GME Manual

May 24, 2024

Policy #: N/A	
Policy Title: Introduction to the Florida International University Graduate Medical Education Manual	
Sponsor: Robert Levine, MD DIO	Date of Creation:
Approved by:	Date of Revision:

Purpose

Florida International University (FIU) has adopted the following policy to set forth the structure of the FIU Graduate Medical Education (GME) GME Manual.

I. Defined terms and definitions

Below are the defined terms and definitions that apply to any section in the GME Manual. If a specific policy has specialized terms only found in that policy, those terms will be included in that policy, e.g., FIU Policy Resident Fatigue Mitigation.

Accreditation Council of Graduate Medical Education's (ACGME: The Accreditation Council for Graduate Medical Education is the body responsible for accrediting all graduate medical training programs for physicians in the United States. It is a non-profit private council that evaluates and accredits medical residency and internship programs

Associate Program Director (APD): Faculty who assist the program director in the administrative and clinical oversight of the educational program.

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

Florida International University (FIU): Part of the state university system; serves as the parent institution for the Herbert Wertheim College of Medicine (HWCOM), which serves as the Sponsoring Institution for the primary care internal medicine residency program primarily located at the Miami Veterans Affairs Healthcare System (MVAHCS).

Graduate Medical Education (GME): Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States.

Graduate Medical Education Committee (GMEC): A body of leadership that holds authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements

Manager of Graduate Medical Education: A member of the leadership team, overseeing all GME operations.

Office of Graduate Medical Education (OGME): Personnel specifically tasked with supporting the GME programs of FIU HWCOM.

Program Director (PD): Faculty member appointed with authority and accountability for the overall program, including compliance with all applicable program requirements.

Program Coordinator (PC): A member of the leadership team, necessary personnel for the effective administration of the program.

Resident: A medical school graduate who is participating in a GME program and training in a specialized area of medicine.

II. Discussion about the various policies applicable to the FIU GME

The GME Manual contains the following types of policies applicable to the residents set forth below. Any of these policies may be amended from time to time with notice to the resident. The policies contained in the GME Manual supersede any conflicting FIU University-wide policies. The resident agrees to read, understand, and abide by all policies listed or referenced in the GME Manual.

A. Policies required by the ACGME
B. Policies required by the clinical site or hospital setting to which the resident is assigned
C. FIU policies that have been tailored to the requirements of the ACGME and/or the clinical site or hospital setting to which the resident is assigned and which have been included in the GME Manual
D. FIU University-wide regulations which can be found in: http://regulations.fiu.edu/regulation.

FIU University-wide policies that apply to the resident as set forth below in policies.fiu.edu.

Author	Liz Marston, JD	10/30/2020
Revised		
DIO Review	Robert Levine, MD; DIO	10/30/2020
GMEC Approval		10/30/2020

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Mission

Our Mission is to provide exemplary medical care; to heal, comfort, educate and create new knowledge and improve systems of care while treating all patients and caregivers who come before us with respect and compassion. Our mission is to ensure that our residents become capable, competent primary care physicians dedicated and prepared to serve our diverse local community, including veterans, the underserved, and others in a variety of workplace settings.

Aims

- Develop humanistic, compassionate, respectful physicians that deliver superb medical care to a diverse population
- Promote social equity by addressing not only patient issues, but also social determinants of health that adversely impact our community
- Motivate physicians to continue a lifetime of learning, self-reflection, and professional growth
- Prepare physicians to function in a new paradigm as a leader of patient aligned care teams, providing patient care delivery using innovative tools and leveraging the strengths of multidisciplinary teams.
- Empower physicians to prioritize health promotion and disease prevention, with an awareness towards the community and population they serve.
- Encourage individuals to invest in their own health and wellness.
- Prepare physicians to actively participate in evaluating and improving healthcare delivery in various settings.
- Train a group of physicians to serve the needs of our nation's veterans
- Train physicians to advance the art and science of medicine and healthcare

Diversity

The Florida international University (FIU)-Miami Veterans Affairs Healthcare System (MVAHCS) program is committed to provide the highest quality educational and training experience to its residents, faculty, and staff in a nurturing and supportive environment. In doing so, we are committed to ensuring that training and services are delivered in a manner that is reflective and supportive of diversity as it relates to gender, gender identity, sexual orientation, socioeconomic status, race, ethnicity, physical and mental ability, nationality, military status, spiritual and cultural identity.

We commit ourselves to building a residency program whose members represent and embrace diverse cultures, background and life experiences that reflect the multicultural nature of South Florida and the Global Society. Our goal is to build an intellectually vibrant climate that sustains the inclusiveness and engagement of our diverse community. We will implement a "diversity in all planning" approach that incorporates diversity as a primary value and evidence-based approaches to increasing diversity and inclusion throughout all aspects of the program. To this end, we will:

- Continuously assess and improve the institutional culture and climate specifically related to diversity; and implement regular diversity trainings based on the findings of this diversity assessment.
- Utilize the individual talents and attributes of our diverse workplace environment to improve communication, collaboration and innovation among employees, patients and caregivers.
- Promote resident appreciation of diversity, equity, and inclusion.
- Define specific high visibility roles for resident engagement in diversity, equity, and inclusivity processes.
- Implement evidence-based best practices regarding diversity, equity, and inclusion in hiring practices.

Our Recruitment Committee is comprised of a diverse group of individuals as it relates to gender, socioeconomic status, gender identity, race, ethnicity, physical and mental ability, nationality, military status, sexual orientation, spiritual and cultural identity. FIU and the MVAHCS encourage and expect the entire program faculty and staff model the values as expressed in our mission and to commit to recruit, retain, and support residents, faculty, and staff who reflect the diversity of

our global society. Additionally, the combined resources of our two respected organizations enables us to include representation of administrators, residents, and faculty who, while not official members of the Committee, may provide additional assistance in their areas of interest and expertise.

Our faculty and administrative staff are comprised of a widely diverse group of individuals. In the process of creating this program, we have men and women represented equally on the faculty. In addition, our faculty and administrative staff represent the multicultural society of our community including representation of multiple faiths, people of color, North and South Americans, Caribbean islanders, Asian, and other geographic areas, and members of the LGBTQ community as well. FIU's Herbert Wertheim College of Medicine (HWCOM) has an active Diversity Committee and diversity policies mandating color, gender, sexual preference blind recruitment. Equally important is FIU's HWCOM commitment to develop and recruit leadership from historically underrepresented minorities including people of color and women.

