution, in partnership with its ACGME-accredited programs, must ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites. Each residency/fellowship program must have a written program-specific policy addressing transitions of care that is consistent with hospital and ACGME policies and/or requirements and should align with recommendations in the ACGME CLER Pathways to Excellence.

**Definition:** Transitions of care are defined as the relaying of comprehensive and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting. Transitions include changes in providers, whether from shift to shift, service to service, or from hospital/clinic to another institution or home. Transitions also occur when a patient is moved from one location or level of service to another.

**Hand-off (Hand-over):** A hand-off is the process of transferring information, authority, and responsibility for a patient during transitions of care. It is an active and iterative process of passing patient specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care.

**Interprofessional team:** A team made up of physicians and other health professionals appropriate to delivery of care in the specialty. A team made up solely of physicians is not an interprofessional team. Teams may include residents, faculty, and other personnel such as nurses, pharmacists, case workers, physical therapists, caregivers, and family etc., as appropriate, assigned to the delivery of care for an individual patient.

**Policy:**

Transitions of care to other members of the interprofessional team, where

applicable, involved in the care of the patients may be needed for:

Change of shift

Change of care team or primary provider

Change of patient location (i.e., unit transfers to higher or lower levels of care)

To cover a Resident/Fellow in need of relief for illness or fatigue

To address patient or family wishes or concerns

Each program must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Programs and clinical sites must maintain and communicate schedules of attending physicians and Residents/Fellows currently responsible for care.

Each program, in partnership with the Sponsoring Institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Residents/Fellows should use a common clinical site-based process for change-of-duty hand-offs supported by consistent or “standard” processes and template tools.

Residents/Fellows should use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site.

Programs should implement periodic monitoring of care transitions to identify vulnerabilities and design and implement actions to enhance patient care.

Each program must ensure that Residents/Fellows are competent in communicating with team members in the hand-over process.

Programs should implement formal educational activities that create a shared mental model with regard to care transitions so that Residents/ Fellows will work in a consistently well-coordinated manner.

Faculty members should evaluate Residents/Fellows through direct observation to ensure Residents/Fellows' abilities to perform standardized, effective, efficient hand-offs.

Each program must provide documentation of education and monitoring practices for transitions of care to the DIO annually.

In order to facilitate continuity of care and patient safety at participating sites, the Sponsoring Institution, in partnership with its ACGME-accredited programs, ensures and monitors effective, structured patient hand-over processes through the annual collection and review of program -specific policies and the results of annual ACGME Resident/Fellow and Faculty surveys.

New Policy 08/30/15

Approved by GMEC 09-16-15

Revised 03-20-19

Approved by GMEC 03-25-19

Reviewed and Approved by GMEC 7-15-24

Reviewed and Approved by GMEC 5-19-25

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Scholarly Activity in Residency Programs**

The purpose of this policy is to establish guidelines for scholarly activity within the residency curriculum in each program.

### **Policy**

In each program, the Program Director is responsible for establishing and maintaining the educational curriculum in accordance with ACGME and specialty board requirements; the curriculum should include and maintain an environment of inquiry and scholarship.

The program director at each site must appoint faculty that

1. Assist the Program Director in establishing and maintaining an environment of inquiry and scholarship with an active research component.
2. Demonstrate scholarship by one or more of the following:
  - a. peer-reviewed funding
  - b. publication of original research or review articles in peer-reviewed journals, or chapters in textbooks
  - c. publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or
  - d. participation in national committees or educational organizations
3. Encourage and support residents in scholarly activities.

While not all members of the teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity, and clinical and/or basic science research must be ongoing in the residency program. The faculty must collectively document active involvement in scholarly activity. Research must be based at the institution where residents spend the majority of their clinical time and performed by faculty with frequent, direct resident involvement. Resident research is not a substitute for the involvement of the program director and faculty in research.

### Residents' Scholarly Activities

The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

Residents should participate in scholarly activity, and the participation of residents in clinical and/or laboratory research is encouraged. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.

Procedure:

The GMEC will annually review the individual programs to assure that scholarly activities are included in the curriculum. The GMEC and hospital administration should support resident participation in scholarly activities. Examples of scholarly activities are listed below:

1. Clinical discussions
2. Rounds and conferences
3. Journal club
4. Research conference
5. Peer reviewed findings
6. Participation in professional and/or scientific societies, particularly through presentations at meetings, and publications in journals
7. Research activities within the department or the hospital that are funded and/or result in publications or presentations at scientific meetings.

The above list is not inclusive of all scholarly activities available to residents.

Approved by GMEC 09-16-15

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Program Reduction or Closure**

From time to time, the reduction in size or closure of a residency-training program or closure of the Institution may be necessary due to a decrease in funding, lack of required number of qualified residents, faculty issues, etc.

**Policy**

Should a program require reduction in the resident complement or total closure:

5. All efforts will be made to afford the affected resident the means to continue his/her training, i.e., program continuation until training is completed or assistance in provide assistance in transferring to another residency training program.
6. In the event of such a reduction in size or closure, the Florida Atlantic University Charles E. Schmidt College of Medicine will notify as soon as possible all residents whose continued medical training will be affected

**Procedure**

Program reduction in size or closure:

1. Program Reduction or Closure
  - a. The recommendation to change the resident complement of a program will be made by the individual Program Director, in accordance with ACGME program requirements, to the chief of the department and the Designated Institutional officer/GMEC for approval.
  - b. The recommendation to close a program will be made by the Dean of the College of Medicine.
  - c. The appropriate RRC will be notified in accordance with Institutional and Program requirements.
2. Residency Notification
  - a. The Program Director will notify, in writing, the residents that will be affected by either a program closure or reduction in size of the program. The letter will include the specific date and the terms by which the program is closing or downsizing.
  - b. Residents not completing their program prior to closing or down-sizing will be assisted by the Program Director and the Graduate Medical Education Office in enrolling in another program in which they can continue their education.
    - i. The affected residents will meet with the Program Director and the Medical Education

- Office staff to determine the best plan for relocation to a new program.
- ii. Letters and/or phone calls will be made on behalf of the displaced resident(s) to locate a new position.
  - iii. The Medical Education Office will assist with the credentialing process for the placement of the resident(s) in another program.
  - iv. The Human Resources Department will assist the resident with the transition of benefits etc.
- c. The College of Medicine and its affiliated teaching hospitals, through the GME Consortium, will not be responsible for any financial reimbursement for relocation.

Institutional reduction in size or closure:

Responsible Party	Action
Dean / DIO	Notifies the Graduate Medical Education Committee, Program Directors and residents affected by the reduction in size and/or closure of a residency training program or closure of the Institution as soon as possible.
	Stipulate to the affected resident(s) that they will be allowed to continue with training, provided they continue to meet the requirements for advancement and graduation, until completed, or will be assisted in the enrollment at another ACGME-accredited residency training program.
Program Director	Proceeds as outlined under Program Reduction in Size or Closure

Approved by GMEC 8-27-2013  
 Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Disaster and Extraordinary Circumstances Operation Plan**

Florida Atlantic University ("University" or "FAU") Graduate Medical Education and the Florida Atlantic University Charles E. Schmidt College of Medicine ("FAU COM"), with its participating hospitals and GME partners, strive to provide a stable educational environment for Residents and Fellows ("Trainees"). It is an ACGME requirement that the Sponsoring Institution (FAU) have a policy that addresses administrative support for Graduate Medical Education ("GME") programs and Trainees in the event of a local, regional, or national disaster or interruption of patient care (i.e., an event or a set of events causing significant alteration to the residency experience in one or more residency programs). As FAU has various distinct participating hospitals and training clinical sites in which graduate medical education may occur, this plan tries to assess the response needed if one or more participating sites have a disabling disaster.

The policy and procedure set forth below acknowledges that there are many possible types of disasters. This document addresses disaster and disruption in broad terms and shall be utilized in conjunction with the applicable disaster and emergency policies and plans of affiliated hospitals and clinics, as well as University disaster and emergency plans and policies ([www.fau.edu/admin/EmergencyInformation.php](http://www.fau.edu/admin/EmergencyInformation.php)). The GME Office will comply with the ACGME Plan (defined below). At all times the FAU residencies will comply with regional and national priorities and policies of disaster planning under FEMA ([www.fema.gov](http://www.fema.gov)) and its regional authorities during and in the aftermath of a disaster.

This Disaster and Extraordinary Circumstances Operation Plan ("Plan") sets forth a plan to assist in restructuring Trainees' educational experiences as quickly as possible after a designated disaster and shall comply with ACGME Institutional Requirements. The ACGME sets forth the "ACGME Policy and Procedures to Address Extraordinary Circumstances" ([https://www.acgme.org/globalassets/PDFs/ab\\_ACGMEPoliciesProcedures.pdf](https://www.acgme.org/globalassets/PDFs/ab_ACGMEPoliciesProcedures.pdf)) ("ACGME Policy") and should be reviewed by Trainees, Program Directors, and the GME Office. This ACGME policy sets forth the priority for training America's physicians while recovering from a significant disruptive event for the sponsoring institution. Trainee education is a priority as soon as immediate safety is established in the involved community.

## **Procedure**

University Communication: Per the University's Emergency Action Guide ([www.fau.edu/emergency/documents/emergency-action-guides.pdf](http://www.fau.edu/emergency/documents/emergency-action-guides.pdf)), the FAU President has the authority to direct and coordinate disaster operations for the University and may delegate this authority to members of the FAU leadership team. FAU has several campuses and the president's office determines operations at all those locales.

Information concerning disaster operations of the University can be found on the FAU website home page which will be updated as necessary with detailed information about the emergency situation at the following link ([www.fau.edu/admin/emergency-information](http://www.fau.edu/admin/emergency-information)). Information concerning disasters affecting the University can also be found on local news and radio stations. A toll-free hotline at 1-888-8FAUOWL (832-8695) offers callers important information about the status of the University during emergency situations, including approaching hurricanes.

Trainees may be assigned to various other hospitals and facilities not on FAU campuses for GME, and such local participating hospital may be involved in a disaster. The incident command procedures of a hospital with an active disaster, in collaboration with Graduate Medical Education and Program Leadership, will determine the inclusion or exclusion of the Trainees assigned to the affected hospital in a disaster as essential to clinical operations. The FAU GME Office has agreed to serve as an information clearinghouse for Trainees during a disaster. Trainees may call 561-297-4241 or visit the FAU College of Medicine website for updated information ([www.fau.edu/medicine](http://www.fau.edu/medicine)).

The primary safe meeting point for Trainees in a major disaster will be the front lobby of Building 71, which is the Charles E. Schmidt College of Medicine on the FAU Boca Raton campus. The secondary meeting point and contact point will be at the medical staff office at St. Mary’s Hospital in West Palm Beach, as it is the most removed from the FAU Boca Raton University campus locale and removed from ocean swells.

Immediately after notification of a disaster, Trainees should notify the residency/fellowship program office of his/her location and safety by calling the designated staff or faculty member in accordance with the program’s disaster notification chain. Then Trainees should report for assigned disaster responsibilities within their participating hospital or clinic until notified to return to routine duties.

The table below delineates actions to be taken in an emergency and the responsible party.

