

# Graduate Medical Education Handbook

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MEHARRY MEDICAL COLLEGE



**MEHARRY MEDICAL COLLEGE  
SCHOOL OF MEDICINE**

**To Residents and Fellows:**

On behalf of the faculty and administration of Meharry Medical College, I am pleased to welcome you to our outstanding resident training programs. Our programs in family practice, internal medicine, obstetrics and gynecology, occupational medicine, preventive medicine, psychiatry and sports medicine are in full compliance with the guidelines of the Accreditation Council for Graduate Medical Education.

While at Meharry, you will spend the majority of your time under the supervision of the faculty and senior residents in the clinical care of patients. Although education is the primary goal of our programs, excellence, compassion and professionalism in the care of each individual patient are equally important.

Please be assured that the Office of Graduate Medical Education will provide you with full support, assistance and guidance throughout your clinical training. The office offers a broad range of services, which includes assistance in relocation, loan deferments, financial planning, counseling services, certification and placement.

We are pleased that you have chosen to train at the academic medical centers of Meharry Medical College and its affiliated training sites; and we remain steadfast in our commitment to providing you with excellence in clinical instruction and training.

Sincerely,



Marquetta Faulkner, MD, MBA, FACP, FASN  
Associate Dean/DIO  
Graduate Medical Education

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**STATEMENT OF INSTITUTIONAL COMMITMENT  
TO GRADUATE MEDICAL EDUCATION (GME)**

Meharry Medical College, School of Medicine hereby declares its commitment to supporting Graduate Medical Education (GME) in compliance with the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME).

The institution has established an Office of Graduate Medical Education (GME) with an DIO for Graduate Medical Education as the Designated Institutional Officer (DIO) who has the authority and responsibility for the oversight and administration for all approved GME programs. The office has a fully functional Instructional Graduate Medical Education Committee (GMEC) to monitor, oversee, and advise regarding all sponsored residency programs.

The Office of GME is responsible for:

- Establishing policies;
- Maintaining liaison with program directors;
- Conducting periodic internal reviews of all programs;
- Assuring written criteria for selection, evaluation, promotion and dismissal of residents;
- Assuring fair and due process;
- Securing appropriate funding and support services including technological resources;
- Monitoring duty hours and the learning/work environment;
- Assuring the core resident curriculum provides regular reviews of ethical, socioeconomic, medical-legal, cost containment, and cultural competency issues that affect medical practice;
- Ensuring that each accredited GME program has obtained appropriate letters of agreement with each participating institutions.
- Ensure HIPPA training and compliance for all residents
- Ensure the all programs implement the core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.
- Ensuring that all GME programs are in substantial compliance with ACGME policies and procedures.

## **POLICY ON RESIDENT ELIGIBILITY AND SELECTION**

### 1. Resident Eligibility

Applicants with one of the following qualifications are eligible for appointment to Meharry Medical College residency programs:

- a. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b. Graduates of medical schools in the U.S. and Canada accredited by the American Osteopathic Association (AOA).
- c. Graduates of medical schools outside the U.S. and Canada who meet both of the following qualifications:
  - 1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) and;
  - 2) Approval upon application for a full and unrestricted license or a Graduate Education Temporary Permit (GETP) to practice medicine in the State of Tennessee.

### 2. Resident Selection

- a. Meharry Medical College Graduate Medical Education Programs select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate are considered in the selection.

These characteristics are accessed by means of the requirement for letter from the Dean of the Medical School of the candidate, letters of recommendation from faculty and others acquainted with the applicant and personal interviews by faculty. In accordance with Title IX, the School of Medicine has, as its policy, to consider all candidates for graduate medical education regardless of race, sex, creed, nationality, or sexual orientation. Performance in medical school, personal and official letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process.

- b. Meharry Medical College School of Medicine participates in the National Residency Matching Program (NRMP) in selecting residents for the following programs:
  - Internal Medicine
  - Family Practice
  - Psychiatry
  - Preventive Medicine
  - Occupational Medicine
  - Obstetrics and Gynecology
  - Sports Medicine Fellowship

## **POLICY ON TRANSFERRING INTO ANOTHER PROGRAM**

Retention of residents is crucial not only to the development of their professional careers but to the integrity of training programs and sponsoring institution as well.

It is therefore essential that Meharry Medical College, as a sponsor of Graduate Medical Education, establish a policy regarding transferring from one program to another, which will serve as a standard of professionalism through this process.

1. The resident must notify his/her program in writing 120 days prior to the end of their contract that they will not be renewing.
2. A resident must sign their contract no later than April 15<sup>th</sup>. If any resident has not signed his/her contract by April 15<sup>th</sup>, the position will not be guaranteed in July. Postgraduate Physicians whose contracts do not coincide with the academic year July to June 30 must sign his/her contract 75 days prior to the end of their contract period.
3. If a resident wishes to transfer from one Meharry program to another Meharry program and does not apply through ERAS, the resident must do the following:
  - Turn in a completed folder containing the following information.
    1. Completed application
    2. Medical school transcript
    3. Two letters of recommendations; one must be from your present program director
    4. Dean's Letter
    5. Proof of passage of USMLE I and II
    6. Valid ECFMG certificate (International Medical Graduates only)

- Go through the interviewing process

Approved by the GMEC September 2005; Revised 2014

## **CREDENTIALING OF RESIDENTS**

All applicants/candidates for a residency program **must** submit the following:

1. Two letters of recommendations, one of which should be from a clinical instructor in the applicants/candidates specialty area.
2. Proof of graduation from a medical school in the U.S. or Canada Accredited by the Liaison Committee on Medical Education (LCME) (Transcript and/or notarized copy of a diploma) and proof of passage of USMLE I and II CK and CS.
3. Proof of graduation from a medical school in the U.S. or Canada accredited by the American Osteopathic Association (AOA). (Transcript and/or notarized copy of a diploma)
4. A Dean's Letter
5. A completed ERAS or universal residency application.
6. Proof of American citizenship or permanent residency (green card) must be provided.
7. Current ECFMG certification, if applicable



### **POLICY ON USMLE STEP III PASSAGE**

As a resident at Meharry Medical College, you must adhere to the following policy on USMLE Step III passage:

All residents participating in residency programs at Meharry Medical College must take and pass USMLE Step III before entering their third year of residency. The deadline for registering for the USMLE Step III exam is July 31 of the residents' PGY II year. Residents must take USMLE Step III and provide the results to their residency program by December 31 of their PGY II year.

If the resident has not passed Step III and provided Meharry Medical College with his/her results by March 1, renewal of the resident's contract will not be guaranteed.

Revised and approved by the GMEC July2009

## **POLICY ON RESIDENTS' DUTY HOURS**

Regardless of where affiliated rotations are offered, duty hours and on-call time periods must not be excessive for the residents of Meharry Medical College. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the Institutional and Program Requirements (Resident Review Committee) that apply to each program. Residents should work, on an average, no more than 80 hours total per week; should be on call no more than every third night. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). Duty periods of PGY I residents must not exceed 16 hours in duration. Duty periods of PGY II residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

Minimum time off between scheduled duty periods must be given as followed:

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

Intermediate-level residents (as defined by the RRC) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. The resident must have at least 14 hours free of duty after 24 hours of in-house duty.

Exceptions to these standards must be justified by written educational policies, and reviewed and approved by the GME Committee.

The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations in any participating institution affiliated with Meharry Medical College Graduate Medical Education Programs. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. However, when patient care responsibilities are especially difficult or prolonged, programs must ensure that residents are provided appropriate backup support.

## **GMEC PROCEDURES FOR EXCEPTIONS IN RESIDENTS DUTY HOURS**

Graduate Medical Education's Institutional Policy and Procedures states, regardless of where affiliated rotations are offered, duty hours and on-call time periods must not be excessive for the residents of Meharry Medical College. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the Institutional and Program Requirements (Resident Review Committee) that apply to each program. Residents should work no more than 80 hours total per week, averaged over a four-week period, inclusive of all in-house call activities. Residents should be on call no more than every third night. Exceptions to these

standards must not exceed the allowed 10 % increase or 88 hours and must be justified by written educational policies and reviewed by the GME Committee”.