Sponsoring Institution
Herbert Wertheim College of Medicine, Florida International University

Herbert Wertheim College of Medicine, (HWCOM) at FIU is a community-based, twenty-first-century medical school located in Miami, Florida, with an innovative medical education curriculum. Our college was established in 2006, enrolled its first medical students in 2009, and was granted full accreditation by the Liaison Committee on Medical Education (LCME) in 2013. By working collaboratively to respond to the health needs of patients and communities, our college is preparing students to become socially accountable physicians, scientists, and health professionals who can serve the South Florida community.

The Doctor of Medicine degree curriculum at HWCOM emphasizes the social determinants of health in the traditional classroom setting and the community. Our educational programs continue to expand, consistent with our strategic priorities. A PhD in Biomedical Sciences program was launched in 2012, an international graduate certificate program in 2014, a Master in Physician Assistant Studies program in 2015, and a Graduate Certificate in Molecular and Biomedical Sciences program in 2016. We are affiliated several residency training programs accredited by the Accreditation Council for Graduate Medical Education, including programs in emergency medicine, family medicine, internal medicine, and psychiatry. Our growing research enterprise conducts basic, applied, translational, clinical, and interdisciplinary research that leverages South Florida's diverse demographics, improves the health of the South Florida community, and aligns with national global health trends. Conducted by our faculty, residents, and students, this research is inspired by and responds to the health needs of people living in South Florida.

In 2020, we received initial accreditation by the ACGME as a Sponsoring Institution to develop our first graduate medical education residency program. In partnership with local affiliates, the Miami Veterans Affairs Healthcare System and Jackson Memorial Hospital, we hope to further GME at FIU HWCOM with our inaugural Primary Care Internal Medicine Residency Program.

FIU Program Leadership

Robert Levine, MD
Associate Dean of GME, Designated Institutional Official, Program Director
https://medicine.fiu.edu/about/faculty-and-staff/people/rlevine.html

Maryam Shakir, MPH
Assistant Director of Graduate Medical Education

Laura Almaguer
Internal Medicine Coordinator

Graduate Medical Education Committee

Voting Members	
Robert Levine, MD	DIO, PD, Chair of GMEC
Remberto Rodriguez, MD	VAHCS Representative, Vice Chair
Brian Hagenlocker, MD	DEO (VAHCS), QI/Safety Officer
Joslyn Wiley MD	Assistant IM PD
Tessa Haspil-Corgan	EM Faculty (FIU)
Amalia Landa Galindez, MD	Division Chief of Medicine (FIU)
Minh Hoang, MD	Acting Chief of Medicine (VAHCS)
Muhammed Aziz, MD	JMH Representative, IM Faculty
Rachael Morrison, MD	VA Representative, IM Faculty
Wayne Broth, MD	Peer-Selected Resident
Mahek Sharma, MD	Peer-Selected Resident

Non-Voting Members	
Maryam Shakir	Institutional Coordinator
Laura Almaguer	Program Coordinator
Val Aubourg	Senior Counsel (FIU)
Travis Forney, MD	VA Representative, IM Faculty

Primary Site

Miami Veterans Affairs Healthcare System
https://www.miami.va.gov/newemployees/medical_residents.asp

Miami-VAHCS Leadership
Seth Spector, MD
Chief of Staff

Remberto Rodriguez, MD
Associate Chief of Staff (Ambulatory Care)

Brian Hagenlocker, MD
Designated Education Official

Joslyn Wiley, MD
Assistant Program Director

Minh Nhat Hoang, MD
Acting Chief of Medicine

Participating Sites

Jackson Memorial Hospital

Hany Atallah, MD
Chief Clinical Officer

Pankaj Khurana, MD
Chief of Hospitalist Services

Christopher Freeman, MD
Program Director, Emergency Medicine (JMH-residency program)

Core Faculty

Muhammad Aziz, MD
Panagiota Caralis, MD
Travis Forney, MD
Guillermo Izquierdo-Pretel, MD
Rachel Morrison, MD
Isabelle Rostain, MD

ACGME Competencies

Patient Care
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge
Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Practice-Based Learning and Improvement
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Interpersonal and Communication Skills
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.

Professionalism
Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems-Based Practice
Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Source: Accreditation Council for Graduate Medical Education (ACGME), Outcome Project, © ACGME 2003. Note: This information was revised by ACGME in 2007 when it revised its Common Program Requirements. For more details and updates on the Common Program Requirements: General Competencies, refer to the Outcome Project or "The Next Accreditation System (NAS)" on the ACGME-NAS or ACGME website.

Patient Care 1: History

Level 1	Level 2	Level 3	Level 4	Level 5
Elicits and reports a comprehensive history for common patient presentations, with guidance Seeks data from secondary sources, with guidance	Elicits and concisely reports a hypothesis-driven patient history for common patient presentations Independently obtains data from secondary sources	Elicits and concisely reports a hypothesis-driven patient history for complex patient presentations Reconciles current data with secondary sources	Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health Uses history and secondary data to guide the need for further diagnostic testing	Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs Models effective use of history to guide the need for further diagnostic testing
Comments:				☐ Not Yet Completed Level 1 ☐ Not Yet Assessable

Patient Care 2: Physical Examination

Level 1	Level 2	Level 3	Level 4	Level 5
Performs a general physical examination while attending to patient comfort and safety Identifies common abnormal findings	Performs a hypothesis-driven physical examination for a common patient presentation Interprets common abnormal findings	Performs a hypothesis-driven physical examination for a complex patient presentation Identifies and interprets uncommon and complex abnormal findings	Uses advanced maneuvers to elicit subtle findings Integrates subtle physical examination findings to guide diagnosis and management	Models effective evidence-based physical examination technique Teaches the predictive values of the examination findings to guide diagnosis and management
Comments:				☐ Not Yet Completed Level 1 ☐ Not Yet Assessable

Patient Care 3: Clinical Reasoning

Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from all sources to develop a basic differential diagnosis for common patient presentations Identifies clinical reasoning errors within patient care, with guidance	Develops a thorough and prioritized differential diagnosis for common patient presentations Retrospectively applies clinical reasoning principles to identify errors	Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings Continually re-appraises one's own clinical reasoning to improve patient care in real time	Coaches others to develop prioritized differential diagnoses in complex patient presentations Models how to recognize errors and reflect upon one's own clinical reasoning
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Patient Care 4: Patient Management – Inpatient