Responsible Party	Action
Dean/DIO	<p>Monitor healthcare delivery through check-ins with Chief Medical Officers within the participating hospitals and the functional state of residency/fellowship programs during and following a disaster. Communicate emergency and post• emergency instructions and assignments via the FAU COM website (<a href="http://www.fau.edu/medicine">www.fau.edu/medicine</a>), University email, texts, Residency Management System, or other manner technologically possible;</p> <p>Implement GME disaster and emergency procedures relating to administrative support of programs in order to effectively reconstitute and restructure the Trainees’ educational experience as quickly as possible after a disaster to meet ACGME requirements in alignment with the FAU Emergency Action Guide as published at <a href="http://www.fau.edu/admin/emergency-information">www.fau.edu/admin/emergency-information</a></p>

Responsible Party	Action
Dean / DIO	<p>Within ten (10) days after the declaration of a disaster by FAU, which has caused significant residency/fellowship program dysfunction:</p> <p>Contact the ACGME, specifically the Institutional Review Committee Executive Director, with information and/or requests for information.</p> <p>Communicate with the ACGME concerning the impact of the disaster.</p>
	<p>Discuss with/submit to the ACGME, for all programs:</p> <ol style="list-style-type: none"> <li>1) Plans for program reconfigurations and/or Trainee transfers</li> <li>2) Plans to inform each program's Trainees of program decisions</li> </ol>
	<p>Work with the Chief Officers of participating hospitals, CMS and the ACGME to develop temporary adjustment of Trainee caps and approved positions.</p>
Program Director	<p>Maintain operational awareness of the location of all Trainees within their program as well as methods of contacting each individual during time of a disaster.</p> <p>Identify safe phones (i.e. 561-297-4241 and FAU-issued phones) and locations for Trainees to call or migrate to in case of local or regional disasters (i.e. front lobby of the COM on the Boca Raton campus).</p>
	<p>Assure accuracy of Trainee contact information through periodic verification and (at least annual) updates.</p>
	<p>Make decision, within 14 days, as to whether the program or affiliate hospital(s) can no longer provide at least an adequate educational experience for each of its Trainees.</p> <p>If minimum educational requirements cannot be met:</p> <ol style="list-style-type: none"> <li>1) Notify DIO/Dean, and discuss plans for reconfiguration or Trainee transfers</li> <li>2) Notify appropriate ACGME Review Committee Executive Director information</li> <li>3) Arrange temporary transfers to other programs or institutions until such time as the residency program can provide adequate educational experience for each of its Trainees; or</li> <li>4) Assist the Trainees in permanent transfers to other programs/institutions if the interruption appears prolonged or disruptive to the Trainee's career.</li> </ol>

Responsible Party	Action
Program	<p>Programs must make the transfer decision expeditiously so as to maximize the likelihood that each Trainee will complete the year in a timely fashion.</p> <p>Trainees may be accommodated within alternative ACGME approved affiliated hospital facilities among FAU GME programs not previously on the specific Trainee’s schedule. These accommodations may be for months or until graduation as long as the Trainee receives comparable education towards board certification in their specialty.</p>
Trainee	<p>During and after a disaster, continue in professional role and:</p> <ol style="list-style-type: none"> <li>1) Follow applicable disaster and emergency policies and procedures of FAU, the participating hospital affiliates and clinics, including reporting to the assigned roles/sites in the immediate disaster, as appropriate;</li> <li>2) Follow instructions and meet scheduled assignments during and after the disaster or emergency per directives from program directors, DIO/GME Office, or designated supervisors, including attending physicians. (No Trainee should expect work assignments exceeding the safe practice rules, established by the ACGME.)</li> <li>3) Contact their program director, the established safenumber/ safe place as soon as possible to establish communication, identify their location and receive instructions about their assignments.</li> <li>4) Assess the safety of their immediate family and dependents in the disaster zone as soon as possible; and</li> <li>5) Visit the FAU/ ACGME webpages for further information:  <a href="http://www.fau.edu/admin/emergency-information">www.fau.edu/admin/emergency-information</a>  <a href="http://www.fau.edu/medicine">www.fau.edu/medicine</a>  <a href="http://www.acgme.org">www.acgme.org</a>  and any other relevant sources of information concerning the disaster or emergency including radio and television.  In the event of a failure of local communications, Trainee should report to the safe place in the front lobby of the FAU COM on the Boca Raton campus or alternative designated location. Trainees/Fellows should wear their personal identification tags to identify their role as a licensed Trainee within an FAU GME program.</li> </ol>

Responsible Party	Action
Trainee	<p>Follow these assignment guidelines:</p> <ol style="list-style-type: none"> <li>1) If assigned to a participating hospital, respond as Trainee physician member of the hospital. Report for instructions to the assigned associate program director responsible for their program at that institution. The Trainee may be placed under the incident command of the participating hospital as physician work pool or resource until the immediate crisis passes;</li> <li>2) If assigned to an outpatient facility, receive instructions by the facility director as to the status and safety of the facility; and</li> <li>3) If assigned to facilities that are closed, may voluntarily present to one of the nearest FAU participating hospitals where their identification badges will be recognized and they can be incorporated into relief activities.</li> </ol> <p>Notify the GME office of location during a declared disaster.</p>
	<p>Provide a disaster evacuation plan to the program director which details where he/she will go, including phone numbers, address and email in the event an evacuation of the area is mandated.</p> <p>Identify their immediate family and dependents' plan for evacuation and a safe telephone number where they can be found in case of regional catastrophe and evacuation.</p>

### Compensation and Benefits

Trainees/Fellows are employees of FAU whose salaries are reimbursed by CMS payments to the participating hospitals. If there is significant disruption of the Trainees' program or participating hospital the funds for their training may be not forthcoming to their participating hospitals and FAU. Trainees may require transfer to alternative funded facilities by the ACGME. However, FAU GME Office will do everything possible to secure continuing support or reassignment for Trainees pursuant to this Plan and the requirements of the ACGME to minimize Trainee disruption of income and benefits. Every effort will be made to work with CMS to transfer the Trainee and their reimbursement "cap" to an alternative site. Benefits will be maintained for Trainees in the event of such a hospital or program closure until they may assume their training in alternative facilities.

This institutional plan has various participating facilities and hospitals for Trainee training that could absorb local disasters with reassignment of Trainees within the sponsored facilities. In the event of a regional catastrophe of prolonged time, the FAU GME programs will seek solutions through the ACGME for reassignment of Trainees outside the FAU participating hospitals until the integrity of the FAU GME programs is restored.

Approved by GMEC 8-27-2013  
 Approved by GMEC 12-17-2014  
 Revised 09-09-2015  
 Revised and Approved 9-18-2023

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Vendor/Industry Relation Policy**

The Charles E. Schmidt College of Medicine (COM) at Florida Atlantic University (FAU) recognizes the possibility of conflict of interest or apparent conflict of interest in interactions with corporations, representatives of corporations and other individuals supported by medically-related industries. At the same time COM recognizes that several medically-related industries provide appropriate and legitimate support for educational and patient care activities. This policy serves to describe an acceptable learning environment where faculty, students and residents are shielded from industry bias. This policy incorporates standards of practice comparable to those adopted by medical schools nationwide.

The COM assures the public that it is aware of the risks involving conflict of interest, and takes conflict of interest seriously. Medical students and residents should not be exposed to interactions that may create a conflict or the appearance of a conflict of interest. Faculty interacting with students and residents are expected to model appropriate interactions and to prevent inappropriate exposure of students and residents to representatives of medically-related industries.

Accordingly the COM at FAU follows the following policy concerning interactions with industry, and adheres to the guidelines below. Additionally two university wide policies pertaining to conflict of interest must also be followed, in addition to other applicable university regulations and policies:

General Conflict of Interest Policy [http://www.fau.edu/hr/OE\\_Guidelines.php](http://www.fau.edu/hr/OE_Guidelines.php)

Research Conflict of Interest Policy [http://www.fau.edu/research/conflict\\_of\\_interest.php](http://www.fau.edu/research/conflict_of_interest.php)

Full-time COM faculty are subject to this policy at all times. This policy applies to affiliate and part-time faculty when they are acting on behalf of the University within the scope of their appointment (teaching, supervising trainees, etc.) When not acting in their role as an FAU faculty member, affiliate and part-time faculty are not subject to this policy. The COM recognizes that its affiliated hospitals and clinical sites have their own specific policies regarding corporations and vendors, and will actively support and enforce these policies as well, to the extent they are consistent with University policy.

The Senior Associate Dean for Medical Education is responsible for student education on acceptable interactions with industry, so that students can make appropriate choices should a potential conflict arise.

The Senior Associate Dean for Graduate Medical Education is responsible for resident education on acceptable interactions with industry, so that residents can make similar appropriate choices. The appropriate Department Chair is responsible for assuring compliance with this policy.

Definitions:

- Industry - Includes, but is not limited to, pharmaceutical, device, equipment, biotechnology, service, software, supplies, biomedical investment, and for-profit educational companies, and foundations sponsored by companies such as drug and device companies.
- Faculty - Includes the full-time, part-time and affiliate faculty of the COM.
- PHI -Protected Health Information as defined by the HIPAA Privacy Rule: any health related information that can be used to identify an individual.
- Consulting - Any relationship where a University employee is retained by an industry business entity to provide professional advice or services outside of his/her University employment.

## GIFTS AND MATERIALS FROM INDUSTRY

Students and residents of the COM may not accept gifts or meals provided by Industry under any circumstances. Students and residents will be educated regarding the potential for gifts and meals to bias objective professional judgment and clinical decision-making, and will be expected to refuse any offers for such items.

Items from Industry that may be perceived as marketing materials, such as pens, notepads and other items, with company or product logos may not be accepted under any circumstances. Gifts in the form of entertainment or recreational activities/items, cash, or cash equivalents (such as gift certificates), and items for personal benefit may not be accepted at any time, regardless of value.

Faculty in a direct supervisory role of residents or students should assure that the learning environment is free from industry influence, including free of meals and gifts as noted above. Part-time and affiliate faculty should make every attempt to schedule industry-sponsored activities or meals during a time when students and residents are scheduled in other locations. If meals are scheduled at a time when students and residents are in the office, they should not be offered the opportunity to participate or offered any gifts. For the privacy of patients, all on-site meals must be scheduled in advance and held in non-patient care areas where PHI is not seen or overheard.

## PHARMACEUTICAL SAMPLES

Pharmaceutical samples can benefit patient care by allowing patients to try a new medication for effectiveness and tolerance prior to incurring a cost, and by expediting access. With these benefits comes the responsibility for managing the medications to ensure security of medication inventory, prevent dispensing of expired medications, and recording of all dispensed medications in the respective patient records. Students and residents may not be involved in the receipt, storage or dispensing of pharmaceutical samples.

COM faculty, residents, and medical students may not accept remuneration of any kind for either receiving or dispensing sample medications.

## INDUSTRY REPRESENTATIVE VISITS

Industry representatives are required to schedule an appointment to meet with any COM faculty and must limit their interaction to that physician. Students and residents may participate in discussions with industry representatives where questions are asked; however the Attending Physician must be present and use this as an opportunity to discuss the potential for bias and to look at additional information sources as well. On their initial visit to any COM affiliated site, Industry representatives are to be notified of Industry Relations and Conflict of Interest policies. Industry representatives are not allowed access to patients or PHI unless authorized by the treating physician and patient for involvement in patient care in accordance with appropriate patient consent or in accordance with an IRB/Privacy Board approved research authorization or waiver.

Educational materials, products or product information that may be useful to patients may be directly accepted by the physician and designated clinic staff, but not by students or residents. Industry representatives are not permitted to place educational materials in patient care areas or waiting areas. Any educational sessions presented by Industry representatives are to be held away from patient care areas so that PHI is not viewed or heard.

## PROFESSIONAL MEETINGS AND PRESENTATIONS

Attendance by COM faculty, residents and students at conferences or meetings where objective scientific and/or educational activities are the primary focus of the conference or meeting ("Professional Meetings") is encouraged. Direct payment or reimbursement by Industry of travel, or other expenses associated with attendance at Professional Meetings, to faculty, residents or students is not permitted.

Participation by faculty as speakers at Professional Meetings is encouraged. Such participation enhances the national reputation of the COM, Florida Atlantic University, and of the individual faculty member. The COM recognizes that faculty spend time and effort apart from their regular University duties in preparing for such engagements, and that compensation based on the faculty member's expertise, experience, regional/national/international reputation, and specialty by the sponsor or organizers of the Professional Meeting for the faculty member's time, expertise and the expenses of attendance may be offered, according to ACCME policies.

Faculty participation as speakers or content experts at Professional Meetings where compensation/honoraria is offered shall normally be conducted as an outside activity. Affiliate faculty may do this on their own time and on their own behalf, and should not utilize or refer to their COM faculty title during the presentation. Part-time and full-time faculty members may also participate in the Professional Meeting as an outside activity on their own time without the use of their COM title; however they must disclose the activity via the outside activity reporting guidelines (Reporting Outside Activities Database), discuss the forum with their Department Chair and obtain approval from their Chair. Approval will not be unreasonably withheld, but will be dependent upon whether the faculty member is meeting his or her departmental assignments/expectations. The faculty member may also need to submit a request for annual leave if the participation will take place during University business hours (Monday - Friday 8am-5pm) or during periods when scheduled for on-call duties, as discussed with the Department Chair.