The following procedure must be used by each program to request an exception to the 80-hour work week.

1. Each program must submit a request to the Graduate Medical Education Committee (GMEC) for review at least two weeks before the next regularly scheduled monthly GMEC meeting.
2. The program must explain in detail the educational rationale for the exception. The rationale must include at a minimum the following.
  - a. What additional educational component is being added and why this component can not be covered in the allocated 80 hours?
  - b. How long will this exception last?
  - c. Explain the method of evaluating the overall effect of the extended work week
  - d. Document that this extended work will not adversely affect the resident's quality of life.
  - e. Document that this extended work week will not increase the fatigue factor of residents.
3. After review by the GMEC, the request will be approved or disapproved. If the GMEC approves the request, the program will then send the request to their ACGME RRC.

Approved by the Graduate Medical Education Committee, July 15, 2004; Revised 2013

## **POLICY ON MOONLIGHTING**

Residents are strongly discouraged from moonlighting. Residents who wish to engage in the practice of medicine outside of their formal training program must have the explicit written approval of their program director or chair. The institutional principles established for duty hours must be considered when a resident is allowed to moonlight. Hours used for moonlighting activities count towards the total 80 hour per week allocation. All residents who engage in moonlighting activities must be fully licensed to practice medicine; have state and federal (DEA) number to prescribe; and must carry individual malpractice insurance coverage. In the event that moonlighting activities adversely affect the resident's performance, moonlighting privileges will be withdrawn.

Meharry Medical College and its insurers have no responsibility for the acts of residents or omissions occurring outside the jurisdiction of the training program clinical assignment sites. All licenses and insurance coverage provided by Meharry Medical College, School of Medicine or by its affiliated teaching hospitals for purposes of graduate medical education cannot be used for purposes of moonlighting.

**RESIDENTS PARTICIPATION AND REPRESENTATION  
ON INSTITUTIONAL COMMITTEES AND COUNSELS  
WHOSE ACTIONS EFFECT EDUCATION AND PATIENT CARE**

Residents must have appropriate representation on institutional committees and counsels whose actions affect their education and/or patient care. Residents must be aware of and participate as appropriate in institutional programs and medical staff activities. They must be knowledgeable about and adhere to established practices, procedures, and policies of each institution participating in the educational experiences and activities of their training program. During their course of training, each resident should participate on a patient safety and care committee including but not limited to the following:

Patient Care and Safety  
Patient Rights/Ethics  
Executive  
Medical Records  
Infection Control  
Pharmacy & Therapeutics, and

Quality Assurance and other similar established institutional committees as they occur in all affiliated training institutions.

**GRADUATE MEDICAL EDUCATION  
INSTITUTIONAL RESIDENT DEA POLICY**

As a resident at Meharry Medical College, you must adhere to the following prescription policy.

- **RESIDENTS WITH OR WITHOUT THEIR OWN MEDICAL LICENSE AND DEA NUMBER**

An intern or resident of a residency program whose training occurs at Meharry Medical College and its affiliate training sites may administer, dispense or prescribe controlled substances under the registration of the training site in which he or she is rotating, or other institutions in which he or she is employed provided that:

1. The dispensing, administering, or prescribing is in the usual course of professional practice;
2. The practitioner is authorized to do so by the state in which he is practicing;
3. The hospital or institution has verified that the practitioner is permitted to dispense, administer, or prescribe controlled substances within the state;
4. The practitioner acts only within the scope of employment in the hospital or institution;
5. The hospital or institution authorizes the practitioner to dispense or prescribe under its registration and assigns a specific internal code number for each practitioner so authorized (hospital DEA registration number – Physician’s Hospital Code Number);
6. A current list of internal codes and the corresponding individual practitioners are to be kept by the hospital or other institution. This list is to be available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.

Excerpt from DEA Diversion Control Program Pharmacist’s Manual

- **WRITING PRESCRIPTIONS FOR DRUGS REQUIRING USE OF A DEA NUMBER FOR PATIENTS OUTSIDE OF NASHVILLE GENERAL HOSPITAL OR NASHVILLE GENERAL BORDEAUX NURSING HOME**

1. Metro General Hospital at Meharry, Bordeaux Nursing Home, and the VA have unique DEA numbers and they cannot be interchanged.
2. Interns or residents writing prescriptions for patients seen at Meharry clinics, vis-à-vis Meharry Family Practice, OB/GYN, and Pediatric Clinic at Meharry or Meharry Family Practice Clinic at Madison and 1919 Charlotte, **must not** use the Nashville General Hospital at Meharry’s, Bordeaux Nursing Home’s or the VA’s DEA number.

3. Interns or residents ordering prescriptions for patients seen at Meharry Medical College clinics, including but not limited to Meharry Family Practice, OB/GYN and Pediatric Clinic or Meharry Family Practice Clinic at Madison and 1919 Charlotte, must write prescriptions on the attending physician's prescription pad using the attending physician's DEA number and the prescription must be signed by the attending physician. This is the case whether or not a resident has an independent Federal DEA number.

- **WRITING PRESCRIPTIONS FOR FAMILY MEMBERS AND WHILE MOONLIGHTING REQUIRING USE OF A DEA NUMBER OUTSIDE OF NASHVILLE GENERAL HOSPITAL OR NASHVILLE GENERAL BORDEAUX NURSING HOME**

Interns and residents **must not** write prescriptions using an institutional DEA Number for family members and friends, unless an established physician-patient relationship exists. In the case of emergencies, interns or residents are encouraged to refer their family members to an attending physician.

Residents who are authorized to moonlight using their own medical license, Federal DEA number, and malpractice insurance are encouraged to follow the guidelines as set forth by the DEA in the state of Tennessee. **However, it is recommended that an established physician-patient relationship exists when prescribing medication for family members and friends.**

- **PRESCRIPTIVE LIMITATIONS**

Interns and residents may write prescriptions for narcotics substances for patients in Nashville General Hospital, Bordeaux Nursing Home and the VA system, provided the attending concurs. Attending supervision is required for patients seen in these training sites. Residents **must** have the countersignature of the attending physician when rotating in the Family Medicine and OB/GYN outpatient clinics.

**Approved by the Graduate Medical Education Committee, November 18, 2004**

## **POLICY ON CORE CURRICULUM – GME**

Whereas ACGME Essentials require:

“ . . . Assurance that the residents’ curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice. . . (as well as competencies in diversity and cultural sensitivity)  
 . . . furthermore, the curriculum must also provide an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate residents participation in departmental scholarly activity, as set forth in the applicable Program Requirements

And whereas ACGME Essential now requires:

“ . . . All residents should receive instruction in quality-assurance/performance improvement. To the degree possible and in conformance with state law, residents should participate in appropriate components of the institution’s performance improvement program.”

The GME Committee requests that all residents finishing training after June, 2001, shall have attended at least one seminar on each required topic during the period of the residency program, and that the receipt of their graduation certificate from Meharry Medical College be contingent on various proofs of attendance and satisfactory evaluation of competencies.

### **ACGME CORE COMPETENCIES**

Each resident must be trained and be evaluated under the 6 core competencies as described by the Accreditation Council for Graduate Medical Education:

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

## TRANSITIONS OF CARE POLICY

### POLICY:

To ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes for both scheduled and unscheduled transition of responsibility.

Transition of care is defined as the communication of information to support the transfer of care and responsibility for a patient or a group of patients from one provider to another. Transitions of care are necessary in the hospital setting for various reasons. The transition or hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, resident sign-out, and rotation changes for residents.

### PROCEDURES:

1. The transition process must involve face-to-face interaction with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:
  - Identification of patient, including name, medical record number, and age
  - Identification of admitting/attending physician and contact information
  - Diagnosis and current status/condition (level of acuity) of patient
  - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
  - Outstanding tasks – what needs to be completed in immediate future
  - Outstanding laboratories/studies – what needs follow up during shift
  - Changes in patient condition that may occur requiring interventions or contingency plans
2. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Programs are required to develop scheduling and transition or hand-off procedures to ensure that:
  - Residents comply with specialty specific/institutional duty hour requirements
  - Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.