Level 1	Level 2	Level 3	Level 4	Level 5
Formulates management plans for common conditions, with guidance Identifies opportunities to maintain and promote health	Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course Develops and implements management plans to maintain and promote	Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course Independently develops and implements plans to maintain and promote health, incorporating pertinent	Uses shared decision making to develop and implement value-based (high value) comprehensive management plans for patients with comorbid and multisystem disease, including those patients requiring critical care Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and	Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions

	health, with guidance	psychosocial and other determinants of health	other determinants of health	
Comments:				☐ Not Yet Completed Level 1 ☐ Not Yet Assessable

Patient Care 5: Patient Management – Outpatient

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health	Develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Develops and implements value-based (high-value) comprehensive plans to maintain and promote health	
Formulates management plans for a common chronic condition, with guidance	Develops and implements management plans for common chronic conditions	Develops and implements management plans for multiple chronic conditions	Develops and implements value-based (high value) comprehensive management plans for multiple chronic conditions, incorporating pertinent psychosocial and other determinants of health	Creates and leads a comprehensive patient-centered management plan for the patient with highly complex chronic conditions, integrating recommendations from multiple disciplines
Formulates management plans for acute common conditions, with guidance	Develops and implements management plans for common acute conditions	Develops and implements an initial management plan for patients	Develops and implements value-based (high value) management plans	Develops and implements management plans for patients with subtle presentations, including rare or ambiguous conditions

		with urgent or emergent conditions in the setting of chronic comorbidities	for patients with acute conditions	
Comments:				☐ Not Yet Completed Level 1 ☐ Not Yet Assessable

Patient Care 6: Digital Health

Level 1	Level 2	Level 3	Level 4	Level 5
Uses electronic health record (EHR) for routine patient care activities Identifies the required components for a telehealth visit	Expands use of EHR to include and reconcile secondary data sources in patient care activities Performs assigned telehealth visits using approved technology	Effectively uses EHR capabilities in managing acute and chronic care of patients Identifies clinical situations that can be managed through a telehealth visit	Uses EHR to facilitate achievement of quality targets for patient panels Integrates telehealth effectively into clinical practice for the management of acute and chronic illness	Leads improvements to the EHR Develops and innovates new ways to use emerging technologies to augment telehealth visits
Comments:				☐ Not Yet Completed Level 1 ☐ Not Yet Assessable

Patient Care

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Medical Knowledge 1: Applied Foundational Sciences

Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions	Explains the scientific knowledge for complex medical conditions	Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease	Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease	Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Medical Knowledge 2: Therapeutic Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific basis for common therapies	Explains the indications, contraindications, risks, and benefits of common therapies	Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis	Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options	Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Medical Knowledge 3: Knowledge of Diagnostic Testing

Level 1	Level 2	Level 3	Level 4	Level 5

Explains the rationale, risks, and benefits for common diagnostic testing Interprets results of common diagnostic tests	Explains the rationale, risks, and benefits for complex diagnostic testing Interprets complex diagnostic data	Integrates value and test characteristics of various diagnostic strategies in patients with common diseases Integrates complex diagnostic data accurately to reach high-probability diagnoses	Integrates value and test characteristics of various diagnostic strategies in patients with comorbid conditions or multisystem disease Anticipates and accounts for limitations when interpreting diagnostic data	Demonstrates a nuanced understanding of emerging diagnostic tests and procedures
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Medical Knowledge
The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.
_____ Yes _____ No _____ Conditional on Improvement

Systems-Based Practice 1: Patient Safety and Quality Improvement

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events Demonstrates knowledge of how to report patient safety events Demonstrates knowledge of basic quality improvement methodologies and metrics	Identifies system factors that lead to patient safety events Reports patient safety events through institutional reporting systems (actual or simulated) Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Contributes to the analysis of patient safety events (simulated or actual) Participates in disclosure of patient safety events to patients and families (simulated or actual) Contributes to local quality improvement initiatives	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) Discloses patient safety events to patients and families (simulated or actual) Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Leads teams and processes to modify systems to prevent patient safety events Models the disclosure of patient safety events Creates, implements, and assesses sustainable quality improvement initiatives at the institutional or community level
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Systems-Based Practice 2: System Navigation for Patient-Centered Care

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination Identifies key elements for safe and effective transitions of care and hand-offs	Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations Performs safe and effective transitions of care/hand-offs in	Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations Performs safe and effective transitions of care/hand-offs in	Models effective coordination of patient-centered care among different disciplines and specialties Models and advocates for safe and effective transitions of care/hand-offs	Analyzes the process of care coordination and leads in the design and implementation of improvements Improves quality of transitions of care within and across health care delivery systems

	routine clinical situations	complex clinical situations	within and across health care delivery systems, including outpatient settings	to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Systems-Based Practice 3: Physician Role in Health Care Systems

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the health care system	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the regional and national health care system	Manages various components of the complex health care system to provide efficient and effective patient care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care
Describes basic health payment systems	Delivers care with consideration of each patient's payment model	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs with consideration of the limitations of each patient's payment model	Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Systems-Based Practice

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access, categorize, and analyze clinical evidence, with guidance	Articulates clinical questions and elicits patient preferences and values to guide evidence-based care	Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients	Applies evidence, even in the face of uncertainty and conflicting evidence, to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence to patient care
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) to inform goals	Seeks performance data episodically, with adaptability, and humility	Seeks performance data consistently with adaptability, and humility	Models consistently seeking performance data with adaptability and humility
Identifies the factors that contribute to gap(s) between ideal and actual performance, with guidance	Analyzes and reflects on the factors which contribute to gap(s) between ideal and actual performance, with guidance	Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance	Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance	Coaches others on reflective practice
	Actively seeks opportunities to improve	Designs and implements an individualized learning plan, with prompting	Independently creates and implements an individualized learning plan	Uses performance data to measure the effectiveness of the individualized learning plan and when necessary, improves it

Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Practice-Based Learning and Improvement

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Professionalism 1: Professional Behavior

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates professional behavior in routine situations	Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses	Demonstrates a pattern of professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others	Coaches others when their behavior fails to meet professional expectations
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Professionalism 2: Ethical Principles