Any honorarium or other payments may be made directly to the faculty member and should be fair and reasonable compensation. The actual costs of travel, lodging and other reasonable expenses of attending the event may also be paid or reimbursed by the sponsor or organizer of the meeting but should not be paid directly to the faculty member by Industry.

Faculty participating as speakers at Professional Meetings for which continuing professional education (CPE) credit is offered will be subject to the CPE policies and procedures of the ACCME accredited CME provider. Honorarium and payment or reimbursement of expenses for lecturing at CPE events should be paid by the ACCME accredited CME provider to the faculty member but should not be paid directly to the faculty member by Industry.

Occasionally, faculty members will be invited to lecture at conferences sponsored by nationally recognized professional organizations (e.g. AAMC). In these situations, the professional organization will be the credentialing body for the event and will also require faculty to follow its CPE policies and procedures.

The COM recognizes that its faculty may be sought after as speakers to present information relevant to a company's products to the medical and health care provider community. Affiliate or part-time faculty may spend time and effort apart from their regular assigned University duties in preparing for such presentations, and compensation by the company for the faculty member's time may be offered.

Faculty participation as speakers on behalf of industry products must be conducted as an outside activity. Any paid faculty member must disclose the activity via the outside activity reporting guidelines (Reporting Outside Activities Database) and obtain approval from their Department Chair. Approval will not be unreasonably withheld, but will be dependent upon whether the faculty member is meeting his or her departmental assignments and obligations. The faculty member must also submit a request for annual leave if the participation will take place during University business hours (8am-5pm, Monday-Friday) or during periods when scheduled for on call duties. Faculty members are prohibited from using or referring to their COM titles when giving such presentations, and may not involve students or residents in these activities.

Payment to faculty members must be reasonable and fair compensation for the work performed based on the faculty member's expertise, experience, regional/national/international reputation, and specialty. The gathering where the information is presented must be primarily dedicated to informing healthcare professionals about a product or treatment, providing scientific information, and promoting educational discourse on the topic presented. The venue must be conducive to informational communication and meals (a) are modest as judged by local standards; (b) are not part of an entertainment or recreational event; and (c) are provided in a manner conducive to informational communication. In addition, inclusion of a healthcare professional's spouse or other guest in a meal accompanying an informational presentation made by or on behalf of Industry is not appropriate.

Presentation materials on drug products must follow pharmaceutical guidelines and present information on the FDA-approved use of the drug product and may not promote the "off-label" use of a drug product. Faculty members may not participate in product promotional activities when acting on behalf of FAU or using their FAU affiliation.

## CONSULTING RELATIONSHIPS WITH INDUSTRY

The COM expects that its faculty will be sought after as consultants to Industry and agrees that such relationships can lead to medical innovation, better medical and surgical products, and can ultimately promote better patient care. Affiliate faculty and part-time paid faculty may enter into these arrangements. However, such consulting relationships must not:

- compromise professional ethics;
- utilize an individual's title as a member of the COM faculty;
- have elements that may be construed by the government as an illegal kickback, resulting in criminal charges;
- be used as a vehicle for direct payment to faculty aimed at convincing them to use a company's products; or
- interfere with university duties, including supervision of medical students and residents.

Accordingly, consulting relationships with Industry are permitted for affiliate faculty and part-time paid faculty under the following conditions:

- for paid part-time faculty the relationship must be disclosed via the outside activity reporting guidelines (Reporting Outside Activities Database); and approved by the Department Chair; and
- paid part-time faculty must submit a request for annual leave if the participation will take place during University business hours (Monday - Friday 8am-5pm) or during periods when scheduled for on-call duties;
- the relationship must be based on a written agreement which documents the specific, legitimate tasks and deliverables; and
- payment amount must reflect reasonable and fair compensation and be commensurate with the tasks performed, considering the faculty member's specialty, expertise and regional/national/international reputation.

A copy of the final, fully executed contract must be submitted to the Department Chair for the department file.

On occasion, a company will ask for a release letter from Florida Atlantic University indicating that the University has authorized the faculty member to engage in the outside activity in question. The faculty member may provide the approved outside activity form in response to this request at the discretion of the Department Chair.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Restrictive Covenants/Non-Compete**

**SUBJECT: Restrictive Covenants**

The ACGME requires the residents not be asked to sign restrictive covenant clauses or non-competition guarantees.

**Policy**

Resident will not be asked to sign restrictive covenant clauses or non-competition guarantees.

No Florida Atlantic University contract, agreement, policy or other statement will represent to the resident that a restrictive covenant clause or non-competition guarantee is in place relative to their employment as a resident.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Promotion and Renewal/Non-Renewal of Resident Contract**

Conditions for Reappointment/Renewal:

In order to be reappointed for the next year of residency training, a Resident must be in good standing with Florida Atlantic University and the College of Medicine.

Re-appointment requires satisfactory progress in the training program, as outlined in the policy on Evaluation, Promotion and Completion of Training [GME manual] and program specific policies, regulations or guidelines, as applicable. Ultimately, the Program Director will make the decision on promotion, renewal or non-renewal of each resident.

All residency appointments shall be for a period not to exceed (1) one year and may be renewed by the Program Director, in writing, for a period not to exceed (1) one year at the end of each contract period.

Prior to promotion, renewal or non-renewal the Program Director will conduct an evaluation for promotion; this evaluation is part of the semi-annual formative evaluations required by the ACGME and is outlined in the policy for Evaluation, Promotion and Completion of Training [GME manual] and program policies, regulations or guidelines, as applicable.

Letters of promotion, renewal or non-renewal, accompanied by a written specific plan for remediation/performance improvement, as applicable, are mailed during the second half of each academic year, but no later than 4 months before the end of the current contract. Each such letter of promotion/renewal is contingent upon the resident's satisfactory completion of the then current academic year; if for any reason a resident fails to satisfactorily complete the then current academic year [including failure to substantially complete an established remediation or performance improvement plan] or becomes subject to disciplinary action or dismissal, any previously issued letter of promotion shall be considered null and void.

In the event a decision is made not to promote or renew a resident, the resident shall be advised of such a decision in writing by the Program Director at least 4 months prior to the end of the current contract/appointment [if the primary reason(s) for the non-reappointment occur(s) within the (4) four months prior to the end of the contract, the Program Director will provide the resident with as much written notice of the intent not to promote or renew as the circumstances will reasonably allow prior to the end of the current appointment].

The non-promotion/non-renewal notice shall include a brief description of the grounds for the decision not to promote or renew the resident's appointment; the resident has the right of appeal as described in the Residency GME Manual policies and procedures.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

Revision Approved by GMEC 09-16-15

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
EO/AA Accommodation for Residents with Disabilities**

The FAU Office of Civil Rights and Title IX (OCR9) promotes a working and learning environment free from any form of unlawful discrimination or harassment.

The OCR9 focuses on the needs of the University community through establishing meaningful partnerships with faculty, students, staff, administrators and the public. The Office supports the incorporation of inclusion and diversity in its programming as well as training initiatives.

Florida Atlantic University is committed to the philosophy of equal access to all goods, services, facilities, privileges, advantages and accommodations for all people, regardless of disability.

In order to facilitate the implementation of this philosophy, the OCR9 office adopts policies and procedures, and takes other initiatives to ensure equal opportunities for all people and compliance with respective laws and regulations.

FAU complies with all federal, state and local laws and guidelines that provide individuals with disabilities protection. All University policies established for these purposes are in effect for and cover the College of Medicine and its sponsored graduate medical education programs.

For more information. See:

<https://www.fau.edu/ocr9/>

<https://www.fau.edu/ocr9/ada-coordination/>

<https://www.fau.edu/ocr9/discrimination/>

## **Policy**

Graduate medical education programs must require applicants accepted into the program to develop competence in six essential areas: Patient Care, Medical Knowledge, Practice Based Learning, Systems Based Practice, Interpersonal Skills and Communication, and Professionalism.

Toward this end, the Designated Institutional Officer, Graduate Medical Education Committee, and Program Directors of each sponsored residency program define the specific knowledge, skills, and attitudes required of residents and provide the educational experiences needed for each resident to develop and successfully demonstrate these competencies.

In order to be able to achieve competency in the six competency areas, applicants accepted into a program, at a minimum, must have aptitude and abilities in the following areas [essential requirements]:

1. Observation

Necessitates the functional use of the sense of vision and other sensory modalities.

Applicants must be able to:

- a. Observe demonstrations and participate in clinical care and in the basic and clinical sciences determined essential by the respective faculties.
- b. Observe a patient accurately at a distance and at close hand, noting non-verbal as well as verbal signals.

2. Communication [verbal, written, by use of electronic means]

Applicants must be able to:

- a. Speak intelligibly, hear adequately, and observe closely patients in order to elicit and transmit information accurately, describe changes in mood, activity and posture, and perceive nonverbal communications.
- b. Communicate effectively and sensitively with patients of various age, gender, cultural and ethnic background and personal orientation, using speech, reading and writing.
- c. Communicate effectively and efficiently in oral and written English with all members of the health care team.
- d. Possess reading skills at a level sufficient to accomplish curricular requirements
- e. Complete medical records and documents and plans according to applicable requirements and in a comprehensive and timely manner.

3. Sensory and motor coordination and function

Applicants must:

- a. Possess sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers.
- b. Execute motor movements that will be required to provide general care and emergency treatment to patients and perform all the technical skills necessary for the operative procedures included in the scope of the medical specialty discipline. Such movements include both gross and fine muscular movements, equilibrium and function of the senses of touch and vision.
- c. Have somatic sensation and the functional use of the senses of vision and hearing.
- d. Have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out required activities.
- e. Be able to consistently, quickly, and accurately integrate all information received by whatever senses employed to meet required standards of patient care.

- f. Be able to transport oneself or be transported without undue hardship and/or delay to a variety of off-site settings in a timely manner to provide patient care which may involve time sensitive or even critical patient needs.
- g. Be able to participate in rounds and patient care that may require prolonged and/or rapid ambulation or movement, with or without reasonable accommodation.

#### 4. Intellectual, Conceptual, Integrative and Quantitative Abilities

These abilities include measurement, calculation, reasoning, analysis and synthesis.

Applicants must:

- a. Have sufficient intellectual ability to learn, integrate, analyze and synthesize data and to do so within timeframes essential to meet required standards of patient care.
- b. Be able to identify significant findings from history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, prescribe appropriate medications and therapy and retain and recall information in an efficient and timely manner.
- c. Possess the ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans in an efficient and timely manner.
- d. Possess judgment in patient assessment and in diagnostic and therapeutic planning and be able to exercise such judgment in an efficient and timely manner.
- e. Be able to identify, organize and communicate their knowledge to others when appropriate, in an efficient and timely manner.

#### 5. Behavioral and Social Attribute Requirements

Applicants must:

- a. Possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients.
- b. Exhibit the development of mature, sensitive and effective relationships with patients, colleagues, clinical and administrative staff, and all others with whom the accepted applicant interacts in the professional or academic setting, regardless of their race, ethnicity, gender, disability, religion, age or other attributes or affiliations that may differ from that of the applicant.
- c. Tolerate physically taxing workloads and be able to function effectively under pressure or in stressful situations.
- d. Be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- e. Be able to accept appropriate suggestions and criticism and, if appropriate, respond by timely modification of behavior, diagnosis, clinical approach or regimen.

State and federal law require that Florida Atlantic University, the College of Medicine and its sponsored Programs provide reasonable accommodations for applicants with disabilities. Given the defined competencies and associated essential abilities, some disabilities can be accommodated, while others may be able to be accommodated.