- All parties (including nursing) involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules should be available on all floors and also with the hospital operators.
  - Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
  - All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
  - Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
  - Programs should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.
3. Each program must include the transition of care process in its curriculum.
4. Residents must demonstrate competency in performance of this task. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:
- Direct observation of a transition session by an attending.
  - The above by a peer or by a more senior trainee
  - Evaluation of written handoff materials by Departments
  - The above by a peer or by a more senior trainee
  - Didactic sessions on communication skills
  - Assessment of adverse events and relationship to sign-out quality through:
    - Survey
    - Reporting hotline (NGH 615-341-4555; MMC 1-888-695-1534)
    - Chart review
    - Q Statum (NGH)
5. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program to ensure:
- There is a standardized process in place that is routinely followed
  - There consistent opportunity for questions
  - The necessary materials are available to support the handoff (including, written sign-out materials, access to electronic clinical information)
  - A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication
  - Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines

**Approved by the Graduate Medical Education Committee 2013**

## **POLICY ON SUPERVISION AND EVALUATION OF RESIDENTS**

The purpose of this memorandum is to establish the Meharry Medical College School of Medicine policy for the supervision of resident performance, including the method of documenting such supervision. It is the policy of the school of medicine that all residents are given the required level of supervision in all aspects of their training and that this supervision will be documented in the departmental resident file.

Within all participating institutions, each service/section, which participates in training residents, will designate a program coordinator with the concurrence of the sponsoring Meharry Medical School Program Director. The program coordinator may also be the program director. The program director is responsible for the quality of the overall affiliated education and training program discipline and for ensuring that the program is in compliance with the policies of the respective accrediting and/or certifying body(ies) (RRC's). The program coordinator is responsible for the quality of educational experiences provided within the section/service and is responsible for ensuring that the resident is aware of and adheres to established practices, procedures, and policies of the institution. The program coordinator will:

- Periodically assess the medical staff discharge of supervisory responsibilities from evaluations and interviews with residents, other practitioners and other members of the health care team.
- Work with the program director to structure training programs consistent with the requirements of the accrediting bodies and the affiliated medical schools.
- Ensure that residents attend required rounds, lectures, seminars, and other educational venues and scholarly activities required in order to fulfill the curriculum goals and objectives of their residency program.
- Provide for all residents entering their first rotation to participate in an orientation to institutional policies, procedures, and the role of residents within each affiliated institution's health care system.
- Provide residents the opportunity to participate on committees where decisions are made that affect resident activities (Quality Assurance, Utilization Review, Ethics, GME Program Committees, and Medical Staff Activities).

Proper supervision of residents is expected in all areas of all affiliated institutions to assure consistently high standards of patient care. It is a cardinal principle that overall responsibility for the treatment of each patient lies with the medical staff practitioner to whom the patient is assigned and who supervises the resident physician.

A Medical Staff member will be involved in patient treatment to the degree necessary to assure consistently high standards of patient care. This medical staff will be responsible for, and

must be familiar with, the care provided to the patient. The medical staff is expected to fulfill this responsibility, at a minimum, in the following manner:

- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, the experience and judgment of the resident being supervised and within the scope of the approved clinical privileges of the staff practitioner. Documentation of this supervision will be via progress note, or countersignature of, or reflected within, the resident's progress note at a frequency appropriate to the patient's condition, according to each affiliated institution's requirements.
- Meet the patient early in the course of care and document, in a progress note, concurrence with the resident's initial diagnosis and treatment plan. At a minimum, the progress note must state such concurrence and be properly signed and dated.
- Participate in attending rounds. Participation in rounds provides the presence of the medical staff for patients care and for appropriate supervision to residents. A variety of face-to-face interactions such as chart rounds, X-ray review sessions, pre-op reviews, or informal patient discussions also fulfill this requirement.
- Assure that all technically complex diagnostic and therapeutic procedures which carry a significant risk to the patient are: medically indicated, fully explained to and understood by the patient to meet informed consent criteria, properly executed, correctly interpreted, and evaluated for appropriateness, effectiveness and required follow-up. Evidence of this assurance should be documented.
- Direct appropriate modifications of care as indicated in response to significant changes in diagnosis or patient status. Evidence of this assurance should be documented.

**Graduated Levels of Responsibility:**

The program director will be responsible for developing a personal program with each resident, which assures continued growth and guidance from teaching staff. As part of their training program, residents will be given progressive responsibility for the care of the patient. A resident may act as a teaching assistant to less experienced residents. Assignment of the level of responsibility must be commensurate with their acquisition of knowledge and development of compassion, judgment and skill, and consistent with safe and effective patient care and with the requirements of accrediting agencies.

Based on a locally developed process of assessing a resident's knowledge, skill, experience and judgment, residents will be assigned graduated levels of responsibility to perform procedures or conduct activities without a supervisor directly present, and/or act as a teaching

assistant to less experienced residents. The determination of a resident's ability to accept responsibility for performing procedures or activities without a supervisor directly present and/or act, as a teaching assistant will be based on documented evidence of the resident's clinical experience, judgment, knowledge and technical skill.

Documentation of a resident's assigned level of responsibility will be filed in the residents record and will include: a specific statement identifying the evidence on which such a determination is made; the types of diagnostic or therapeutic procedures the resident may perform and those for which the resident may act as a teaching assistant; and the concurrence of the service chief.

When a resident is acting as a teaching assistant, the medical staff remains responsible for the quality of care of the patient, providing supervision and meeting medical recorded documentation requirements as defined within this policy.

### **Evaluation of Residents and Supervisors:**

Each resident will be evaluated on the basis of clinical judgment, knowledge, technical skills, humanistic qualities, professional attitudes, behavior and overall ability to manage the care of a patient. Evaluations will occur in accordance with their specific RRC requirements, or at the end of each resident's rotation, every 6 months, whichever is more frequent. This written evaluation will be discussed with the resident and made available to all of the resident's supervisors.

If at any time a resident's performance is judged to be detrimental to the care of a patient(s), action will be taken immediately to assure the safety of the patient(s). The program director will promptly provide written notification to the affiliate program director or department/division chairperson of the resident's unacceptable performance or conduct.

Each resident will complete a formal written evaluation of the educational experience in the training program and of the staff practitioner, addressing the provision of clinical supervision (e.g., availability, responsiveness, depth of interaction and knowledge gained). The evaluations will be reviewed by the program coordinator and integrated into discussions with staff practitioners. The program coordinator will share the evaluations with the staff practitioner's supervisor and other appropriate individuals with a legitimate need to know. Confidential written evaluations will be completed at the end of the resident's rotation or every six months, whichever is more frequent. The program coordinator will strive to create an atmosphere, which assists residents in being comfortable completing evaluations of staff and assures the anonymity of the residents. All written evaluations of residents and staff practitioners will be kept on file in the offices of the service chief as well as the program director, and will be used to provide continued quality improvement to the program.

**ACGME Guidelines for Resident Evaluations:**

The new Essentials from the ACGME clearly state that each residency training program “maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.” Recent query on the interpretation of this statement has led to the following decisions:

1. A resident has the right to review his/her evaluations, but the program director can control the way those files are made available to the resident i.e., the resident may see the file only in the company of a designated person. The files should be made available to the resident at the end of every evaluation period, be it monthly or quarterly, but the evaluation should be used as an educational tool so that the resident can benefit as soon as possible from any constructive criticism offered in his/her evaluation. Timely addressing of problems with the resident will probably benefit the resident and the program.
2. The ACGME states that resident evaluations “should be available” to the reviewer at the next institutional review. At that time, they will want to be able to go to every Department and look at the resident evaluations. In order to make sure that evaluations are being kept up to date, the GME committee will do periodic reviews to determine the availability and completeness of residents’ evaluation files.

**Access to Evaluations:**

Resident files should be treated as any other student file. They are open to the resident to review and should be considered confidential and limited to those who have a legitimate need to know within the institution.

## **EVALUATION AND DISCIPLINARY GUIDELINES**

The following evaluation and disciplinary guidelines apply to Graduate Medical Education program residents and clinical fellows (house staff). The purpose of these guidelines is to provide a system for evaluation of the performance of resident and procedures to address unsatisfactory academic performance and/or other conduct.