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of basic ethical principles	Applies basic principles to address straightforward ethical situations	Analyzes complex situations using ethical principles and identifies the need to seek help in addressing complex ethical situations	Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Professionalism 3: Accountability/Conscientiousness

Level 1	Level 2	Level 3	Level 4	Level 5
Performs administrative tasks and patient care responsibilities, with prompting	Performs administrative tasks and patient care responsibilities in a timely manner in routine situations	Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Professionalism 4: Knowledge of Systemic and Individual Factors of Well-Being*

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of getting help when needed to address personal and professional well-being	Lists resources to support personal and professional well-being Recognizes that institutional factors affect well-being	With prompting, reflects on how personal and professional well-being may impact one's clinical practice Describes institutional factors that affect well-being	Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work Suggests potential solutions to institutional factors that affect well-being	Participates in institutional changes to promote personal and professional well-being
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

*This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

Professionalism

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

_____ Yes _____ No _____ Conditional on Improvement

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and non-verbal behavior to demonstrate respect and establish rapport	Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters Identifies common barriers to effective communication	Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters Identifies complex barriers to effective communication, including personal bias	Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity Mitigates communication barriers	Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers Models the mitigation of communication barriers
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Interpersonal and Communication Skills 2: Interprofessional and Team Communication

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests and responds to a consultation Uses verbal and non-verbal communication that values all members of the interprofessional team	Clearly and concisely requests and responds to a consultation Communicates information, including basic feedback with all interprofessional team members	Checks own and others' understanding of recommendations when providing or receiving consultation Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback	Coordinates recommendations from different consultants to optimize patient care Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team	Facilitates conflict resolution between and amongst consultants when disagreement exists Models flexible communication strategies that facilitate excellence in interprofessional teamwork

Comments:	□ Not Yet Completed Level 1 □ Not Yet Assessable

Interpersonal and Communication Skills 3: Communication within Health Care Systems

Level 1	Level 2	Level 3	Level 4	Level 5
Accurately documents comprehensive and current information Communicates using formats specified by institutional policy to safeguard patient personal health information	Documents clinical encounter, including reasoning, through organized notes Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance	Documents clinical encounter through concise and thorough notes Appropriately selects direct and indirect forms of communication based on context	Documents clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance Models effective written and verbal communication	Guides departmental or institutional communication policies and procedures
Comments:				□ Not Yet Completed Level 1 □ Not Yet Assessable

Interpersonal and Communication Skills
The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.
_____ Yes _____ No _____ Conditional on Improvement

Resident Contract

This Resident Contract ("Contract") is between Florida International University Board of Trustees ("FIU" or "University") on behalf of the Florida International University Herbert Wertheim College of Medicine ("HWCOM") and **{FirstName} {LastName}**, **{ D e g r e e }** ("Resident"). In consideration of the mutual promises and conditions set forth in this Contract, University and Resident agree as set forth below.

This Contract governs the relationship between the University and Resident in conjunction with regulations, policies and procedures of the University, that are not otherwise modified by the policies in the GME Manual, the HWCOM including, and the hospitals and clinical sites to which the Resident is assigned (collectively "Assigned Site"), and applicable accrediting agencies. The Resident agrees to abide by all the terms and conditions in this Contract.

I. University Appointment: Resident accepts this full-time (1.0 FTE) appointment to a **{PGY}-{{Level}** in the University's **{Training Program}** ("Program") which is approved by the Accreditation Council for Graduate Medical Education ("ACGME"). This Contract is contingent upon the Resident successfully completing all background check/drug testing process (including drug testing) as set forth in the GME Manual and any background check process (including drug testing) required by the Assigned Site.

A. Duration of Appointment: This Contract is for (1) one twelve-month training period beginning on **{Start date}** ("Contract Year"). The first two weeks of this Contract will be an orientation period.

The Resident will be evaluated periodically throughout the Contract year. Subject to the GME Resident Promotion and Appointment Renewal Policy, this Contract may be renewed, in writing, upon recommendation by the FIU Program Director until the Program is successfully completed. The terms and conditions of renewal and non-renewal are described in the GME Manual. The terms and conditions of the Contract for future academic years may change at the University's discretion and/or as required by the ACGME.

B. Resident Responsibilities: The position of Resident involves a combination of supervised, progressively more complex and independent patient evaluation, management functions and formal educational activities. The Resident is expected to fulfill the following personal, educational, and administrative responsibilities as set forth in Exhibit A.

C. Compensation: The University agrees to compensate the Resident during the Contract period at the rate of **${Salary}** per annum. The Resident will be paid on a bi-weekly basis in accordance with the University's payroll schedule. The compensation paid to the Resident includes the following:

1) Meal Allowance: The meal allowance may be used to purchase meals while on shift.

2) Parking: Parking is provided at Assigned Site at no cost to the Resident.

3) Professional Education Allowance: The professional development allowance may be used for attending educational conference, obtaining books or educational materials, or for other professional development activities or purchases.

Reimbursements: Reimbursement will not be available for expenses incurred as a result of travel to and from the Assigned Site and the University. In addition, the University will not provide the Resident with reimbursement for initial relocation expense or provide any housing subsidy.

4) University Benefits: The University will provide the following benefits to Resident.

a) Health, Disability, Life and Other Related Health Coverages: At the conclusion of the orientation period, the University will offer the Resident and his/her eligible dependents with medical, dental, vision, basic life, short- and long-term disability, and certain other supplemental insurance coverages as described under State Group Insurance Program in accordance with FIU's group

health benefit options. Short- and long-term disability will be provided by the University in accordance with the external policy in place.

b) Retirement Benefits:

1. The State of Florida Optional Retirement Program (ORP): https://hr.fiu.edu/employees-affiliates/benefits/. Note that three percent of the biweekly salary will be deducted for the ORP plan. The State of Florida pays into the ORP at the current rate of 5.14% of the biweekly salary which is subject to change pursuant to the terms and conditions of the ORP Plan Documents. More information may be obtained at: https://www.dms.myflorida.com/workforce_operations/retirement/optional_retirement_plans/state_university_system_optional_retirement_program

2. Voluntary Retirement Plans (403(b)/457): https://hr.fiu.edu/employees-affiliates/benefits/

c) Other Available University Benefits: The University also offers the following additional benefits and perks:

1. Tuition Waiver Program: https://policies.fiu.edu/files/64.pdf

2. Employee "perks" and services: https://hr.fiu.edu/employees-affiliates/benefits/perks-services/

3. Office of Employee Assistance: https://hr.fiu.edu/employees-affiliates/assistance-wellness/

4. Panther Active Wellness Services: https://hr.fiu.edu/employees-affiliates/assistance-wellness/

d) Professional Liability Coverage: Florida law affords immunity from personal liability for FIU healthcare providers when their care and treatment of patients becomes the subject of a claim or lawsuit provided certain criteria. FIU healthcare providers will not be held personally liable for medical negligence, if the negligent act or omission occurred while the healthcare provider was acting within the scope of the Resident's FIU employment. FIU has a Self-Insurance Program ("SIP") to address these claims provided the SIP procedures. The SIP also affords Resident professional liability protection in certain circumstances when they act in the role of a "Good Samaritan." See the GME Manual for details regarding these professional liability coverages.