1. An applicant is not disqualified from consideration due to a disability and is not required to disclose the nature of the disability during the application and/or interview process.
2. Applicants with questions about the Accreditation Council for Graduate Medical Education Institutional and Program Requirements in relation to disabilities are encouraged to discuss the issue of accommodation with the Program Director prior to the interview process.
3. Upon the request of the applicant, provision of documentation of the disability, and any requested information, academic adjustments and/or reasonable accommodations may be provided, if appropriate, and if adjustment or accommodations are not an undue hardship or a fundamental change to the program or its affiliated/participating hospitals. Accommodations will be given due consideration on a case by case basis; reasonable accommodations will be made where consistent with residency program objectives, appropriate patient care, and legal requirements applicable to Florida Atlantic University and/or its affiliated/participating sites where residents receive training. The Program Director, working with the GME office, FAU General Counsel, and hospital human resources personnel will determine if the requested accommodations are feasible and reasonable.
4. Some of the aptitudes, abilities, and skills described in the Essential Requirements can be attained by some applicants with technological compensation or other reasonable accommodation. However, applicants using technological supports or other accommodations must be able to perform in a reasonably independent manner. The use of [trained] intermediaries to carry out functions described in the essential requirements will not be permitted.

Approved by GMEC 8-27-2013

Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Employee Relations**

It is not possible that this employee manual will anticipate every circumstance or question about policies in effect for FAU COM employees. During the course of your employment as a resident, you may have questions about certain policies and procedures, which are not answered by this manual. Each resident is strongly encouraged to deal openly and directly and in a professional manner with FAU COM faculty and staff and the faculty and staff of its affiliated/participating sites to receive answers and resolve any questions or concerns that may arise.

In particular the resident has the following avenues open for question, concern or conflict resolution [see also GME policy on :

1. Chief Resident at the training site
2. Faculty Site Director or Associate Program Director assigned to the training site
3. Faculty mentor [as applicable]
4. Program Coordinator
5. Program Director
6. GME Office through GME Director and/or DIO
7. GMEC through resident representative

in addition, at the participating hospital, as appropriate

8. Department of Human resources
9. Chief Medical Officer

in addition, if questions, concerns or conflicts cannot be resolved

10. Accreditation Council for Graduate Medical Education

FAU COM IS AN EQUAL OPPORTUNITY EMPLOYER

Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Resident/Fellow Paid Time Off, Leaves of Absence, and Benefits**

The Sponsoring Institution is committed to addressing physician well-being for individuals and as it relates to the learning and working environment. Consistent with the ACGME Institutional and Common and specialty/subspecialty Program Requirements, Florida Atlantic University (“FAU”) Graduate Medical Education (“GME”) oversees the Programs’ fulfillment of responsibility to ensure a healthy and safe clinical and educational environment for Residents/Fellows (“Trainees”), and faculty. The following outlines the provision for time off, benefits and other Trainee services.

**PURPOSE**

The purpose of this policy is to establish guidelines for leaves of absence in accordance with federal law, state law, and institutional policies.

**SCOPE**

This policy applies to all Trainees in accredited and non-accredited training programs by the Accreditation Council for Graduate Medical Education (ACGME), or approved by the American Board of Medical Specialties (ABMS), and sponsored by FAU.

**DEFINITION OF TERMS**

**Immediate Family-** For the purpose of this policy, “immediate family” is defined as a trainee’s spouse, child, parent, grandparent, grandchild, or sibling of the trainee or trainee’s spouse. This also includes individuals for whom the trainee is the current legal guardian.

**Paid Time Off and Leave of Absence**

FAU Charles E. Schmidt College of Medicine (“COM”) may provide up to 4 weeks of Paid Time Off (“PTO”) per academic year. PTO is awarded at the start of the academic year and does not accrue over time. Unused time cannot be rolled over into subsequent years or paid out upon separation from the University. Approval or denial of PTO requests (not inclusive of Family Medical Leave) will be at the discretion of the program director based on ABMS policy, or according to limitations such as competency, procedural case log minimums achievement or needs of the program schedule, current rotation assignments, and remediation status of the requestor or during times of declared emergencies. Moonlighting while on leave is prohibited.

### **Family Medical Leave Act**

In compliance with the Family Medical Leave Act (FMLA), Trainees are entitled to take up to 12 weeks of unpaid Leave within each 12-month work period. Trainees are eligible after having worked at least 12 months (these need not have been consecutive) and who have worked at least 1250 hours in the 12 months prior to the leave. Trainee should contact FAU Human Resources to discuss the effects of the requested Leave on his/her benefits including earnings and insurance. Parental leave can be taken under the provisions of FMLA. The start of the leave period shall commence with the first day of absence whether or not the employee continues in pay status. The twelve weeks will be calculated based on individual "rolling" 12-month periods measured backward from the date any Family and Medical Leave is used. Each time a Trainee takes FMLA, the remaining leave entitlement would be any balance of the 12 workweeks, which has not been used during the immediate preceding 12-months.

### **ACGME Caregiver Leave of Absence**

Effective July 1, 2023, the Accreditation Council for Graduate Medical Education Institutional requirements provide Trainees a minimum 6 weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the Trainee is required to report. During such leave, the Trainee will receive 100% salary for the first six weeks of the first approved leave. Additionally, the Trainee and eligible dependents will be able to continue health and disability insurance benefits during leave(s) under this category.

A minimum of one week of PTO will be reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. This additional week of time off may be contiguous with the leave period and only be available within the appointment year(s) in which the leave is taken. This reserved week will not carry over into subsequent years of an individual's educational program.

In the event of a Trainee transferring to FAU from another training program within the same specialty, the leave time already taken during prior training counts toward the overall ACGME caregiver leave allotment.

### **Domestic Violence Leave**

In keeping with the provisions of Florida law, s.741.313, employees are entitled to take up to three working days of leave within a 12-month period to deal with issues relating to domestic violence suffered by the employee or a family or household member. All employees are eligible provided that they have been employed by FAU for more than three months. The three days of leave will be calculated based on individual 'rolling' 12-month periods measured backward from the date any Domestic Violence Leave is used. The leave may be taken if either the employee or a member of the employee's family or household is a victim of domestic violence. Leave may be taken to: (1) obtain an injunction for protection against domestic violence; (2) obtain medical or mental health care in connection with domestic violence; (3) seek services from a victim services organization; (4) seek legal assistance or prepare for court proceedings; or (5) secure existing housing or obtain new housing for safety

reasons. Domestic Violence Leave is unpaid, however, the employee may use any form of accrued paid leave during this period. Employees are required to provide reasonable advance notice of the leave, except that no notice may be required if the employee or family/household member is in imminent danger. FAU may require written documentation from a treating facility or court verifying the purpose of the leave. All documentation that is submitted will be maintained in a confidential file with Human Resources.

### **Special Circumstances**

Paid time off for special circumstances shall also be provided as follows: Special Circumstances Paid Leave. Employees are provided paid leave in the following special circumstances, and such leave shall not cause the employee to exceed 40 hours in the work week. This special paid leave is not accrued.

1. Bereavement Leave - leave up to three days shall be provided to an employee upon the death of a family member. If the leave extends beyond three days, sick leave or another form of leave may be used. Family member is defined as spouse, qualified domestic partner, child, spouse of child, stepchild, foster child, parent, stepparent, grandparent, grandchild, or sibling of the employee or employee's spouse or qualified domestic partner.
2. Emergency Closing - paid leave shall be provided for official emergency closing of University facilities. Only employees scheduled to work during the time of the emergency closing shall be provided leave.
3. Jury Duty - paid leave for jury duty shall not exceed the number of hours in the employee's normal workday. If jury duty does not require absence for the entire workday, the employee shall return to work immediately upon release by the court. If the jury duty does not coincide with the regular work schedule, the employee shall be granted paid leave based on the total hours served on jury duty and such leave shall be granted on the next scheduled work shift. Any jury pay shall be retained by the employee.
4. Military Leave - paid and unpaid military leave and re-employment rights shall be provided to employees consistent with Federal and State laws.
5. Court Summons - paid leave shall be provided to an employee summoned as a witness in a matter not involving personal interests. Paid leave shall not be provided to an employee serving as an expert witness. Witness pay shall be retained by the employee.
6. Voting Leave - The President or designee may provide paid leave up to two hours for voting in public elections, when the normal work schedule prevents the employee from voting.

## **Procedures**

- Trainee notifies Program of expected Leave of Absence in writing according to the Program's approval and scheduling procedures.
- Program relays request for trainee Leave in writing to the GME Office at least 30 days in advance for approval when foreseeable, possible, and practical. Consideration of clinical schedules, rotations, and continuity of care, require as much notice as possible in order to ensure continuity of patient care.
- Approved Leave will be charged in one-day increments for each workday of Leave requested and approved. All LOA's must be reported in the Residency Management System (RMS). GME will notify Human Resources (HR) Employee Relations of Leave time as applicable. Within the notice, the Trainee will be advised to turn in any additional required documentation such as Certificate of Health Care Provider Form (Employee or Family) directly to the HR office.
- Employee Relations will notify additional relevant FAU parties (Payroll, Office of Civil Rights and Title IX, etc.) and send notification of final decision to the GME Supervisor of record, GME office (Director), Coordinator, Timekeeper, and Trainee.
- Trainee must contact HR Benefits office (benefits@fau.edu) directly to discuss the possible effects of the requested leave of absence on benefits including earnings and insurance.
- Any required medical work release documentation from a physician must be provided to HR in advance in order to return to work. The documentation should include the release date and indicate whether there are any restrictions indicated.
- The Trainee must notify the program of the intent to return to work at least two weeks prior to the leave end date or as soon as possible. The Trainee must also provide reasonable notice to the Program if the FMLA leave will need to be extended or if the Trainee can return to work earlier than expected.
- Program notifies GME in writing of actual return to work and initiate the Return From Leave Business Process in Workday as applicable.
- Leave resulting from a credentialing issue or disciplinary action must be reported to and coordinated with the DIO and GME office.
- Trainees are responsible for reviewing with the Program Director the specific impact of the final Leave time on Board eligibility.

## **Effect of Leave on Program Completion**

Except as otherwise required by state and federal law, approved LOA is subject to the current requirements of all certifying agencies. Please note that an extended leave of absence may negatively impact a Trainee's on-time completion of the program and/or

eligibility for specialty board examination. Trainees anticipating the need to request leave beyond paid time off, compensated or uncompensated, should discuss the impact on their program completion prior to commencing the additional leave.

Repeat of training and/or make up time required to fulfill criteria for completion of training is determined by the Program Director consistent with the standards of the ABMS and the American Osteopathic Association (AOA). The total time allowed away from a GME program in any given contract year or for the duration of the program will be determined by the requirements of the specialty board involved. If leave time is taken beyond what is allowed by the applicable specialty board, the Trainee is required to extend his or her period of activity in the Program accordingly in order to fulfill the appropriate specialty board requirements. The Trainee will be paid for makeup or extended time if sufficient funding exists for such extension. Program Director will need to confirm availability (or lack thereof) of resources resulting from LOA(s) and approval of funding by the participating Consortium site(s) to the GME office when approving leave.

## **Benefits and Services**

### **Salary**

Salary information for each academic year will be posted on the FAU COM website at the following link: <https://www.fau.edu/medicine/gme/benefits/> . Annual surveys of the market salaries will be conducted and adjustments made accordingly with approval from the Graduate Medical Education Committee and budget approval by the Consortium Board of Directors. Salaries will be assigned according to the approved salary for the respective Post Graduate Year (PGY level. Fellow PGY assignments will be based upon the required number of years of the completed pre-requisite residency specialty training (i.e. PGY-4 for Cardiovascular Disease Fellows having completed a three-year Internal Medicine Residency). Salaries will not be reduced. Trainees will be paid bi-weekly and paychecks will be distributed through direct deposit. Pay stubs can be accessed via FAU Workday.

### **Professional Education Allowance**

Florida Atlantic University Charles E. Schmidt College of Medicine will provide a professional development allowance. This is to be used for expenses approved by the Program Director and incurred in attending educational conferences or in the purchase of educational equipment and/or materials as well as obtaining full Florida State medical licensure, or DEA registration. Refer to program-specific policy regarding amounts and guidelines on approved usage.

### **Cell Phones/Pagers**

Cell phones/Pagers are provided by FAU COM to all Trainees under FAU cell phone policy and are the official mode of communication related to patient care and while on duty. While on Leave, the Trainee will be contacted via personal cellular or home phone number.

## **Parking**

Parking will be provided at all participating sites.