### **Length of Appointment**

Appointments are made for a one-year term. Renewal of the appointment based on satisfactory performance by the resident and the availability of a position. Terms and conditions of the appointment are specified in the yearly contracts and are further described in this policy and procedure.

#### **A. Evaluation**

Each program will develop educational goals and objectives for its residents and fellows, which are consistent with the ACGME and RRC criteria for the particular specialty. Evaluations shall use criteria and procedures appropriate to the particular departmental program and shall include, but are not limited to medical knowledge, clinical skills, professionalism, and communication and interpersonal skills.

1. Each written evaluation of a resident will address medical knowledge, competence in patient care, professionalism; systems based practice, interpersonal and communication skills, and practice-based learning and improvement. The program director or designee will compile the evaluation. The program director or designee will share the evaluation with the resident and provide feedback. This evaluation must occur at least quarterly and will include a written review of performance; it should also include a discussion of areas of deficiency.
2. The written evaluation and any documentation regarding the meeting should be permanently maintained in the resident's departmental file.
3. Any materials, which are subject to the *Tennessee Medical Peer Review Statute*, are privileged and are not to be copied or released without the prior authorization of the DIO for Graduate Medical Education or his/her designee.
4. The resident with the Program Director, the DIO for Graduate Medical Education, or an individual designated by the DIO for Graduate Medical Education upon request, as determined by each program, may review the evaluations or evaluation summaries.
5. Copies of correspondence between the resident and the Program Director, or any other correspondence directed to or on which the resident was copied, will be provided to the resident upon request to the Program Director.

## **B. Informal Counseling**

In addition to evaluations, program directors, attending or supervising physicians should provide timely feedback on an ongoing basis, which should include positive feedback as well as minor performance or conduct concerns as they occur.

## **C. Corrective Action**

1. Corrective Action should be taken to address any concern about the resident's performance or conduct which is too serious to be resolved by informal counseling or was not corrected by informal counseling. Performance or conduct issues subject to corrective action include, but are not limited to, the following examples.

- Insufficient medical knowledge.
- Inability to apply medical knowledge effectively, whether in patient care, or performance technical skills.
- Any deficiency or conduct, which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills.
- Failure to progress or perform at the expected level of training.
- Violations of professional responsibility, College or hospital affiliate bylaws, policies and procedures, state or federal law or any other applicable rules and regulations.

### **2. Initiation of Corrective Action**

There may be concerns regarding the performance or conduct of a resident, which have not been remedied or should not be addressed with feedback or informal counseling. In those situations, one of the actions listed below may be taken, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the program director should take into account the resident's overall performance, including previous evaluations, informal counseling, warnings, and probationary periods.

#### **a. Warning**

A Warning is appropriate if concerns arise as a result of a single incident or continue regarding the performance or conduct of a resident which are too serious to be dealt with by informal counseling but which do not impact the health or safety of patients or others. (Probation, Summary Suspension

and/or immediate dismissal should address actions that may adversely impact on the health or safety of patients or others.) A Warning will be given to the resident explaining why the conduct or performance is unacceptable. Examples of such unacceptable conduct/performance include, but are not limited to, failure to respond to Informal Counseling, unprofessional conduct, and poor in-service scores. A Warning may be given verbally or in writing, but should be documented in the resident's departmental file, with a copy to the GME office. The resident will be advised by the program director or designee about expectations for improvement of the deficiency or conduct and be given a definite time frame in which to meet these expectations.

During or at the end of the Warning Period the resident will meet with the program director or designee to advise the resident whether the deficiency or conduct has been corrected or whether further corrective action will be taken. If the resident does not correct or improve the conduct or deficiency within the Warning Period, or if the same or additional conduct or deficiency occurs within that period, then the program director may immediately place the house officer on probation, recommend no renewal of contract, or recommend immediate dismissal. At any time, whether before or after the Warning Period has passed, the program director may recommend further action. **Warning is not subject to the disciplinary review process.**

#### **b. Probation**

If a resident's academic performance, performance of duties, attitude, deportment, or interpersonal or communication skills falls below acceptable standards or other deficiencies exist which are not corrected by Informal Counseling or a Warning, or are of a serious nature such that Informal Counseling or a Warning are not appropriate, the house officer may be placed on Probation by the department chair or the program director. The resident will be informed in writing by the department chair or by the program director that he/she is being placed on Probation. The notification should include an explanation of the deficiencies, performance or conduct giving rise to Probation, and the time period of the Probation. The departmental chair and/or program director shall determine the length and conditions of the Probationary Period. A copy of the written notification of Probation shall be sent to the GME office and the resident. The effective date of the Probationary Period will be the date of the written notification. **Probation is not subject to the disciplinary process.**

The department chair and/or program director shall convey expectations for improvement of the resident's performance, deficiency or conduct to the resident together with a copy of these guidelines. During the Probationary Period, a remediation plan shall be developed to advise and assist the resident in addressing the performance issues and/or correct deficiencies or



conduct with the goal of the resident successfully completing the program. If at any time during the Probationary Period additional performance or conduct issues arise, or if the issues, which resulted in the Probation continue, the program director may extend the Probation, recommend that the resident's contract not be renewed, a summary suspension or immediate dismissal.

At the end of the Probationary Period, the departmental chair or program director shall determine which of the following actions will be taken and notify the house officer:

1. Remove the house officer from probationary status.
2. Extend the probationary period.
3. Notify the house officer of non-renewal of his/her appointment.
4. Notify the house officer of his/her immediate dismissal.

The DIO of GME shall also be notified of the actions in one through four above.

**c. Summary Suspension**

At any time a resident's conduct requires that immediate action be taken to protect the health or safety of patients or others, or to reduce the substantial likelihood of immediate injury or damage to the health or safety of patients or other persons, any member of the medical staff shall have the authority to Summarily Suspend the resident.

If a house officer exhibits performance or conduct that is too serious to warrant a Warning or Probation, the department chair, program director, or DIO of GME may also summarily suspend the resident.

The Summary Suspension will be reported immediately in writing to the DIO of GME and the resident's program director and chair.

The DIO of GME, after review of the circumstances giving rise to the Summary Suspension will, after consultation with the chair and program director, determine a course of action, which will include one or more of the following:

1. Lifting, continuing or extending the Summary Suspension;
2. Probation;
3. Notification of No Renewal of contract;
4. Immediate Dismissal.

The resident will be notified in writing of the action taken, and that he/she may not be present in the clinical areas or otherwise participate in on-campus GME activities unless specifically instructed.

In the event of Summary Suspension or Immediate Dismissal, the resident may request a review of the action. He/she should notify the DIO of GME in writing within 5 days of the time written notification of the action was provided or sent to the resident. The DIO for Graduate Medical Education will initiate the Disciplinary Review Process.

**d. Dismissal**

Performance issues or conduct not resolved by a Warning or Probation, or other serious actions or behavior may result in Immediate Dismissal. If at any time, including during or at the end of a probationary period, the Department Chair/Program Director determines that Immediate Dismissal is warranted, they shall notify and consult with the DIO of GME. The resident shall have 5 days from the time written notification of the dismissal recommendation is provided or sent to the resident to choose one of two alternatives:

1. Accept the Dismissal without requesting a review.
2. Request a review of the Dismissal.

The response of the resident should be submitted in writing to the DIO of GME within 5 working days of the notification of Dismissal. Failure to notify the DIO's office within this time frame will be considered acceptance of the Dismissal and the review is forfeited.

**e. Non-renewal**

Non-renewal of a resident's contract may be appropriate for a number of reasons, including but not limited to, insufficient medical knowledge, incompetence in patient care, lack of professionalism, inability to effectively use resources, poor interpersonal and communication skills, and inability to participate in practice-based learning. Ordinarily, written notice of non-renewal of a resident contract shall be given no later than four months prior to the end of the house officer's current contract. In the event that notice cannot be given within four months, it shall be given as soon as possible.

The response of the resident should be submitted in writing to the DIO of GME within 5 days of the notification of non-renewal. Failure to notify the DIO's office within this time frame will be considered acceptance of the non-renewal and the review is forfeited.