When providing professional services to Veterans covered by this agreement, properly appointed faculty members (except those providing services under a contract with VA) and properly appointed trainees of the Institution are protected from personal liability by the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C. 2679 (b)-(d). The liability, if any, of the United States for injury or VA FORM 10-9055 AUGUST 2018 PAGE 6 OF 8 loss of property, or personal injury or death shall be governed exclusively by the provisions of the Federal Tort Claims Act.

e) Vacation and Leaves of Absence: The FIU HWCOM provides the Resident up to twenty (20) days of paid vacation time and ten (10) Wellness days per academic year as well as opportunities for leaves of absences (e.g., parental, Family and Medical Leave Act). See GME Manual for more details. This leave is available to the Resident on the first day of the Contract. The Resident is not entitled to any pay out for an unused leave by the termination of the Contract.

The Vacation and Leaves of Absence Policy provides details on the effect that a leave of absence will have on the Resident's ability to satisfy the requirements for the Program completion. If a leave of absence extends beyond the time allotted by the specialty specific medical board, an extension of the Program may occur at the direction of the Program Director.

II. Other Important Policies

The GME Manual provides a wealth of important information to make the Resident successful. As a requirement of this Program, the Resident is required to abide by all provisions in the GME Manual including the following (which is not an exhaustive list).

A. Work Site Hours: The GME Manual delineates the clinical and educational work hours.

B. Moonlighting: Resident may not participate in outside employment (or moonlighting) except as outlined in the GME Manual and the applicable policies and procedures of the Assigned Site individual training program. Please note that any practice of medicine outside of the Contract is not within the scope of the FIU employment and is not covered through the SIP.

C. Physician Impairment and Substance use: The University is a Drug Free Workplace as outlined in the GME Manual. As a condition of this Contract, the Resident consents to participate in any substance use testing conducted either by the University and/or the Assigned Site.

D. Grievance and Due Process: The procedure and specific directions for filing a grievance are found in the GME Manual.

III. Other Important Considerations:

A. Eligibility for Specialty Board Examination: Board examination eligibility for Residents will be determined at the completion of the Program. Eligibility may be delayed by leaves of absence that result in an extension of training. The Program Director will provide a final written summative evaluation of Resident performance as documentation of Resident's professional ability to practice in the designated area of specialization without supervision.

B. Right to Modify: The University reserves the right to make changes without notice at any point to this Contract or any aspect of the Program.

C. Entire Contract: This Contract, including all attachments and exhibits hereto, constitutes the entire agreement between the Resident and the University and supersedes all prior and contemporaneous oral or written agreements (including any prior year contracts or appointments) or understandings between the University and Resident.

_____

{**FirstName} {LastName**} (signature) Date
Resident

_____

{Program Director} (signature) Date
Program Director, {**Training Program}**

On behalf of the Florida International University Board of Trustees:

_____ (signature)

Date

Senior Vice President, Academic Health Center

1. To meet the qualifications for Resident eligibility outlined in the Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory. Please refer to specific ACGME institutional requirements and Residency Review Committees ("RRC") program requirements at www.acgme.org, as well as the GME Manual for additional information.
2. To develop a personal program of self-study and professional growth with guidance from the teaching staff.
3. To provide safe, effective, and compassionate patient care, commensurate with the Resident's level of advancement, responsibility, and competence, under the general supervision of appropriately privileged attending teaching staff in accordance with the specific published supervision policies of the University (as contained in the GME Manual).
4. To participate fully in the educational and scholarly activities of the Program and, as required, assume responsibility for teaching and supervising other Residents and students.
5. To participate in FIU and the Assigned Site orientation and educational programs and other activities involving the clinical staff.
6. To submit to the Program Director confidential written evaluations of the faculty and the educational experiences.
7. To participate on FIU and/or Assigned Site's committees and councils to which the Resident is appointed or invited, especially those that relate to their education and/or patient care.
8. To develop competencies in:
    a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
    b. Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care
    c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
    d. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
    e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
    f. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value
9. To comply with duty hours assignments consistent with patient safety, educational requirements and personal development as outlined in by the Assigned Site's policies.
10. Case Documentation: documentation of clinical experiences, cases and/or procedures is mandated by the RRC. Residents who do not maintain accurate case documentation may not advance to the next level of training or be allowed to complete their program until compliance is achieved.
11. To apply for USMLE Step 3 or COMLEX Level 3 by the end of the first year of training (PGY1). Failure to pass by the end of PGY-2 will result in non-promotion to the PGY-3 level or non-renewal of the Contract.
12. To abide by and adhering to all applicable state, federal and local laws as well as the standards required to maintain accreditation by the Joint Commission, ACGME, and any other relevant accrediting, certifying or licensing organizations.
13. To abide by and adhering to the standards of the Assigned Site including the legible and timely completion of patient medical records, charts, reports, statistical operative and procedure logs.
14. To participate in Medicare, Medicaid, Tricare or other Federal health care programs. A check will be performed of the U.S. Department of Health and Human Services Office of Inspector General ("OIG") list of excluded individuals and the U.S. General Service Administration ("GSA") excluded parties list system as part of your appointment process. If the Resident's name appears on the OIG or GSA excluded party lists or if the Resident is at any time excluded from participation in Medicare, Medicaid, Tricare or other Federal health care programs or are convicted

of a criminal offense related to the provision of health care items or services, this Contract is and the Resident's participation in the graduate medical education program may be terminated immediately.