## **Professional Liability Coverage/Malpractice Insurance**

Malpractice coverage for Trainees is defined by their employment by FAU COM. As long as the Trainee works under an assigned FAU COM faculty member they will be covered by FAU liability insurance. Professional liability insurance is NOT provided for any moonlighting activities even if participation is approved by the Program Director. *This coverage does not extend outside of the training program.*

## **Medical Coverage**

Group health insurance, dental insurance, life insurance, short-term disability coverage, and long-term disability coverage will be offered to all Trainees pursuant to the Florida Atlantic University policy for employee benefits and ACGME requirements. For details on the above benefits provided to Trainees, refer to the RMS.

FAU COM reserves the right to add, or otherwise change options under benefits without advance notice at FAU COM's discretion and as FAU COM deems appropriate. TRAINEES ARE RESPONSIBLE FOR REPORTING ANY CHANGE IN BENEFIT STATUS FOR THEMSELVES OR THEIR ELIGIBLE DEPENDENTS TO THE FAU HUMAN RESOURCES OFFICE WITHIN 30 DAYS OF THE OCCURRENCE.

## **Employee Discounts and Perks**

As Employees, Trainees have access to several discounts and perks. Refer to the following link for more information on participating companies.  
<http://www.fau.edu/hr/benefits/discounts.php>

## **Wellness**

Several services are provided to Trainees as part of FAU's commitment to employee wellness. Full details on these services can be found in the FAU GME Well-being policy and at <https://www.fau.edu/medicine/gme/wellness/>

These services include but are not limited to the following:

- **Employee Assistance Program**  
Designed to help you with personal problems or work situations that affect your work and home life such as anxiety or depression, alcohol or substance abuse, marital or family problems, legal or financial matters.
- **Well-being and Burnout Self-Assessment**  
Designed to provide confidential self-assessment and resources for personal well-being
- **FAU Counseling and Psychological Services**  
Provides crisis/urgent intervention services to Trainees
- **Physician Wellness Program**  
Provides 24/7 access to clinical psychologists and licensed clinical social workers

for confidential counseling

- **Legal and Financial Services**

Provides access to legal, financial and identity theft professionals

Approved by GMEC 12-17-2014

Revision Approved by GMEC 7-15-2024

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Professional Dress Guidelines**

As representatives of the medical profession, all residents at the FAU College of Medicine are expected to maintain an image that conveys credibility, trust, respect, and confidence in one's colleagues and patients. Appropriate dress is also essential to enhance patient safety in the clinical setting.

When residents are assigned to clinical activities in any of the College of Medicine's affiliate institutions, they should consider themselves as representatives of the FAU College of Medicine. Attire and behavior should promote a positive impression for the individual resident, the specific rotation, and the affiliate institution/hospital. In addition to the guidelines outlined below, certain departments and some affiliate clinical institutions may require alternate dress guidelines which must be followed. These requirements typically will be included in written course materials, but if any doubt exists, it is the responsibility of the resident to inquire.

The following are basic expectations concerning appropriate dress and personal appearance.

1. General Standards

- a. All clothing must be clean, neat, professionally styled, and in good repair.
  - o Men: Slacks and shirt with collar. Tie is not required but strongly encouraged.
  - o Women: Dresses or skirts of medium length, or professional style slacks.
- b. Good personal hygiene and grooming should be maintained at all times
- c. Excessive use of fragrances should be avoided, as some people may be sensitive to scented chemicals.
- d. Hair should be neat and clean. Hairstyle and/or color should not interfere with assigned duties or present a physical hazard to the patient, to the resident, or to another person.
- e. Fingernails should be clean and of short to medium length. Residents may not have acrylic nails while providing patient care services.
- f. Residents should wear their name badges at all times when interacting with patients.

2. Standards in the laboratory setting

- a. Residents should follow the guidelines as established for the laboratory setting.
- b. OSHA regulations prohibit open-toed shoes.

### 3. Standards in the clinical care setting

- a. Professional attire and physician-identifying clothing:
  - o Men should wear a shirt with collar, tie is strongly encouraged but not required, long pants, socks, and hard-soled shoes.
  - o Women should wear dresses or skirts of medium length, or professional style slacks.
  - o For women, shirts and blouses must extend to the waistband of the skirt or pants.
  - o A white coat with the FAU College of Medicine embroidered logo and a name badge are required.
  - o Shoes must be comfortable, clean, in good repair and appropriate to the job and duties. In addition, specific footwear requirements, such as steel-toed shoes, may be defined in areas with special safety concerns. Beach-type shoes (such as thongs or flip-flops), open toed shoes and bedroom slippers are prohibited.
  - o Residents should not chew gum.

*Note: Residents are also expected to identify themselves as residents at all times and must assume responsibility to clarify their role to patients.*

### 4. Standards for home visits

- a. The same as the guidelines for the clinical care setting, except residents should not wear white coats when making home visits.
- b. In general, the dress should be casual professional attire that fits in with community standards and does not draw attention to the resident.
- c. The dress guidelines for the home visits will be reviewed in more detail as a part of the rotation in preparation for the first home visits.

### 5. Additional guidelines

- a. Jewelry (e.g., necklaces, rings, earrings, bracelets, etc.) and other fashion accessories should be appropriate and not interfere with assigned duties. Jewelry represents a potential for infection. Loose jewelry can be grabbed, causing a potential physical hazard to the resident or the patient.
- b. Tattoos and body art with wording or images that may be perceived by a reasonable person as offensive should be covered during the time of professional contact with patients and families. Some examples of such offensive art or images include racial slurs, swear words, symbols of death, or inappropriate revealing of body parts in a way that a reasonable person could perceive as inappropriate.
- c. Visible body piercings must be limited. A maximum of two piercings per earlobe with jewelry is allowed. Facial piercings are not allowed unless worn for medical or religious purposes.

### 6. Hospital attire (scrubs)

- a. In general, residents should wear their own clothes (rather than scrubs) for patient care assignments in clinics and when performing inpatient services.
- b. Scrubs must be worn in compliance with the policies of the institution/hospital in which the resident is assigned for patient care rotations. They should never be worn in public places outside of the clinical care facility.
- c. Scrubs may be worn in specific patient care areas only. If scrubs must be worn outside of the designated clinical area, they should be covered with a white coat.
- d. Scrubs should not be taken home without prior written authorization from the providing institution/hospital.

- e. Hair covers, masks, shoe covers, and gowns should be removed before leaving the designated clinical areas and should not be worn while in the outpatient clinics or when making rounds on the inpatient services.
7. Examples of inappropriate attire in the clinical setting include, but are not limited to, the following
- a. Shorts
  - b. Denim jean pants of any length
  - c. Pants or slacks that are not in good condition (e.g., have holes, ragged hems, or patches)
  - d. Exercise or workout clothing, including sweatpants, spandex, or leggings
  - e. Sandals or bedroom slippers
  - f. Caps or hats, unless worn for medical or religious reasons or for nature of specific duties (such as outdoor work)
  - g. Shirts or other apparel with images, wording, or logos that may be perceived by a reasonable person as offensive to patients, families, or others
  - h. Tank tops, halter tops, translucent tops, tops with plunging necklines, or tops that leave the midriff or back exposed
  - i. Clothing that exposes undergarments
  - j. Sunglasses when indoors unless medically prescribed
  - k. Any attire that could be perceived as sexually provocative to a reasonable person

Approved by GMEC 12-17-2014

**Florida Atlantic University Charles E. Schmidt College of Medicine**  
**Graduate Medical Education Policy & Procedure**  
**Policy Statement**  
**Resident/Fellow Well-being**

The purpose of this policy is to provide guidelines for addressing the critical psychological, emotional, and physical well-being of Residents/Fellows (“Trainees”) during their training towards becoming competent, caring, and resilient physicians.

**Policy:**

Under ACGME requirements, the Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/ fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. The sponsoring institution, in partnership with its ACGME-accredited programs, must educate faculty members and residents/ fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/ fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care.

The FAU COM office for Graduate Medical Education (Sponsoring Institution), in partnership with its ACGME-accredited programs commit to the following:

Encourage Trainees and faculty members to alert their program director, DIO, GME Director, or other designated personnel or programs when they are concerned that another Trainee or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Provide access to appropriate tools for self-screening.

Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

Ensure a healthy and safe clinical and educational environment that provides for:

Access to food during clinical and educational assignment;

Sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/ fellows, with proximity appropriate for safe patient Care;

Safe transportation options for residents/fellows who may be too fatigued to safely return home on their own;

Clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk;

Safety and security measures appropriate to the clinical learning environment site; and

Accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy.

### **Well-being Resources**

Trainees will be informed at orientation, periodically thereafter, and as needed, of the resources that exist at FAU and its affiliated teaching hospitals to help them balance life inside and outside of medical training. To seek help, Trainees may contact:

A Chief Resident within their program;

Any attending or faculty mentor;

The Program Coordinator, the Program Director or an Associate Program Director;

The FAU Department Chair of the Trainee's specialty;

The Director of Graduate Medical Education or Designated Institutional Officer (DIO) 561-297-4241; or

Any personal resource (i.e. private physician, psychologist, therapist, or psychiatrist, etc.).

Well-being resources described within this policy are in addition to the employment resources listed in the Paid Time Off, Leaves of Absence, and Benefits Policy to which Trainees also have access as FAU employees. These include tools for self-screening, access to confidential, affordable, mental health assessment, counseling, and treatment and access to urgent and emergent care 24 hours a day, seven days a week. Detailed information can be found at the following link

<https://www.fau.edu/medicine/gme/wellness/>

Based on the Trainee's needs, in the interest of expediting the Trainee's recovery and in accordance with program policies, the Program Director may make the decision to provide the Trainee with:

A voluntary or mandatory period of time off. The Program Director will decide if and when return to work is appropriate and if a fitness for duty evaluation is necessary through employee health or an appropriate specialist. If time off is necessary, the Program Director and Chief Resident will make appropriate arrangements to have the Trainee's

patient care duties transferred. Time off in excess of available leave may have to be made up at a later time in order to fulfill specialty board requirements for length of training.

A change of assignment or call schedule.

Informational meetings and problem-solving sessions and/or access to faculty mentors.

New Policy 08/30/15

Approved by GMEC 09-16-15

Reviewed and Approved by GMEC 07-15-2024

Reviewed and Approved by GMEC 05-19-2025

**Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure**

**Policy Statement  
Special Review by the Graduate Medical Education Committee**

The Accreditation Council for Graduate Medical Education (ACGME) Institutional requirements require a process whereby an ACGME-accredited training program (residency, fellowship, specialty program) is subject to review by the Graduate Medical Education Committee (GMEC) of the sponsoring institution (FAU College of Medicine).

**Policy**

The GMEC must provide effective oversight over all ACGME programs sponsored by the institution. This oversight must assure the quality of the GME learning and working environment within the sponsoring institution, each of its ACGME-accredited programs, and its participating sites. The responsibilities of the GMEC include effective oversight of underperforming programs through a Special Review Process.

The Special Review Process (SRP) must include a protocol that establishes the criteria for identifying underperformance and results in a focused and/or systematic evaluation of the underperforming program, and a report to the GMEC that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

This policy applies to all ACGME accredited programs sponsored by the Florida Atlantic University Charles E. Schmidt College of Medicine (Sponsoring Institution).

A. **Criteria** that may trigger a Special Review:

1. **Internal Criteria**

- a. Request of a participating hospital, department, or program administration for specific performance-related concerns;
- b. Performance concerns identified and communicated to the GME Office by residents or faculty in a particular program;
- c. Failure by a program to submit to the GMEC any required data or reports on or before the identified deadlines;
- d. Program-specific issues identified by the GMEC or its sub-committees (i.e. issues identified on the APE Dashboard).

2. **External Criteria**

- a. Concerns related to the annual WebADS update information submitted by a program;
- b. Concerns related to the annual ACGME Resident/Fellow Survey or the annual ACGME Faculty Survey and/or for any ACGME request for progress reports related

- to concerns identified on the resident/fellow or faculty surveys;
- c. Failure by a program to submit ACGME required data on or before identified deadlines;
  - d. New citations or concerns raised by an ACGME visit of the program.
  - e. Any ACGME accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME Policies.