If, in the event that within the 5 day period, the Departmental Chairman/Clinical Service Chief and the resident have resolved the matter to their mutual satisfaction (and the Departmental Chairman/Clinical Service Chief notifies the Dean in writing), the GMEC need not be convened and the request for review will be considered withdrawn.

**Disciplinary Review Procedure**

In the event that the resident submits a written request for review after Summary Suspension or Dismissal by his/her residency program, the Designated Institutional Official of Graduate Medical Education (DIO) or his/her designee shall, within a reasonable period of time, but in no event to exceed 10 business days, will appoint an Institutional Graduate Medical Education Ad Hoc Committee for Disciplinary Review (GME Ad Hoc Committee) which will review the circumstances leading to this action. During the review period, the resident will not be assigned to clinical duties.

The GME Ad Hoc Committee shall consist of at least two at large faculty members as well as three members of the GMEC with one member being a chief resident. The DIO or his/her designee will appoint the chair from the five members of the GME Ad Hoc Committee. Any member with a potential conflict of interest may not serve on the Committee.

All relevant academic records and other documentation and witnesses will be made available to the GME Ad Hoc Committee. The resident may appear before the Committee and be given an opportunity to make a statement. The resident may also present any witnesses or documents he/she deems relevant to the proceedings. Witnesses are limited to those who were directly involved with the circumstances giving rise to the action or who are knowledgeable of the circumstances. The Committee can request additional witnesses or documents. The resident may elect to have his/her attorney present at the review hearing, however the attorney may not take active part in the hearing, and the College's legal department may also have representation. The GME Ad Hoc Committee's internal review of the evidence shall be conducted without the presence of attorneys for either party.

After completion of the review, the GME Ad Hoc Committee will make written recommendations, which shall be communicated in writing to the DIO. The DIO will notify the resident, program director, department chair and other appropriate persons for whom notification of the Committee's actions is deemed necessary.

Revised:  
November 2009

### **NON-RENEWAL OF RESIDENT TRAINING**

A decision not to renew a resident's participation in the training program must be made prior to March 1 of each year. Sufficient information should be available by that date to each training program for purposes of evaluating each resident for purposes of renewing their participation in their training with the following exception:

1. A resident, who may be on probation with written defined goals and objectives which have been previously shared with the resident, may be notified in writing on March 1 that the decision of non-renewal is pending completion of objective criteria that must be achieved prior to the end of the training year in order to renew the resident's participation in the training program. It must be made clear to the resident that failure to achieve the criteria established will result in a non-renewal of participation in the training program.
2. If it is felt that there is insufficient information to make a decision about renewal 120 days before, the resident should be notified in writing and given objective criteria that must be accomplished prior to the end of the training year in order to renew the resident's participation in the training program. It should be made clear to the resident that failure to achieve the criteria established will result in a non-renewal of participation in the training program.
3. If financial exigencies or inadequate clinical resources of the program require a reduction of residents, the affected residents should be notified as soon as possible and assisted to obtain positions elsewhere in order to complete their residency education program.

There is nothing in this policy that would prohibit a program from terminating, for cause, a resident subsequent to the March 1 date.

**POLICY AND PROCEDURE FOR ADJUDICATION OF RESIDENTS  
COMPLAINTS AND GRIEVANCES**

GME has an open door policy allowing residents to come and express any concerns they feel has not been resolved by their department. There are times when a situation may arise where the resident perceives that they have not received equitable treatment by a member of the faculty, staff, or representative of the College as well as the performance of a member of faculty or staff.

- The resident should direct the concern or complaint to the person whose actions give rise to the complaint within 30 days of the event. The resident should always seek advice and guidance toward a resolution from the program director, chair, and house staff president if neither are the cause of the complaint. Every effort should be made to come to a resolution within the department promptly.
- If a resolution has not been reached within 30 days, the resident should within 15 days bring it to the attention of the DIO or the Director of GME. The DIO/GEM director will seek to resolve the issues and at any time may seek advice from other members of faculty, house staff, or staff.
- After an evaluation is made the DIO/GME director will make a decision. If the resident wishes to appeal the decision, they must appeal in writing within 15 days after receipt of the decision. At that time, the DIO/GME Director will notify the chair of the GMEC committee and convene the committee to address the appeal within 15 days after receipt of the appeal. Any member (including the chair) who has a potential conflict of interest within the appealing resident will not be permitted to vote. If the chair is in conflict, a temporary chair must be appointed. Neither party will have legal counsel present during the committee deliberations. The committee will make a recommendation to the Dean of the Medical School who will then make a final decision.

Retaliation against a resident for submitting a dispute through the complaint/grievance process will not be tolerated and will result in appropriate disciplinary actions.

Approved by the Graduate Medical Education Committee August 19, 2004

### **ADVERSE ACCREDITATION ACTIONS**

The Sponsoring Institution will inform the DIO, GMEC and residents of adverse accreditation actions taken by the Accreditation Council for Graduate Medical Education in a reasonable period after the action is taken. Should the Sponsoring Institution begin the process of closing a residency training program or reducing the number of residents for accreditation reasons or for other reasons, the residents will be informed at as early a date as possible. In case of such a closure or reduction of the number of residents in a given program or in case of the closure of the hospital, The Office of Graduate Medical Education, DIO and program directors will assist the residents in finding other positions. Residents currently enrolled will be allowed to complete their program if possible.

## **RESIDENTS' WELLNESS POLICY AND PROCEDURE**

### **A. Policy**

It is the policy of Meharry Medical College School of Medicine and School of Dentistry to ensure that the highest quality physician/dentists are practicing medicine in the hospitals and clinic. The Residents' Assistance Program is intended for the identification and treatment of resident physician/dentist with psychiatric problems and resident physician/dentists who are impaired, in efforts to reduce public risk, as well as restore the physician/dentist to health and effective practice.

### **B. Procedure**

1. An impaired resident physician/dentist means a physician/dentist involved in training or research who is unable to practice medicine with reasonable skill and safety to patients because of a mental or behavioral disorder, physical illness, and/or excessive use or abuse of drugs, including alcohol.
2. Whenever there is a reasonable belief that a resident physician/dentist is practicing while under impairment, the program director should be notified immediately.
3. Upon such notification, the program director will conduct a preliminary investigation, and if he/she finds a reasonable belief that such impairment exists, he/she will report such information to the appropriate department chair, GMEC, and the DIO for Graduate Medical Education.
4. Upon recommendation from a training site, the resident can be temporarily suspended from his/her training program until evaluation of the case is complete. During these proceedings, the resident will have complete access to the due process procedure.
5. At a minimum, if it is determined that the resident physician/dentist should not be terminated permanently from the residency program, a physician/dentist suspended due to impairment will be required to successfully complete a rehabilitation or counseling program. The resident is responsible for any cost associated with rehabilitation or counseling program. The program director must provide the GME office/DIO and the Wellness Committee of the hospital with the plan of rehabilitation or counseling. The program director will document compliance in the rehabilitation/counseling program with the treating physician/dentist while the resident physician/dentist is in a rehabilitation/counseling program.
6. If the resident physician/dentist fails to comply with the program, he/she is automatically terminated from residency training and a notice to that effect will be placed in his/her permanent record.

7. The DIO of Graduate Medical Education, the appropriate department chair, program director, and Wellness Committee are to be notified when the resident physician/dentist could be considered for resumption of his/her residency training and the treating physician/dentist determines fitness to assume patient care responsibilities. The resident may be required to enter an aftercare program.
8. The program director will notify the department chair and DIO for Graduate Medical Education when a resident has completed the aftercare program.
9. If the resident physician/dentist fails to comply with aftercare, he/she is automatically terminated from residency training
10. At any stage during this process, the resident can be referred to the Tennessee Medical Foundation.

Revised August 2010

Approved September 2010 by GMEC

### **LEAVE OF ABSENCE**

A Leave of Absence may be granted only with written permission of the department chair and/or Residency Program Director. Such leave may necessarily prolong the duration of residency training according to each specialty's Board requirements, and the requirements unique to programs at Meharry Medical College. In all cases, the number of total months required to complete program requirements for graduation is to be determined by the department chair and/or program director.