15. To pay all financial obligations to the University in a timely manner. The Resident agrees that, in the event he/she has any unpaid financial obligation(s) to the University, the University is authorized to withhold issuance of the certificate of program completion until all such financial obligations are paid in full and to take any other steps as outlined in FIU Regulation 1111 Employee Debt Collection bot.fiu.edu.
16. Disclaimer or Resident Assertions: The Resident agrees that, unless approved by the University's Chair, all materials compiled or published by the Resident relative to training and experiences received at the University and the Assigned Site, or arising from participation in training, patient care, or research pursuant to this Contract, will clearly state that the opinions or assertions contained therein are those of the Resident and not those of the University.
17. Certificate of Completion: A certificate of completion of graduate medical training will be issued to a Resident on the recommendation of the Program Director only after satisfactory completion of service and educational requirements and fulfillment of all other obligations and debts. Access to information about Board eligibility and examinations may be found at: http://www.abms.org/.

Qualifications of Applicants

Policy #: 001.000
Policy Title: Qualifications of Applicants
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) maintains that applicants must meet the qualifications delineated by the Accreditation Council of Graduate Medical Education (ACGME) to become resident physicians for its ACGME-accredited residency programs.

This policy addresses ACGME Institutional Requirement *IV.B.2 Resident/Fellow Appointments.*

Definitions
Applicant: An MD or DO invited to interview with FIU's ACGME-accredited programs.

Educational Commission for Foreign Medical Graduates (ECFMG) Number: The identification number assigned by the Educational Commission of Foreign Medical Graduates (ECFMG) to each international medical graduate physician who receives a certification from ECFMG.

Electronic Resident Application Service (ERAS): The centralized online application service used to deliver residency applications, along with supporting documentation, to residency programs.

International Medical Graduate (IMG): A graduate from a medical school outside the United States and Canada, not accredited by the Liaison Committee on Medical Education. IMGs may be citizens or permanent residents of the United States who do not require visa sponsorship to work in the United States.

Liaison Committee on Medical Education (LCME): A governing body, which accredits medical education programs leading to the MD degree in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

Background
Applicants must meet certain qualifications for participation and appointment in the accredited residency program. In order to determine that all applicants meet the necessary qualifications, the selection of residents for the ACGME-accredited program is facilitated by ERAS.

Policy

Qualifications
Applicants with one of the following qualifications are eligible for appointment to FIU's ACGME-accredited residency programs:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association.
3. Graduates of medical schools outside the United States and Canada [i.e. International Medical Graduates (IMG)] who meet one of the following qualifications:
    a. An applicant who currently has a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG);
    b. An applicant who has a full unrestricted license to practice medicine in a US licensing jurisdiction in which the ACGME program is located.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

Resident Transfers
The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.

Related Policies
Resident Recruitment and Selection

Author	Maryam Shakir	11/20/2019
Revised		02/22/2023
DIO Review	Robert Levine, MD	
GMEC Approval	Reviewed and approved	04/24/2023

Resident Recruitment and Selection

Policy #: 002.001
Policy Title: Resident Recruitment and Selection
Sponsor: Robert Levine, MD; DIO

Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) recruits and selects applicants who will become resident physicians for Accreditation Council of Graduate Medical Education (ACGME)-accredited residency programs.

This policy addresses ACGME Institutional Requirement *IV.B. 1 Residents/Fellows Appointments:* The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment, and must monitor each of its ACGME-accredited programs for compliance.

Definitions
Applicant: An MD or DO that has completed an ERAS application.

Educational Commission of Foreign Medical Graduates (ECFMG) Number: The identification number assigned by the ECFMG to each international medical graduate physician who receives a certification from the ECFMG.

Electronic Resident Application Service (ERAS): The centralized online application service used to deliver residency applications, along with supporting documentation, to residency programs.

International Medical Graduate (IMG): A physician who received a basic medical degree or qualification from a medical school located outside the United States and Canada.
The location of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG. Thus, individuals who are U.S. citizens when they graduate from an international medical school are U.S. IMGs, and individuals who are not U.S. citizens at the time of medical school graduation are non-U.S. IMGs even if they later become U.S. citizens. on-U.S. citizens who graduate from medical schools in the United States and Canada are not IMGs.

Liaison Committee on Medical Education (LCME): A governing body, which accredits medical education programs leading to the MD degree in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

National Resident Matching Program (NRMP): A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies.

Background
Applicants must meet certain qualifications for participation and appointment in the accredited residency program; to determine that all applicants meet the necessary qualifications, the selection of residents for the ACGME accredited program is facilitated by ERAS. The Program Director, in conjunction with the Graduate Medical Education Committee (GMEC), reviews all qualifying applications. Interviews are granted to those applicants determined by the program to possess the most appropriate qualifications. The Program Director makes the final decision on acceptance ranking.

Policy

Eligibility
Applicants with one of the following qualifications are eligible for appointment to FIU's ACGME-accredited residency programs:

4. graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,
5. graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
    a. holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
    b. holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located.
6. Applicants must meet requirements for appointment at the Miami Veterans Affairs Healthcare System and all other affiliate sites.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

Resident Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.

Application

1. Candidates must apply to the residency program using the Electronic Resident Application Service (ERAS).
2. Applications will be reviewed by the program and selected applicants will be invited for an interview.

Resident Selection

1. Resident physicians are selected based on FIU's sole discretion, to include preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities as well as but not limited to, motivation and integrity.
2. FIU will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other legally protected status.

Procedure

Application

1. Only applicants who meet FIU's eligibility requirements for its ACGME-accredited residency programs will be considered.

2. Applicants must use ERAS to submit their application and supporting materials. The application submission packet must include:
    a. Application form
    b. Letters of recommendation
    c. Medical School Performance Evaluation (MSPE)/Dean's letter
    d. Medical school transcript
    e. Personal statement
    f. United States Medical Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX) transcript
    g. ECFMG status report, if applicable

Interviews

1. Only applicants who have submitted the required application and supporting materials and determined by the program to possess the most appropriate qualifications will be invited for interviews.