**B. Assessment Components of the Special Review:**

1. Compliance with the common and specialty/subspecialty-specific ACGME program, and institutional requirements;
2. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous special reviews;
3. Educational goals and objectives for program, rotations and educational activities, and effectiveness in meeting those objectives;
4. Educational and financial resources;
5. Effectiveness of (measuring, and achieving) specified educational outcomes in the ACGME competencies and ACGME/ABIM milestone domains;
6. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies ACGME/ABIM milestone domains; effectiveness of resident remediation and improvement processes;
8. Effectiveness in evaluating the program (Annual Program Evaluation) and implementing improvement plans.

**C. Review Process:**

The review will be conducted by a subcommittee appointed by the GMEC (Special Review Committee, SRC)

1. SRC:  
members will be drawn from outside the department of the program under review. At a minimum the committee consists of the following individuals:
  - DIO or designee, and the GME Director
  - At least one program director or associate program director
  - At least one resident or fellow
  - At least one core faculty member

The committee may include non-physician administrators (i.e. program coordinator) as deemed appropriate. An appropriate balance of faculty, residents or fellows, and any administrators should be maintained. External reviewers may also be included on the review committee, as determined by the DIO.

2. Duties of the committee include:

- Orientation of the members to the review process
- Review of all relevant program materials and data in advance of the review
- Interviews with the program director, faculty, other program personnel, peer-selected residents from each level of training, and individuals outside the program, as deemed appropriate by the committee
- Report of findings to Program Director and GMEC, with specific recommendations for action plan, timeframe to achieve compliance, and further monitoring, as deemed necessary

3. Special Review Materials:

The specific materials and data used in the review process will be determined by the Chair of the Special Review Committee and may include, but are not limited to, the following

- ACGME Institutional Requirements, ACGME Common and Specialty Program Requirements;
- Letters of accreditation from previous ACGME reviews and (if applicable) the program's interim and/or progress reports to the RRC;
- Reports from previous special reviews of the program and the program director's response including corrective actions;
- List of current residents and, as required, the program's resident files (including past graduates for the most recent two years);
- The latest ACGME resident and faculty surveys;
- Minutes of the program's Education Committee Meetings, Clinical Competency Committee (CCC) Meetings and Annual Program Evaluation (APE) Meetings;
- Program letters of agreement;
- Goals and objectives for each level of training and for each major rotation;
- Evaluations of residents (semi-annual formative evaluations, milestone evaluations, summative final evaluations, competency-based evaluations), faculty, and program;
- Match results and Board scores for the last two years;
- Required program policies
- Written description of supervisory lines of responsibility for the care of patients;
- Documentation on duty hours monitoring, education and management of resident stress and fatigue;
- Policy, education and monitoring on patient hand-offs;
- Rotation schedules;
- Conference schedules.
- Other

4. Report:

The Special Review Committee will prepare a report of its findings.

This report must clearly state which program was reviewed, the date and location of the review and main reasons for the review, as well as the composition of the SRC, the materials reviewed, and individuals interviewed.

The report must identify if the program is in essential compliance with the ACGME requirements and the goals set forth by the Charles E. Schmidt College of Medicine, Florida Atlantic University for its GME programs, and should include assessment of:

- The residency program's compliance with the institutional requirements;
- The residency program's compliance with ACGME program requirements;
- The residency program's educational objectives; and adequacy of available educational and financial resources to meet these objectives;
- The effectiveness of the program in meeting its objectives;
- The effectiveness of the program in addressing citations from previous ACGME letters of accreditation and previous special reviews;
- The effectiveness of the program in using evaluation tools developed to assess a resident's level of competence and progress toward the specialty Milestones; and the effectiveness of the program in using dependable outcome measures to guide evaluation, remediation and resident education;
- The effectiveness of the program in implementing processes that link educational outcomes with program improvement.

Any areas of non-compliance and/or deficiency should be clearly listed; a clear action plan with specific desired outcomes, mechanism for monitoring achievement of desired outcomes, and a timeframe for completion should be established.

#### 5. GMEC Review and Follow-up

The Report will be reviewed by the DIO and presented to the GMEC and the program director.

The GMEC will discuss and review the report and the program director's response.

The GMEC may request additional information or follow-up action from the program director and may request that the program director attend the GMEC meeting and participate in the discussion regarding the special review.

The GMEC will approve the final report, program action plan and steps to monitor achievement of outcomes. The program will be instructed to provide a progress report three, to six, to 12 months after the date of the special review, as appropriate.

Approved by GMEC: 10-21-2015

Reviewed: 3-20-2024

Approved by GMEC 08-19-2024

Florida Atlantic University Charles E. Schmidt College of Medicine  
Graduate Medical Education Policy & Procedure  
Policy Statement  
Purpose and Duties of the Graduate Medical Education Committee

## 1. PURPOSE

The charge of the Florida Atlantic University Charles E. Schmidt College of Medicine (FAU COM) Graduate Medical Education Committee (GMEC) is to establish and implement policies and procedures regarding the quality of education and the learning environment for residents in training programs sponsored by FAU COM. To achieve this purpose, the GMEC provides oversight and assurance of compliance for ACGME standards with the goal to produce excellent future physicians.

## 2. SCOPE

This policy applies to the GMEC and each of its members.

## 3. DEFINITIONS

“ACGME” is the Accreditation Council for Graduate Medical Education.

A “resident” is an FAU COM resident or fellow, or a non-FAU COM resident or fellow electively rotating through FAU COM and providing clinical care as part of a GME program.

## 4. POLICY AND PROCEDURES

The existence of this committee is an Institutional Requirement of the Accreditation Council for Graduate Medical Education (ACGME). The Institutional Requirements informing this Policy Statement appear in [].

**A. Membership [I.B.1.b):** As FAU currently sponsors one program the GMEC will include the following voting members:

- a) the DIO;
- b) a representative sample of program directors from its ACGME-accredited programs;
- c) one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member ), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education;
- d) a minimum of two peer-selected residents/fellows, and,
- e) a quality improvement / safety officer or his or her designee.
- f) the Director of Graduate Medical Education

**B. Individual Responsibility of GMEC Members:**

Members chosen to participate in the GMEC are expected to:

- a) Attend regularly scheduled meetings of the GMEC. Attendance is a factor in reappointment to the GMEC;
- b) Participate on GMEC subcommittees and working groups;

- c) Be aware of all recent issues discussed by the GMEC and their recommendations;
- d) Actively participate in the required decision making related to graduate medical education concerns both locally and nationally;
- e) Disseminate information from meeting to key faculty, trainees, staff, and all other members of the educational program;
- f) If unable to attend a meeting, assign a delegate to attend GMEC who will participate in your absence.

**C. Subcommittees [I.B.2.]:**

In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

**D. Meetings and Attendance [I.B.3.]:**

The GMEC must meet a minimum of once every quarter during each academic year. Each meeting of the GMEC must include attendance by at least one resident/fellow member. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

**E. The GMEC must fulfill the following responsibilities [I.B.4.]:**

**1. Oversight of:**

- a) the ACGME accreditation status of FAU COM and its ACGME-accredited programs;
- b) the quality of the GME learning and working environment within FAU COM, its ACGME-accredited programs, and its participating sites;
- c) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- d) the ACGME-accredited programs' annual evaluation (APE) and improvement activities, including special reviews (when necessary); and
- e) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and FAU COM;

**2. Review and Approval of:**

- a) institutional GME policies and procedures;
- b) annual recommendations to the FAU COM administration regarding resident stipends and benefits;
- c) applications for ACGME accreditation of new programs;
- d) requests for permanent changes in resident/fellow complement;
- e) major changes in ACGME-accredited programs' structure or duration of education;
- f) additions and deletions of ACGME-accredited programs' participating sites;
- g) appointment of new program directors;
- h) progress reports requested by a Review Committee;
- i) responses to Clinical Learning Environment Review (CLER) reports;
- j) requests for exceptions to duty hour requirements;
- k) voluntary withdrawal of ACGME program accreditation;
- l) requests for appeal of an adverse action by a Review Committee; and,
- m) appeal presentations to an ACGME Appeals Panel.

#### **F. Annual Institutional Review (AIR) [I.B.5.]:**

The GMEC must demonstrate effective oversight of FAU COM's accreditation through an Annual Institutional Review (AIR). The GMEC must identify institutional performance indicators for the AIR which include results of the most recent institutional self-study visit, results of ACGME surveys of residents/fellows and core faculty, and, notification of ACGME-accredited programs' accreditation statuses and self-study visits. The AIR must include monitoring procedures for action plans resulting from the review. The DIO must submit a written annual executive summary of the AIR to the Governing Body.

#### **G. Special Reviews [I.B.6.]:**

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

### **5. PROCEDURE**

- A. Selection and Appointment of Members: The GMEC roster will be reviewed annually by the GMEC Chair and DIO. Experience in residency program leadership and diversity will be considered as part of the appointment process. Each GMEC member will be encouraged to name an alternate to attend meetings in his/her place as necessary.
- B. Business Procedure: The simplified version of Robert's Rules of Order will be used as a template for the conduct of GMEC meetings. Minutes will be generated as a result of each meeting, and distributed to committee members.
  - 1. Materials for all meetings will be distributed electronically.
  - 2. Voting: A quorum of at least 60% of the voting members, including one resident member, must be present (in person or by phone or web connection) for voting to take place at a GMEC meeting. Between scheduled meetings voting may occur by email or other correspondence. A quorum of at least 60% of the voting members, including one resident member, must register a vote for the outcome to be valid.

### **6. IMPLEMENTATION**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

### **7. OVERSIGHT**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

## **8. REFERENCES**

ACGME Institutional Requirements:

[https://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/InstitutionalRequirements\\_07012015.pdf](https://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf)

ACGME Common Program Requirements:

[https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs\\_07012015.pdf](https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012015.pdf)

Approved by GMEC 11-27-2015

**Policy Statement  
Records Management**

### **Purpose and Applicability**

This policy is applicable to all Graduate Medical Education records and specifically addresses the management, retention, format and storage of GME records.

Residents and fellows are considered “Other Personnel Services” (OPS) employees of the University for the purposes of record keeping. Each Graduate Medical Education program will maintain a program file for each resident and fellow and will serve as the Records Custodian for such file.

GME records are confidential but may be shared in accordance with applicable Florida statutes, as well as within the University when there is a legitimate need for such information, such as in the case of supervision, finances, benefits, or evaluations (e.g., by Department Chairs, Program Directors, Review Committees, and the Graduate Medical Education Committee).

This policy is subject to, and consistent with, FAU Policy 5.2 (Records Management) and the State of Florida General Records Schedule GS1-SL and GS5.

### **Definitions**

**Record:** Any information created or received in connection with the transaction of official University business, regardless of physical form, characteristics, or means of transmission, including without limitation all documents, letters, completed forms or other material.

**Trainee:** Any Florida Atlantic University resident or fellow, or any non-FAU resident or fellow who electively rotates and provides clinical care as part of an FAU sponsored program.

### **Oversight and Format**

#### **A. The Records Custodians**

Maintenance of records is delegated to individual programs (the records custodians) within Graduate Medical Education, subject to FAU Policy 5.2 (Records Management) regarding proper storage and disposal of records.

#### **B. Electronic Records**

Record retention schedules apply to records regardless of format, including electronic or hard copy. Printouts of electronic communications (e-mail, instant messaging, text messaging, multimedia messaging, chat messaging, social networking, or any other current or future electronic messaging technology or device) may be included within GME records in place of the electronic files, provided that the printed version contains all date/time stamps and routing information.

### **Schedule Procedure**

#### **A. Program Responsibilities**

1. The following guidelines for retention will apply to records and files as specified
  - 1.1 Applications to a GME program

- a. Applications of individuals who apply for a position and are selected to interview but are not interviewed: **One year after application**
  - b. Applications of individuals who are interviewed but not matched: **Two years after application**
  - c. Applications of individuals who are accepted into a program: **Four years after separation or termination of employment**
- 1.2 Evaluations and Schedules of residents and fellows
- a. Evaluations
    - (i) Formative Monthly and 360° (peer, nurse, student, self, and patient) Evaluations: **Four years after separation or termination of employment**
    - (ii) Semi-annual Competency and Milestones Evaluations: **Four years after separation or termination of employment**
    - (iii) Final Summative Evaluation: **Indefinitely**
  - b. Rotations and Assignment Schedules of residents and fellows: **Four years after separation or termination of employment**

1.3 Permanent Record

The following at a minimum will be retained **indefinitely** by each program as part of the permanent record of the resident or fellow's training:

- a. ECFMG Documentation
- b. Leave of Absence Documentation
- c. Semi-Annual and Final Summative Evaluation
- d. Residency Completion Certificate
- e. Procedure Log/Check list summary
- f. Licenses

1.4 Disciplinary Cases

In instances of resident or fellow disciplinary action (i.e. remediation, probation, non-renewal, dismissal, or litigation), the complete hard copy chart or record should be retained indefinitely.