### **MILITARY LEAVE**

Eligible residents who are members of the National Guard, Naval Militia or of a reserve component of the United States military forces and who are required to undergo annual field or periodic weekend training or active duty training shall be granted a leave of absence for such period as provided by regulation or emergency situation. The resident shall be entitled to full pay for a period of two weeks per year. This pay will be the difference between his/her regular salary and the money received from National Guard or other reserve unit. Any such hours granted will be in addition to the resident's regular vacation hours. Any remaining military obligation will be granted without pay or, if the resident wishes, he/she may use accumulated vacation time. Armory drills or multiple training assemblies do not qualify for short-term military leave with or without pay.



## **SICK LEAVE POLICY**

Sick leave shall be granted to the resident and shall accrue at the rate of one (1) day per month to a maximum of twelve (12) days annually (pro rata). If a resident calls in sick, it is the prerogative of the program director to ask for a doctor's excuse from the resident.

It is the responsibility of the Program Director to make sure that responsibilities are covered by an appropriate substitute.

Each resident/fellow must be aware that each particular specialty allows only a certain amount of absence from training per year. Absence beyond that designated time whether it is for vacation or sick leave will extend their time in training.

## **FAMILY LEAVE**

### **I. PURPOSE/POLICY**

Meharry Medical College acknowledges that from time to time circumstances may arise which require an Employee to be absent from work to care for personal, family, or medical needs. The College accommodates these Employee and family needs by complying with the Family and Medical Leave Act of 1993 (the "FMLA"). It is the College's policy to provide Employees with unpaid time off from work based upon the limitations, rules and guidelines set forth in the FMLA, state and local law, and this policy statement.

It is also College's policy not to interfere with, discriminate against, threaten, or terminate the employment of an Employee for exercising or attempting to exercise rights under the FMLA and State of Tennessee Maternity Act, or this policy statement

### **II. EMPLOYEES COVERED BY THE POLICY**

Employees of Meharry Medical College (the "College) who:

- A. have been employed by the College for at least twelve (12) months;

AND

- B. have worked at least 1,250 hours during the twelve (12) month period immediately preceding the start of leave,

are covered under this policy. The twelve (12) month requirement in A. (above) need not be consecutive months (all prior service will be recognized). However, the 1,250-hour rule under B. (above) applies to the "rolling" twelve (12) month period measured backward from the start of the family or medical leave.

## **BEREAVEMENT**

If there is a death in the immediate family, a leave of absence will be granted. This leave shall not exceed three working days. If additional time is required, accrued vacation may be used. For purposes of this policy, immediate family is defined as the resident's mother, father, sister, brother, children, grandparents, grandchildren, spouse and parents of spouse.

## **ANNUAL LEAVE**

Residents receive 3 weeks (15 working days) annual leave with pay each year, which should be taken in seven-day blocks unless otherwise approved by the program director. Annual leave must be taken within the contract period and no compensation is received for unused days without the written verification of the program director and approval of the department chair. The program director must approve the timing of the annual leave. Plans for annual leave should be made well in advance, preferably early in the residency year, since the annual leave plans of various residents on the service must be coordinated.

### **Procedure**

- Annual leave requests should be submitted to the Program Director or Chief Resident depending on the department.
- Annual leave requests should be submitted as far in advance as possible and must be submitted according to department-specific procedures.
- It is the responsibility of the Program Director to make sure that responsibilities are covered by an appropriate substitute.
- Preference for vacation is determined by the program.
- Annual leave is taken only with Departmental approval.

For Department-specific annual leave procedures, contact the chief resident.

## **RESIDENT EDUCATIONAL LEAVE**

### **A. Policy**

It is the policy of Meharry Medical College School of Medicine and School of Dentistry to ensure that the residents in training at Meharry Medical College School of Medicine are allowed to attend and to participate in educational and scientific meetings that would contribute to the medical education of the resident physician.

### **B. Procedure**

1. Each resident may be granted up to five (5) working days per year of educational leave, when financially feasible for the purpose of attending or participating in educational or scientific meetings that would contribute to the medical education of the resident physician.
2. Permission for and approval of the leave must be granted in writing by the program director or his/her designee with a copy to the chair.
3. The program director or his/her designee will be responsible for notification of the medical education official of the institution at which the resident is stationed during the period of the leave.
4. The program director or his/her designee will be responsible for notifying the medical education official of the institution at which the resident is stationed the name of the individual(s) who will assume the clinical responsibilities for the resident taking leave while on leave.
5. In those cases in which a resident is stationed at an affiliated institution during the time of the leave, the arrangements for coverage must be satisfactory to the program coordinator at the affiliated institution.
6. Any conflict or disagreement related to resident educational leave may be referred to the DIO for GME or his designee.

This policy does not address expenses or reimbursement of expenses as a part of education leave.

Revised and Approved by the GMEC August 21, 2008

## **RESIDENT WORK SCHEDULES**

Residents must be in the clinically facility at their assigned times and to be on call at all times designated by their chief resident and program director.

## **MEALS ON CALL**

Residents participating in programs, which require in-house overnight call, will be provided to meals at no cost in the medical center cafeterias. Residents taking call at Metro General Hospital are provided with a supplement on their paycheck.

## **ON CALL SLEEP ROOMS**

Sleep rooms for residents while on call are available through individual departments.

## **PATIENT CARE MEDICAL RECORDS**

Each Postgraduate Physician shall maintain accurate and current medical records on each patient assigned to him or her for treatment. All documentation relating to a patient's care by a Postgraduate Physician shall be completed promptly and in no circumstances later than two weeks or sooner as required by hospital policy after a patient's discharge or expiration. Failure to comply with the above requirement and/or other rules and regulations relating to patient records can result in the Postgraduate Physician being automatically suspended by the Medical Director or Chairperson of the Department to which the Postgraduate Physician is assigned. During such a suspension the Postgraduate Physician shall not receive remuneration, nor be allowed to perform any duties on any clinical service. Days on suspension will not be credited toward completion of the residency program and may require extension of the Postgraduate Physician's residency period beyond the targeted completion date.

## **DRUG FREE WORK PLACE**

Each resident physician shall be governed by and cooperate fully with Meharry Medical College's policy of providing a drug-free workplace to assure that all persons providing health care services under its auspices are unimpaired (including but not limited to impairment due to alcoholism, chemical dependency or mental/emotional instability). The resident physician agrees and understands that if he/she is found to be impaired or substance dependent, in accordance with the fair hearing procedure, appropriate disciplinary and/or corrective action may be taken, including any measures necessary to protect the quality of patient care. In the event that the resident physician is permitted to continue in the training program, said continued participation may be conditioned upon counseling, therapy, periodic testing, etc., as each individual case may require.

## **HARASSMENT AND VIOLENCE IN THE WORKPLACE**

Meharry is committed to providing an environment free from harassment. The College prohibits harassment of individuals based on race, religion, or national origin. Meharry is committed to diversity and inclusiveness, and any such harassment will subject the perpetrator to possible termination of employment. Sexual harassment is a form of sex discrimination and is a violation of College policy and state and federal laws. Meharry is committed to facilitating an environment that is free from implicit and explicit coercive sexual behavior used to control, influence, or affect the well-being of any member of the community. Sexual harassment of any individual is unacceptable and can result in termination of employment. Harassment also consists of workplace violence, such as robbery, commercial crimes, stalking, any violence, hate crimes, and acts of terrorism directed toward the College or any employee or student of the College. Any act of harassment is prohibited by College policy. If any employee witnesses or experiences any form of harassment or violence, he or she should immediately contact and report the incident to a supervisor, the Human Resources Department, Legal Counsel and/or the Director of Corporate Compliance.

### ***Corrective Action Plans***

It is the policy of Meharry to take corrective action whenever a compliance violation has been detected through investigations, monitoring, audits, or otherwise. Such action may include implementing systemic changes to deter similar violations from recurring in the future, imposing sanctions or disciplinary measures on College employees who have engaged in willful conduct, and notifying governmental entities in the event that a criminal or civil violation has occurred.

### ***Disciplinary Measures***

It is the policy of Meharry that all violators of the Code of Conduct and Compliance Program shall be subject to the appropriate disciplinary action. Disciplinary action may include oral warnings, written warnings, written reprimands, suspension, termination, and/or restitution. Discipline may extend to individuals who fail to prevent, detect, or report an offense.