Resident Selection

1. The program will rank candidates through the National Residency Matching Program (NRMP).
2. The Program Director shall be responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of the rank order list to the NRMP.
3. Candidates that successfully match to the residency program are sent an official resident contract.
4. A resident appointment shall not exceed one (1) year. A resident is considered appointed to FIU when all required pre-employment documentation has been submitted to their respective residency program and has been approved for sufficiency by the program and a training license or full medical license has been issued by the Florida Board of Medicine.
    a. FIU conducts a Level II Background Check on all new residents upon appointment to the residency training program.
    b. FIU also conducts pre-employment drug testing. If a history of DUI or other alcohol/substance use related crime(s) is revealed, a referral may be made to the Professionals Resource Network (PRN) to determine if ongoing evaluation, treatment, and/or monitoring is required.

Related Policies

Author	Maryam Shakir	04/26/2020
Revised		02/22/2023
DIO Review	Robert Levine, MD	
GMEC Approval	Reviewed and approved	04/24/2023

Resident Agreement of Appointment/Contract

Policy #: 003.001
Policy Title: Resident Agreement of Appointment/Contract
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy on appointment contracts for its Accreditation Council of Graduate Medical Education's (ACGME)-accredited residency programs.

This policy addresses ACGME Institutional Requirement *IV.C. Agreement of Appointment/Contract*

Definitions
Categorical Resident: A resident who is appointed to FIU's ACGME-accredited programs with the objective of completing the entire program.

Background
FIU will ensure that all categorical residents are provided with a written agreement of appointment outlining the terms and conditions of their appointment to a program. FIU, as the Sponsoring Institution, will monitor programs with regard to implementation of terms and conditions of appointment.

Policy
This policy serves to ensure that FIU's ACGME-accredited programs provide its categorical residents with adequate and timely information in a written format regarding the terms and conditions of appointment.

Procedure
Key elements of FIU's written agreement outlining the terms and conditions of a residents' appointment to FIU's ACGME-accredited residency programs will include:

1. Resident responsibilities
2. Duration of appointment
3. Financial support provided
4. Conditions for reappointment and promotion to a subsequent post-graduate year (PGY) level
5. References to procedures for grievance and due process
6. Information regarding professional liability insurance, including a summary of pertinent information regarding coverage
7. Information regarding health insurance benefits for residents and their eligible dependents
8. Information regarding disability insurance for residents
9. Information regarding vacation, parental, sick, and other leave(s) for residents compliant with applicable laws
10. Timely notice of the effect of leave(s) on the ability of residents to satisfy requirements for program completion
11. Information related to eligibility for specialty board examinations
12. References to institutional policies and procedures regarding resident clinical and educational work hours and moonlighting

Applicants invited to interview for a categorical resident position will have access to an electronic sample of the employment agreement with terms in effect at the time of the interview.

Related Policies
Resident: Renewal and Promotion, Grievances, Professional Liability Insurance, Health and Disability Insurance, Vacation and Leaves of Absence, Clinical and Educational Work Hours

Author	Maryam Shakir	01/24/2020
Revised		02/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/12/2023

Electronic or Written Information Provided to Applicants

Policy #: 004.001
Policy Title: Electronic or Written Information Provided to Applicants
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) seeks to provide the terms, conditions, and benefits of appointment to its Accreditation Council of Graduate Medical Education's (ACGME)-accredited residency programs, either in effect at the time of interview or that will be in effect at the time of his or her eventual appointment.

This policy addresses ACGME Institutional Requirement IV.B.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. IV.B.3.a).(1) stipends, benefits, vacation, leaves of absence, professional liability coverage, and disability insurance accessible to residents/fellows; and, IV.B.3.a).(2) health insurance accessible to residents/fellows and their eligible dependents.

Definitions
Applicant: An MD or DO invited to interview with FIU's ACGME-accredited programs.

Background
The ACGME requires that applicants must be informed of the financial support; vacations, parental, sick, and other leaves of absence, and professional liability, hospitalization, health, disability and other insurance available to residents and their eligible dependents.

Policy
Applicants will be provided terms, conditions, and benefits of the following, in electronic or written format, at the time he or she interviews for a position in FIU's ACGME-accredited residency programs:

1. Financial support
2. Vacations
    a. Sick
    b. Parental
    c. Other leaves of absence
3. Professional liability available to residents and their eligible dependents.
4. Health insurance, including hospitalization, available to residents and their eligible dependents.
5. Disability insurance available to residents and their eligible dependents.

Procedure

Electronic
All applicants are made aware of and have access to FIU HWCOM policies and procedures on the FIU HWCOM GME Website. Program-specific information detailing financial support; vacations, parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents and their eligible dependents is provided through the Primary Care Internal Medicine webpage.

Related Policies
Resident: Agreement of Appointment/Contract, Professional Liability Insurance, Health and Disability Insurance, Vacation and Leaves of Absence, and Resident Services

Author	Maryam Shakir	11/21/2019
Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/12/2023

Health and Disability Insurance

Policy #: 005.001
Policy Title: Resident Health and Disability Insurance
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to describe the conditions within which residents of the Accreditation Council of Graduate Medical Education (ACGME)-accredited programs receive professional health and disability insurance.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.G.. Health and Disability insurance: IV.G.1. The Sponsoring Institution must ensure that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. IV.G.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.IV.G.2. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. IV.G.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

Background
As per the ACGME institutional requirements, Florida International University will offer health and disability insurance benefits for residents and their eligible dependents beginning on the first day of insurance eligibility.

Policy
This policy serves to ensure that the FIU Primary Care Residency Program provides its residents adequate insurance coverage.

Health Insurance
1. Residents are provided a choice of several health plans, which include prescription coverage.
    a. This insurance is available for the resident and their eligible dependents.

Disability Insurance

1. Disability insurance options will be provided by FIU.
2. If a resident suffers a work-related injury, the resident is generally covered under the workers' compensation program offered by FIU through the State of Florida Workers' Compensation Program.

Procedure

1. In accordance with FIU's group health benefits options offered under the State Group Insurance Program; eligible resident and his/her eligible dependents are able to enroll for medical, dental, vision, basic life and certain other supplemental insurance coverages as described under State Group Insurance Program
2. If a resident suffers a work-related injury, the resident is generally covered through the State of Florida Workers' Compensation Program provided the resident complies with the requirements of the worker's compensation program.
3. Professional liability coverage is addressed in a separate policy.

Related Policies

Resident Professional Liability Coverage

Author	Maryam Shakir	11/22/2019
Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/12/2023

Professional Liability Insurance

Policy #: 006.001
Policy Title: Resident Professional Liability Coverage
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to describe the conditions within which residents of the Accreditation Council of Graduate Medical Education (ACGME)-accredited programs receive professional liability protection.