B. Office of Graduate Medical Education Responsibility

The FAU Office of Graduate Medical Education will retain additional files as part of the trainees' permanent record indefinitely. The files will include the following:

- 1. Employment Contracts
- 2. Verification of prior GME training

C. Verification Documents

Only the following may be provided in response to training verification requests:

- 1. Completion certificate
- 2. Dates of training
- 3. ECFMG certificate
- 4. Final Summative Evaluation
- 5. Final Case log
- 6. Block Rotation Schedules

Approved by GMEC November 20, 2017

## Process and Instructions for Visiting Trainees FAU Charles E. Schmidt College of Medicine

### Domestic Visiting Trainees

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## Domestic Visiting Trainees

### Application Process:

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In order for a trainee to be eligible to apply for a rotation in a Department/Program at the Florida Atlantic University Charles E Schmidt College of Medicine, the trainee must have the following qualifications:

1. The trainee must be actively enrolled in a **US ACGME accredited or non-standard training program with approval of the Designated Institutional Official and clinical learning environment leadership.**
2. The trainee must be **in good standing** in his/her program; verification of good standing from the Program Director required]; *the respective Program Director will develop/document any other medical knowledge requirements, as appropriate.*
3. The trainee must provide a **written statement of goals and objectives** for the rotation that has been approved by his/her Program Director
4. The trainee must have a current/valid certification in **BLS and ACLS**; *the respective Program Director will develop and document any other specific course/clinical skills certification requirements, as appropriate.*
  5. The trainee must **complete an application through the appropriate Department/Program office at least 6 months in advance**;

With the application, the trainee must provide electronic copies/uploads of:

- a. **Current photograph and Driver's license**
- b. **Personal statement**, including information why the student would like to rotate at FAU or its affiliated hospitals; what does the student hope to learn/which experiences does the student hope to gain by rotating at FAU
- c. **Letter from the Program Director or Practice Supervisor supporting the experience**
- d. **Copies of Medical Knowledge, BLS and ACLS certification, and any other Course/Clinical Skills certifications**, as required by the Department/Program
- e. **Copy of last Milestone evaluation, as applicable**; milestone performance consistent with level of clinical training is required; trainees with critical deficiencies in any of the domains will not be accepted for rotation at FAU
  - a. **Copy of an up-to-date CV**

- b. Completed FAU Immunization Form or equivalent vaccination records and documentation of a physical; and copy of most recent season flu shot**
- c. Drug Screening and Background check;** screening and background check documentation or attestation from home program is acceptable;
- d. Documentation of training for OSHA training HIPAA**
- e. Documentation of Mask Fit test**
- f. Documentation of personal health insurance**
- g. Documentation of malpractice insurance;** The sending institution/trainee shall maintain, throughout the duration of the visiting trainee's clinical experience at FAU and/or its affiliated teaching hospitals, comprehensive general liability insurance coverage for the trainee with combined and single limits of not less than \$1,000,000, and professional liability insurance coverage for the trainee with limits of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. The home institution/trainee shall provide FAU with a certificate evidencing such insurance coverage prior to the trainee beginning his/her clinical assignment.

In addition, the home institution or the trainee agree to pay a contribution to FAU's self-insurance program, the basis of which shall be the proration of the annual specialty charge paid to FAU's self-insurance program by FAU for a similar trainee or fellow employed by FAU.

*In cases where a separate Program Letter of Agreement exists between FAU and the sending institution that provides specific agreements on malpractice insurance, these agreements shall supersede the general requirements as outlined under paragraph g.*

### **Review/Approval Process:**

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After receiving a completed application,

6. The Program Director or designee will review the trainee's eligibility and the availability of a rotation in the requested specialty at the requested facility at the requested time.  
As needed, the Program Director will collaborate to accommodate alternate rotation dates or an alternate affiliate training facility.
7. The Program Director will assign a supervising faculty (preceptor) and ascertain that faculty's willingness to accept a visiting trainee; *for general rotations, when the visiting trainee is integrated into a trainee team and supervised by multiple faculty members for different patients/tasks, the PD or APD will assume the role of preceptor.*
8. The Program will communicate acceptance or denial in writing with the trainee/sending institution.

9. For accepted trainees, the Program Director's office will contact the office of Graduate Medical Education at FAU and the proposed hospital's Chief Medical Officer or Medical Staff Office, to notify them of the proposed visiting trainee.

Upon acceptance for the rotation:

10. The trainee must obtain a **Florida Temporary License or Training Registration Number** from the Florida Board of Medicine; this process may take 60 – 90 days; *the fee associated with obtaining this license/TRN is not reimbursed by FAU, its departments or the FAU sponsored Program; the licensing process may require additional background checks and/or fingerprinting. Final acceptance for and the ability to begin the rotation are contingent on the trainee having obtained the Florida Training License prior to the start of the rotation.*
11. The accepted trainee must also meet the credentialing requirements of the clinical learning environment prior to the start date. Failure to do so will result in the cancellation of the planned rotation(s).

#### Start of the rotation:

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1. The **FAU, its departments or programs do not provide subsidy for housing**; *visiting trainees must secure their own housing for the time of the rotation; the department/program coordinator may have information or resources to assist the students in finding suitable accommodation.*
  2. The **FAU, its departments or programs do not provide transportation**; *visiting trainees should plan to have means for adequate personal transportation to and from the training site[s] for the duration of the rotation.*
  3. The **FAU, its departments or programs do not provide lab coats**; *visiting trainees must bring at least two lab coats; wearing of clean and professional attire is required at all times, while on rotation.*
4. All trainees must **arrive on site in the morning on the first day of their rotation**; *visiting trainees will report to their training site (hospital) and check-in with the designated person(s).*
5. Orientation includes:
  - a. Meet with Program Director and/or Department Chair or designee
  - b. Hospital badging
  - c. Hospital EMR training
  - d. Brief Hospital orientation (hospital personnel/trainees)
  - e. Meet the trainees and/or meet the faculty (as applicable)
  - f. Receipt of FAU/Program Trainee manual & applicable policies and procedures

**End of the rotation:**

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6. Trainee completes **Exit Checklist**
7. Trainee completes **Exit Evaluation** and meets with Program Director or designee for **Exit Interview**
8. Student identifies faculty member[s] and senior/chief trainee(s), as applicable, to complete **Visiting Trainee Performance Evaluation**; *as applicable, visiting trainee provides Program Director with any official evaluation forms to be completed for the home institution*

**Attachments:**

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1. Sample Visiting Student/Trainee Application Checklist/Cover Sheet
2. FAU Immunization Form
3. Institutional Agreement for Visiting Trainees

- Accepted
- Declined

## Visiting Trainee Application

Last Name				First Name	
Home Institution				Graduation Date	
Email				Phone	
CV	<input type="checkbox"/>	Personal Statement	<input type="checkbox"/>	Goals and Objectives	<input type="checkbox"/>
Drug Screening	<input type="checkbox"/>	Background Check	<input type="checkbox"/>	Letter of Good Stg.	<input type="checkbox"/>
OSHA Training	<input type="checkbox"/>	HIPAA Training	<input type="checkbox"/>	Milestone Evals	<input type="checkbox"/>
Malpractice Insurance	<input type="checkbox"/>	Personal Health Ins	<input type="checkbox"/>	AAMC Immunization	<input type="checkbox"/>
In-training Exam %-ile	<input type="checkbox"/>	Mask Fit Test	<input type="checkbox"/>	Scrub Training	<input type="checkbox"/>
ACLS	<input type="checkbox"/>	BLS	<input type="checkbox"/>		

### Rotations Requested (order of preference):

#	Dates	Location	FAU Students	Visiting Students

### Available/Approved Rotation Dates:

Dates	Location	FAU Students	Visiting Students

\_\_\_\_\_

Program Director

\_\_\_\_\_

Date

**IMMUNIZATIONS FOR FAU RESIDENTS/FELLOWS**

Last Name	First Name	MI	Birthdate	Gender

IMMUNIZATIONS	DATE (MM/DD/YY) / TITER RESULTS
---------------	---------------------------------

**1. MMR (Measles, Mumps, Rubella)**  
 Documented proof of 2 MMR vaccinations at least 28 days apart after 1 year of age or a positive Measles antibody titer from any time period (lab report required).

1. \_\_\_/\_\_\_/\_\_\_      2. \_\_\_/\_\_\_/\_\_\_  
**OR** IgG titers:  
 Measles \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_  
 Mumps \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_  
 Rubella \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_

**2. Varicella (Chicken Pox)**  
 Documentation of a positive varicella titer OR two varicella immunizations at least 4 weeks apart. History of the disease is NOT acceptable documentation.

Varicella vaccine:  
 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_  
**OR**  
 IgG \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_

**3. Hepatitis B Series**  
 Documented proof of 3 doses of Hepatitis B vaccine **OR** a positive Hepatitis B Surface Antibody titer. Residents may also opt to sign a waiver for this requirement.

Hep B:  
 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_/\_\_\_/\_\_\_  
**OR**  
 IgG \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_

**4. Tetanus-Diphtheria-Pertussis (Tdap) Vaccine**  
 A single dose is recommended for healthcare professionals who have not previously received Tdap as an adult or within the past 10 years.

Tdap: \_\_\_/\_\_\_/\_\_\_

**5A. Tuberculin Skin Test (PPD)**  
 A 2-step TB skin test (1-3 weeks apart within the past 12 months **OR** 2 annual tests within the past 24 months the most recent within the past year) **OR** the **Quantiferon-TB Gold Test** through his/her healthcare provider. This blood test requires a single patient visit.

**PPD in last 12 months:**  
 1. \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_  
 2. \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_  
 \_\_\_/\_\_\_/\_\_\_

**5B. If you had a positive PPD or positive Quantiferon – TB Gold Test**  
 Complete the Tuberculosis Screening Questionnaire and attach report from chest x-ray done within last 6 months.

If positive PPD of Quantiferon-TB Gold Test, date of most recent CXR:  
 \_\_\_/\_\_\_/\_\_\_ Normal \_\_\_ Abnormal \_\_\_

I certify that the information above is true and accurate to the best of my knowledge.  
 Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physicians printed name: \_\_\_\_\_  
**To be completed by Physician (MD/DO), APRN or PA (not yourself)** **Office stamp required**

## **HEPATITIS B VIRUS VACCINE WAIVER FORM FOR FAU MEDICAL RESIDENTS**

Read the information below and fill out the waiver below. Make a copy for your records.

Hepatitis B is a serious infectious disease caused by a virus that attacks the liver. The hepatitis B virus (HBV) can cause life-long infection that may lead to cirrhosis (scarring) of the liver, liver cancer, liver failure, or death. There is no cure for hepatitis B but the infection can be prevented by vaccination.

**Symptoms:** Symptoms of hepatitis B can resemble the flu and may include fever, loss of appetite, low energy, joint pain, cramping, or nausea and vomiting, as well as jaundice (yellow skin or eyes). However, in about 50% of cases, hepatitis B causes no symptoms and some of these become chronic carriers who are able to transmit the disease to others.

**Transmission:** Hepatitis B is contagious and spreads when the blood or other body fluids of a person with the virus are absorbed into an individual's blood stream. The hepatitis B virus can live in all body fluids of an infected person, including blood, saliva, semen, and vaginal fluids. It can enter the body through cuts, tears, or abrasions in the skin and through mucous membranes of the mouth, vagina, anus, and eyes. Hepatitis B can be transmitted through sexual contact, by sharing razors, toothbrushes, sharing needles for drug injection, or by getting a tattoo or body piercing using non-sterile instruments or needles.