## **REPORTING UNPROFESSIONALISM**

The residents follow the following procedure to report unprofessionalism.

### **Another resident**

The resident will report the incident to his chief resident who will report it to the site coordinator and/or program director. If it is not resolved at that level, the incident is reported to the GME office and the Associate Dean/DIO. If it still has not been resolved, the next level is the Dean who will review and make a final resolution.

**A student**

The incident is reported to the chief resident who will report it to the clerkship director. If there is no resolution, the incident is reported to the Student and Academic Affairs.

**An attending**

The incident is reported to the program director and site coordinator who reports the incident to the department chair. If there is no resolution, the GME office will review. The Dean has the final say if all other channels have failed.

**Chairman**

The incident is reported directly to the GME office and the Associate Dean/DIO. If there is no resolution, than it is reported to the Dean

**Program Director**

Incident is reported to the department chair and if there is no resolution, the next level would be the GME office and lastly the Dean.

**ACCOMMODATION FOR DISABILITIES**

**PURPOSE:** To establish a policy which ensures employment, educational opportunities, and provision of services extended to individuals with handicaps and disabilities in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

**POLICY STATEMENT:**

Educational and employment opportunities and the provisions of any and all public services at Meharry are administered without discrimination against individuals with handicaps and disabilities in compliance with the Rehabilitation Act of 1973 as amended therefore, and the Americans with Disabilities Act (ADA) of 1990.

Qualified individuals with handicaps and disabilities shall be treated without discrimination in all aspects of employment such as hiring, advancement, demotion or transfer, recruitment, advertising, lay-off or termination, rates of pay, or other forms of compensation, benefits, and selection for training. Affirmative action steps shall be taken to employ and advance the employment of individuals with handicaps and disabilities.

*Handicapped or disabled person-* having a physical or mental impairment that substantially limits one or more of the major life activities of such individuals that have a record of such impairment(s), or being regarded as having such an impairment.

No qualified individual with a disability will be denied employment because of the disability. Job qualifications/requirements will be reviewed periodically to ensure they do not tend to screen out individuals with handicaps or disabilities.

Compensation to handicapped or disabled individuals will not be reduced because of disability income, pension, or any other benefit due to a physical or mental disability.

The EEO/AA Officer shall determine handicapped or disabled status. The EEO/AA Officer shall consult with appropriate agencies and review relevant material in making this determination and ensure the determination meets the requirements of Section 503 of the Rehabilitation Act and the definition of disability as defined by the Americans with Disabilities Act of 1990.

The applicant or employee may be required to provide medical documentation of the impairment and their ability to perform work or, in the alternative; the College may require the applicant or employee to undergo a medical examination at College expense. These arrangements will be made by the department in consultation with the EEO/AA Officer.

Any determination of handicap or disability must meet the requirements of the Rehabilitation Act and the requirements as indicated in the Americans with Disabilities Act and must be for the purpose of affirmative action and proper job placement. Information obtained shall not be used to exclude or otherwise limit the employment opportunities of qualified handicapped or disabled individuals.

Reasonable accommodations to the known physical or mental limitations, or otherwise qualified employees or job applicants with disabilities, shall be made except where such accommodations are determined to impose undue hardship.

All facilities will be reviewed to ensure that they are in accordance with ADA requirements. Any barriers to accessibility shall be eliminated through readily achievable methods as defined by the ADA Act. Examinations and courses will be offered in ways and places that are accessible to persons with disabilities or alternative arrangements will be offered. All newly constructed facilities will be made accessible in accordance with the requirements specified in the ADA Act.

When an Employee or Applicant initiates a request for reasonable accommodations by informing the supervisor/potential supervisor or EEO/AA Officer of a handicap or disability and type of accommodation needed;

The supervisor/potential supervisor will;

- Review the request for accommodation and contact the EEO/AA Officer
- Document reasonable accommodation request and whether the accommodation was made

The EEO/AA Officer will;

- Inform directors, managers and supervisors about the reasonable request made
- Review requests and discuss with supervisor and appropriate agencies (if necessary)
- Reviews and determines handicap or disabled status, consults with appropriate agencies, and ensures that determination meets requirements of applicable laws
- Documents reasons accommodations were/or were not made

## **GME VENDOR INTERACTION**

While partnerships between industry and physicians may further mutual interests to improve clinical management of diseases and improve patient care, some relationships with vendors create potential conflicts of interest for health care providers. A conflict of interest occurs when reasonable observers could conclude that professional requirements of a physician's roles are or will be compromised due to the influence by a vendor through gifts or services unrelated to the benefit of patients. At times, the appearance of influence, even when not connected to a specific benefit to the physician, can create an atmosphere of doubt about the physician's motivations.

It is the policy of the Graduate Medical Education Committee for Meharry Medical College that the acceptance of gifts or items of value (as defined herein) is not acceptable. This policy seeks to provide parameters and where relevant exceptions to this policy.

This policy addresses resident/fellow behavior and relationships with vendors in educational contexts, which may include clinical training sites. The purpose of the policy is to ensure that graduate medical education activities at Meharry Medical College and affiliated training are not compromised through vendor influence, either collectively or through interactions with individual residents and fellows. The goal of this policy is to further the professional accountability in trainees to their patients and colleagues. Meharry Medical College and the primary clinical training sites, including York Veteran Administration Hospital, Middle Tennessee Medical Center, support policies governing vendor practices and conflicts of interest, and all residents and fellows are expected to observe local policies.

The following descriptions of allowable and prohibited practices is not intended to be exhaustive, and any other interactions between residents and fellows and vendor representatives that have the appearance of compromising impartiality in clinical or academic practices are likewise discouraged.

Because residents train in many different venues within and outside Meharry Medical College, it is possible that they will encounter conflicting policy statements on various aspects of vendor interactions and conflict of interest. Where a conflict exists between this policy and that of another organization, it is the overarching policy of Meharry Medical College that the stricter policy will apply to a given situation within that organization.

### **Pharmaceutical Samples**

The acceptance by a resident or fellow of free pharmaceutical samples for delivery to patients is not allowed except when approved explicitly by the medical director and pharmacy and therapeutics committee or equivalent at a clinical site and when reviewed with a supervising faculty physician. One example of an acceptable use would be in a MMC-sponsored clinical trial. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents and fellows.



### **Vendor gifts**

“Gifts” refers to items of value given without explicit expectation of something in return. Gifts may also include outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, promotional items, and business courtesies, meals and beverages, and “ghost-writing” of scholarly works on behalf of the resident or fellow. MMC residents and fellows may not accept gifts, regardless of value, for themselves or on behalf of MMC, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer. This includes food supplied at educational conferences as well as meals provided off-site.

### **Vendor Sponsorship of Educational Activities**

Vendor sponsorship of GME educational activities should take place through unrestricted grants and gifts only. An unrestricted grant or gift is one that is given to a College department or program in which the donor(s) have specifically identified their intent to support certain activities (such as education for residents). In instances where the grant is for GME educational use, the donor may not specify content, topic, or speaker. However, the grant may specify whether or not the purchase of food for a conference is allowed. Industry sponsorship for educational activities is permitted if and only if *all* of the following conditions are met:

1. The donation is limited to direct support of the educational activity (e.g. a/v, honoraria, printing costs, space rental, etc.)
2. The donation is made to divisions or departments for general educational purposes.
3. No individual is designated by the vendor as the recipient of funds for travel, meeting registration, or housing.
4. No industry representative may participate in or market at on- or off-site educational events.
5. Sponsorship is in compliance with ACCME standards. (See ACCME website.)
6. No food or other refreshments, gifts, free samples, books, or promotional materials with the manufacturer, drug, or device name imprinted are available at educational events.
7. Vendors may be acknowledged in a sign at the event, website acknowledgement, or in the written program.

### **Vendor Training**

Vendors may appropriately orient, train, and advise residents and fellows on the proper use or calibration of a product that has already been acquired by a particular institution. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products. Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent. Vendors must be identified as such so that they are not mistaken for clinicians.