**Risk Factors for Hepatitis B:** Anyone who comes into contact with the blood or body fluids of an infected person is at risk for Hepatitis B. Certain behaviors can increase the risk, including unprotected sex (vaginal, anal, and oral); contact sports (sports during which players may be exposed to each other's blood or saliva); getting a tattoo or body piercing; sharing items such as razors, earrings, and toothbrushes; sharing injection drug paraphernalia; travel abroad to areas where the disease is widespread; health care and other occupations that involve exposure to infected blood or body fluids, and household contact with someone with a chronic infection.

**Vaccination Recommendations for Residents:** A vaccine is available to help protect against hepatitis B. The US Centers for Disease Control and Prevention (CDC) recommends vaccination of everyone age 18 and under, and anyone at high risk for hepatitis B. The American College Health Association (ACHA) recommends that all student athletes be vaccinated. The hepatitis B vaccine is safe and effective. You cannot get the disease from the vaccine. The most common side effect of the vaccine is soreness at the injection site. Vaccination requires a series of three shots over a six-month period. After that, a booster shot is usually not necessary. The vaccine is effective in protecting more than 96 percent of those who complete the three-dose vaccination series.

**Other Forms of Prevention:** In addition to vaccination, people can modify their behavior by using condoms during sex and avoiding tattooing and body piercing with non-sterile instruments or techniques. People should also avoid sharing needles, razors, or toothbrushes.

To learn more about hepatitis B and the vaccine, please contact your physician or visit the CDC web site at [www.cdc.gov](http://www.cdc.gov), or contact Student Health Services to receive the vaccine.

## TUBERCULOSIS SCREENING QUESTIONNAIRE FOR FAU MEDICAL RESIDENTS

**Complete this form *only* if you have a history of a POSITIVE TB skin test or POSITIVE QUANTIFERON-TB GOLD TEST.**

<b>PERSONAL INFORMATION</b>				
Last name	First name	Z number	Date of birth MM/DD/YY	Gender
Phone		Email address		

Have you ever received BCG?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of BCG vaccine: / / /
Date of last PPD skin test or Quantiferon-TB Gold Test:	/ / /		
Did you take any medication associated with a positive TB test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, dates: _____
Date of last chest X-Ray:	/ / /		

**Check if you are having any of the following unexplained symptoms and they have lasted for 3 - 4 weeks or longer**

Symptom	Yes	No	Symptom	Yes	No
Unexplained fatigue			Night sweats (drenching)		
Unexplained weight loss			Persistent cough		
Loss of appetite			Spitting/coughing up blood		
Fever (usually at night)			Chest pain		

<b>HEALTH CARE PROVIDER CERTIFICATION AND ADDRESS</b>	
<b>I certify that the information provided above in the section on TB screening is true and accurate to the best of my knowledge.</b>	
Physician's printed name:	An official stamp must appear here for forms and documents to be approved.
Street Address	City
State    Zip	
Physician's signature:	
Date	

**AGREEMENT FOR ROTATION OF AN EXTERNAL INSTITUTION'S RESIDENT OR FELLOW  
AT THE CHARLES E. SCHMIDT COLLEGE OF MEDICINE AT  
FLORIDA ATLANTIC UNIVERSITY**

The Florida Atlantic University Board of Trustees, on behalf of the Charles E. Schmidt College of Medicine ("UNIVERSITY"), has responsibility for the training of physician residents and fellows (each hereinafter referred to as "RESIDENT") in accordance with and as accredited by the Accreditation Council for Graduate Medical Education ("ACGME"), and provides clinical settings in which RESIDENT may participate in medical education, research, and patient care.

\_\_\_\_\_ ("INSTITUTION"),

located at \_\_\_\_\_ wishes to enter into this formal agreement with UNIVERSITY and FACILITY (as defined below) for the educational benefit

of RESIDENT through a clinical rotation at \_\_\_\_\_, a UNIVERSITY-affiliated health care facility ("FACILITY"). This agreement must be fully executed by all parties prior to arrival of RESIDENT at FACILITY for a clinical rotation and before RESIDENT performs clinical services at FACILITY. Each of UNIVERSITY, INSTITUTION, and FACILITY is a "party" hereto and are collectively the "parties".

**AGREEMENT AND RESPONSIBILITIES**

UNIVERSITY, acting through its Department of \_\_\_\_\_, Program in

\_\_\_\_\_ ("DEPARTMENT"), agrees to accept \_\_\_\_\_, a RESIDENT in INSTITUTION's \_\_\_\_\_, for a clinical rotation

at FACILITY for the period from \_\_\_\_\_. FACILITY agrees to the foregoing.

**A. RESPONSIBILITIES OF UNIVERSITY, THROUGH ITS DEPARTMENT, AND FACILITY**

1. UNIVERSITY shall provide qualified preceptors/faculty and a structured educational experience to RESIDENT pursuant to ACGME competency areas and consistent with ACGME standards. The individual(s) assigned by DEPARTMENT to assume administrative, educational, and supervisory

responsibility for RESIDENT's clinical experience at FACILITY is \_\_\_\_\_. Such individual will evaluate RESIDENT's performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment. In cooperation with the Program Director of the DEPARTMENT'S Residency Program, the preceptor/faculty at FACILITY are responsible for the day-to-day activities of the RESIDENT to ensure that the goals and objectives provided by INSTITUTION to DEPARTMENT are met during the course of the educational experiences at FACILITY.

2. UNIVERSITY and FACILITY, as applicable, shall provide to RESIDENT, upon his/her arrival at FACILITY, a current set of DEPARTMENT, UNIVERSITY and/or FACILITY rules and regulations pertaining to the site of assignment.
3. UNIVERSITY and FACILITY shall arrange for access by RESIDENT to available library facilities at the site of assignment.
4. UNIVERSITY and FACILITY shall arrange for immediate emergency care in the event of RESIDENT'S accidental injury or illness, but neither UNIVERSITY nor FACILITY shall be responsible for costs involved, follow-up care, or hospitalization.
5. UNIVERSITY and the preceptor/faculty at FACILITY shall evaluate the performance of RESIDENT, in writing if requested.
6. UNIVERSITY and FACILITY shall have the right to remove RESIDENT from the assignment in the event RESIDENT does not, in the sole judgment of UNIVERSITY and/or FACILITY, satisfactorily perform assigned duties while in the program.
7. If RESIDENT is deemed an employee of UNIVERSITY pursuant to Chapter 440, Florida Statutes, worker's compensation protection shall be provided by UNIVERSITY in accordance with applicable Florida laws and regulations. If worker's compensation is also provided by INSTITUTION and would be provided in the absence of the aforesaid provision, then to the extent permissible under Florida law, the aforesaid provision shall be null and void.
8. Subject to certain notice provisions, Section 1012.965, Florida Statutes precludes an employee or agent of the FAU Board of Trustees providing medical care at FACILITY pursuant to this agreement from being deemed to be an agent of FACILITY in any civil action. In support of FACILITY's implementation of Section 1012.965, Florida Statutes, the parties agree to fully cooperate with each other in notifying patients that they will be receiving care from FAU employees and/or agents and that liability, if any, that may arise from that care is limited as provided by law. Each patient shall acknowledge receipt of this notice in writing by signing a version of the attached sample notice of limited liability.

## **B. RESPONSIBILITIES OF INSTITUTION**

1. INSTITUTION shall identify in writing the educational goals and objectives to be attained during RESIDENT's clinical experience at FACILITY and shall attach same hereto as Attachment A. The content of the educational experiences has been developed according to ACGME Program Requirements applicable to the DEPARTMENT'S Residency Program and includes the goals and objectives provided by INSTITUTION.
2. INSTITUTION shall ensure that RESIDENT has appropriate qualifications, including appropriate skills, training, health status, and other qualifications as required by UNIVERSITY and FACILITY.
3. INSTITUTION shall instruct RESIDENT to attend all educational activities, perform clinical services as assigned by preceptor, and adhere to applicable policies of DEPARTMENT, UNIVERSITY and FACILITY.
4. INSTITUTION shall instruct RESIDENT to wear a pictured name tag identifying his/her status with UNIVERSITY.

5. INSTITUTION shall be responsible for the payment of all salaries and fringe benefits accruing to RESIDENT.

6. INSTITUTION shall instruct RESIDENT to keep patient information strictly confidential and to not use confidential patient information for any purpose other than treatment or as a part of their own training. RESIDENT shall be instructed to comply with all applicable requirements of state and federal law for the protection of confidential patient information, including privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

7. INSTITUTION shall maintain, throughout the duration of RESIDENT’S clinical experience at FACILITY, comprehensive general liability insurance coverage for RESIDENT with combined and single limits of not less than \$1,000,000, and professional liability insurance coverage for RESIDENT with limits of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. INSTITUTION shall provide UNIVERSITY with a certificate evidencing such insurance coverage prior to RESIDENT beginning his clinical assignment at FACILITY.

### C. JOINT RESPONSIBILITIES

While engaged in activities described in this Agreement, RESIDENT shall function in the capacity of an employee or agent of the Florida Atlantic University Board of Trustees and shall be subject to the personal immunity for tort claims as described in Section 768.28, Florida Statutes. Accordingly, the Florida Atlantic University Board of Trustees acting as UNIVERSITY shall, in accordance with applicable Florida laws and regulations, provide professional and general liability protection for claims and actions arising from the clinical activities of RESIDENT, with such protection being provided by the Florida Atlantic University College of Medicine Self-Insurance Program (“FAUSIP”) and subject to the language of the FAUSIP Memorandum of Protection and Conditions of Participation.

As indicated by initialing next to one of the two options below, the INSTITUTION agrees to:

\_\_\_\_\_ Pay a contribution in the amount of \$\_\_\_\_\_ to the FAUSIP, the basis of which shall be the proration of the annual specialty charge for a similar resident or fellow employed by UNIVERSITY. The check should be made payable to the FAU Self-Insurance Program and sent to the following address prior to the rotation start date: Florida Board of Governors Self-Insurance Programs, ATTN: Insurance Services, PO Box 112735, Gainesville, FL 32611-2735.

\_\_\_\_\_ Indemnify the Florida Atlantic University Board of Trustees for tort liability losses and related legal expenses arising from the culpable acts of each RESIDENT, subject to the limits of professional liability protection which INSTITUTION maintains on behalf of its health care employees and agents.

Nothing herein is intended to serve as a waiver of sovereign immunity by the Florida Atlantic University Board of Trustees, UNIVERSITY, and/or the Florida Board of Education. Nothing herein shall be construed as consent by a state agency, public body corporate, or political subdivision of the State of Florida to be sued except as permitted by Section 768.28 Florida Statutes.

**D. Policies and Procedures that Govern Resident Education**

RESIDENT will be under the general direction of the Florida Atlantic University College of Medicine Graduate Medical Education Committee and the following: FAU COM GME Program and Policy Procedure Manual; the Residency Program Policy and Procedure Manual; other GME Policies and Procedures; applicable FAU regulations, policies and procedures; applicable policies of FACILITY; and applicable terms and conditions of any Affiliation Agreement (including any Operating Addenda and related Schedules thereto) between FAU and FACILITY.

Each person signing on behalf of the parties to this agreement represents and warrants that he/she has full authority to execute the agreement on behalf of such party and that the agreement will constitute a legal and binding obligation.

**Florida Atlantic University Board of Trustees  
for the Charles E. Schmidt College of Medicine**

**INSTITUTION:**  
\_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ signature  
Title: Program Director

\_\_\_\_\_  
Name: \_\_\_\_\_ signature  
Institution Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: Lisa Clayton, DO \_\_\_\_\_ signature  
Title: Designated Institutional Official  
Associate Dean for Graduate Medical Education

\_\_\_\_\_  
Name: \_\_\_\_\_ signature  
Title:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FACILITY:**  
\_\_\_\_\_

\_\_\_\_\_  
Name: Russell Ivy, PhD \_\_\_\_\_ signature  
Vice Provost for Academic Affairs

\_\_\_\_\_  
Name: \_\_\_\_\_ signature  
Title:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: \_\_\_\_\_ signature  
Preceptor/Supervising Faculty

\_\_\_\_\_  
Date