Vendors may sponsor resident and fellow training on equipment already in use at a Meharry Medical College or affiliated institution. In situations where the training is to take place at a site distant to MMC, the vendor may not contribute to a specific resident's travel, housing, or per diem expenses incurred as part of this training, but may contribute to an unrestricted grant that could be used by the program to reimburse residents for travel costs and per diem according to MMC travel policy. Vendor contribution to individuals is limited to waiver of any tuition or fees, and instruction manuals specifically related to the operation of the equipment.

### **Participation in Industry-Sponsored Programs**

Residents and fellows may not participate as paid presenters or speakers in industry-sponsored programs such as lectures and panels without express written permission of the program director. Residents and fellows participating in such activity must report for duty hour purposes the actual time spent in the activity, and must also disclose to the program director the amount of any compensation offered, including non-monetary items.

### **Industry-Sponsored Scholarships**

Vendor-provided funds for resident and fellow scholarships must be directed to a central fund within the academic department of the residency and should not designate an individual resident or fellow as recipient. Corporate contributions to underwrite resident and fellow positions are likewise prohibited unless directed to a central fund and not designated for the use of any individual resident or fellow.

### **Purchase Decisions**

While residents and fellows do not typically participate in institution-level purchase decisions, more senior trainees may be appointed to committees with responsibility for supply or equipment choices. For residents and fellows involved with vendor decisions, the following conditions apply:

- a. Residents and fellows who sit on purchasing committees must disclose to the committee chair the following in writing prior to influencing purchasing/joining the committee AND each year while making/influencing purchasing decisions on behalf of any unit of MMC. Disclosures should be made to the chair of the standing or *ad hoc* committee charged with purchasing, and the chair of the person's department/supervisor:
  - i. The names of vendors with whom the resident or fellow has at any time accepted gifts or funding including: research funding, speaker fees, visiting professorships, advisory board compensations, travel funds, etc. AND
  - ii. The amount of compensation received per year for each discrete financial relationship with each vendor

b. When a resident or fellow member of the committee or individual purchaser has had financial ties with a manufacturer within the past two years whose products are being considered for purchase or lease, that person must:

- i. Recuse him/her from the committee's discussion of that vendor's product and competing products being considered, which means at minimum to leave the room during deliberations.
- ii. The resident or fellow should not vote on the product in question or its competitors NOR attempt to persuade or dissuade fellow members of the committee from voting for the product.
- iii. In instances where there is no standing committee, such as when an individual is charged with making a decision, that individual should convene an *ad hoc* committee which will be governed by this policy.

### **Program Monitoring of Resident-Vendor Representative Interactions**

Program leadership should be aware of and discuss with residents any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident in a position of obligation to or influence by, the vendor, should be explicitly discouraged.

Programs should provide training to residents and fellows on vendor relations and conflicts of interest, including reference to this policy and other relevant institutional policies. Program directors are encouraged to include assessment of vendor interactions as part of the semi-annual review process, and require documentation of vendor interactions in resident/fellow portfolios. Programs should correct actions as needed to ensure that the policies described here are observed.

Program directors must communicate this policy to their trainees as part of the program orientation, and reinforce it through inclusion in program handbooks and other information sites for resident reference.

Many MMC GME clinical training sites already support policies governing vendor practices and all MMC residency and fellowship program directors, faculty, and trainees are expected to observe local policies.

### **FAQ: Vendor Policy**

***Q: The proposed policy is so restrictive that it seems to eliminate virtually all access of vendors to residents/fellows and vice versa. Is there any circumstance in which a resident/fellow could meet with a vendor representative?***

**A:** This policy recognizes the role of the program director and supervising teaching faculty in modeling professional behavior and mentoring residents/fellows to identify circumstances that could potentially obligate them in some way. Clearly defined educational activities that conform to the GME Vendor Policy and include presentations by vendors are allowed. For instance, a reasonable situation would be when a vendor is

training individuals or groups in the use of an instrument or pharmaceutical that is already in use by the institution or discussing specifics of a new drug added to the formulary.

***Q: Our department serves food at our weekly educational conference. This activity, as well as an invited professorship is supported by unrestricted educational grants. Does the policy allow these sorts of activities?***

A: Yes, the policy allows funds that originated in an unrestricted vendor grant to be used for purposes related to educational activities, as long as the donor does not restrict the purchase of food from grant funds.

***Q: Our noon residency conference has had lunch provided by a medical equipment company for several years. I've now been told that the hospital no longer allows food from outside vendors to be served to employees. Our residents don't have time to get to the cafeteria to buy their own lunches and still make the conference. Our program does not have discretionary funds that could be used to cover this expense. Do we have any other recourse?***

A: All of the major MMC teaching affiliates (YVAMC, MTMC) now prohibit vendor-furnished meals for conferences. The new GME vendor policy also extends this prohibition to any location, including department conference rooms in the Health Science Center buildings. In some cases, hospitals have indicated that they will provide lunches to conference participants. Please check with the medical director's office at the site where you hold your conference to discuss whether the hospital might provide food for your conference.

***Q: A pharmaceutical company underwrites our monthly journal club meeting by funding a dinner at a local restaurant. A company representative attends the meeting and pays the bill but does not do any marketing to the faculty or fellows who are present. Why does the policy prohibit this activity?***

A: This activity would be allowed if the funding was through an unrestricted grant made by the vendor to the department. However, as currently organized the activity provides an opportunity for the vendor to market, either directly or indirectly.

***Q: As a program director I am uneasy with the requirement that I monitor or maintain awareness of how my residents are interacting with vendors, especially during outside rotations. How can I ensure that they are not behaving inappropriately?***

A: Most program directors meet frequently (weekly or monthly) with residents to discuss issues and concerns about various aspects of the residents' training. This is an appropriate time to bring up questions about what sorts of interactions are taking place between trainees and vendor representatives.

The same discussion should also take place at faculty meetings. The GME vendor policy also strongly recommends that program directors provide education on relations and conflicts of interest. The key to development of professional behaviors is modeling and

education, not discipline, and residents should feel comfortable raising concerns about behavior that they observe in their peers or in faculty that has the appearance of a conflict of interest.

***Q: At the national meeting of our professional society, vendor presence is overwhelming, with everything from buffet meals to free trinkets to bus transportation between sites (with the busses gaudily decorated with a vendor logo). It is critical to the professional development of my fellows that they attend this meeting, but the obvious sellout by the society is embarrassing and negates any good teaching that we may have done in our department. Should I even allow trainees to attend meetings with such blatant commercialism?***

A: The obvious message from your professional society is in conflict with many other medical organizations who have taken a stand on vendor influence. You cannot deny your fellows the opportunity to learn and network at these meetings, but should provide a forum for their concerns about what they have experienced. Program directors, residents, and fellows should encourage them to address their concerns to the organization and let the leadership know how they view the presence of vendor influence.

Approved by the GMEC 2010

### **BEEPERS**

All Meharry Residents will be provided with beepers for use during their training as clinical residents or fellows. They will be responsible for returning assigned beepers at the completion or termination of training. The Office of Graduate Medical Education will provide departments and sections with an adequate number of beepers. Should you have a problem with your beeper, contact or come by the GME Office. Distribution will be accomplished through department program directors and coordinators. Residents may retain the same beepers throughout their period of training within a program.

### **CERTIFICATES**

A certificate will be granted each resident upon satisfactory completion of the period of the defined program.

### **GRADUATE MEDICAL EDUCATION COMMITTEE**

The Graduate Medical Education Committee has the responsibility for advising on and monitoring all aspects of residency education. Its membership consists of the DIO for GME, Program Directors, Educational Liaisons of the Veterans Administration Medical Center, Metropolitan Nashville General Hospital Resident Coordinator, peer appointed residents from each residency program, faculty members, and Chief Residents.

### **OFFICE OF GRADUATE MEDICAL EDUCATION**

The Office of Graduate Medical Education is located on the 3<sup>rd</sup> floor of the Harold D. West Basic Sciences Center in the Pathology Department. You may call the office at 615-327-5973 or fax at 615-321-6409. Hours of operation are Monday through Friday, 8:30 a.m. till 5:00 p.m. The office is closed on weekends and all Meharry Medical College official holidays.