This policy addresses the ACGME Institutional Requirement IV.F. Professional Liability Insurance: IV.F.1. The Sponsoring Institution must ensure that residents/fellows are provided with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s).

Definitions
Professional Liability Insurance: A form of insurance that helps protect individuals and companies who provide professional services, such as medical care, from negligence claims made by a patient, and damages awarded in a civil lawsuit.

Sovereign Immunity: Immunity as described in Section 768.28, Florida Statues, which is provided to employees and institutions of the state of Florida for actions that occur while the employee is performing in their capacity as an agent of the State of Florida.

Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d): Personal liability insurance provided to residents of affiliate institutions while providing services at a Veterans Affairs health care facility.

Background
Residents employed by FIU are covered under sovereign immunity provisions established by Section 768.28, Florida Statutes. FIU also participates in a self-insurance program authorized by the State, pursuant to Section 1004.24, Florida Statutes. While providing services at the Miami Veterans Affairs Healthcare System (VAHCS), residents are covered from personal liability by the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d).

Policy
This policy serves to ensure that the FIU-sponsored Primary Care Internal Medicine Residency Program provides its residents self-insured liability coverage for their officially scheduled assignments, duties, or rotations at all sites.

Procedure
As participants in an ACGME-accredited residency program, residents are provided self-insured liability coverage pursuant to the FIU Self-Insurance Program (SIP) established by statute and the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d), for incidents in which patients suffer bodily injury, personal injury, or property damage caused by the negligence of FIU residents. FIU's Self-Insurance Program extends to all participating sites, except the VAHCS, which is covered by Federal Liability Reform and the Tort Compensation Act. The FIU SIP also affords residents liability protection when residents act in the role of a "Good Samaritan", when involved in community service work

that has been authorized by FIU, and when serving on a FIU-sanctioned educational assignment outside of Florida. Accordingly, residents must wear their FIU and/or VAHCS badge at all times while providing care.

FIU's liability coverage for residents *does not* extend to medical services rendered outside of officially scheduled assignments, duties, or rotations. Therefore, residents and fellows approved to moonlight must either purchase sufficient malpractice insurance in accordance with Florida statute to cover his/her moonlighting activities or obtain written assurance from the hiring entity that it will provide malpractice insurance and workers' compensation coverage to the resident or fellow. That insurance is separate from the coverage provided by FIU for the resident's core training program.

If requested, residents will be provided official documentation of the details of their liability coverage.

Related Policies
Resident Promotion and Appointment Renewal, Clinical and Educational Work Hours

Author	Maryam Shakir	11/21/2019
Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/12/2023

Policy #: 007.001
Policy Title: Resident Services
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to describe resident services.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.I. Resident Services: IV.I.1. Behavioral Health: The Sponsoring Institution must provide residents/fellows with access to confidential counseling and behavioral health services. IV..2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. IV.I.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations. IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. IV.I.5. Discrimination: The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations.

Definitions
Harassment: Is any threatening, insulting, or dehumanizing gesture, use of data or computer software, or written, verbal or physical conduct against a person that results in reasonable fear of harm to that person or their property. Referenced in FIU Policy 1710.343

Discrimination Actions: This means regular and repeated action, language, or things displayed around the workplace that unreasonably interfere with job performance or create an intimidating, hostile or offensive work environment. A hostile environment may include:

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

Any of the above conduct or other offensive conduct directed at individuals because of their race, national origin, religion, disability, pregnancy, age, or military status is also prohibited.

Discrimination: Treating any member of the University community differently than others are treated based upon race, color, sex, pregnancy, religion, age, disability, national origin, marital status and/or veteran status.. Referenced in Regulation FIU-106.

Background
FIU in accordance with applicable laws and the requirements of accrediting agencies provides residents with support services to maintain their well-being, accommodate disabilities, and provide access to processes to raise and resolve complaints in a safe and non-punitive environment.

Policy

This policy serves to ensure that the Florida International University addresses the well-being of its residents, including but not limited to:

1. Confidential counseling and other behavioral health services
2. Physician impairment
3. Harassment
4. Accommodation for disabilities

Procedure

Confidential Counseling and Other Behavioral Health Services

All FIU employees have access to the Office of Employee Assistance (OEA), which provides free confidential professional assistance to help employees and their families resolve personal problems that affect their lives or job performance. The OEA serves to enhance the quality of life of FIU faculty and staff, improve personal effectiveness, and to create a healthier campus community by providing mental health assessments, brief interventions and/or referrals, small group facilitations, crisis responses, and customized educational and training programs.

The OEA carefully adheres to professional standards of ethics and confidentiality. Appointments and services are confidential to the fullest extent permitted by law. Legal exceptions are fully discussed in the initial consultation session. Except when legally mandated to breach confidentiality, no information is released without the specific, written consent of the individual. Information maintained by the OEA staff is not part of, or accessible by any other university record system. The OEA operates with scheduled appointments and does not communicate personal information via e-mail without specific, written consent of the individual, as we cannot assure the confidentiality of that medium.

The Faculty & Staff Behavioral Intervention Team (FASTeam) is a hybrid of a behavioral intervention team and a threat assessment team. The FASTeam combines expertise in the areas of law enforcement, mental health, disability services, academic affairs, employee and labor relations, employment law and emergency management. The FASTeam addresses resident concerns that are acute in nature.

Physician Impairment and Substance Abuse

The OEA offers free, online, anonymous mental health screenings for a number of different emotional conditions such as depression, anxiety, eating disorders, post-traumatic stress disorders, bipolar disorder, and substance abuse.

FIU is responsible for providing a safe working environment for its residents. It is also responsible for assuring the safety of patients as well as those who work around them and ensuring that residents are physically and mentally capable of performing their clinical and educational duties. All residents must undergo substance abuse testing as a condition of the appointment process. Continued participation as a resident in the Primary Care Internal Medicine Residency Program is contingent upon participation in as well as the results of the substance abuse testing conducted at the request of the program, prior to, or at any point during employment.

FIU is a Drug Free Workplace. Violations can result in disciplinary action up to and including termination. A violation may also be reason for evaluation and treatment of a drug and/or alcohol disorder or referral for prosecution.

Harassment

Complaints of sexual or other forms of harassment will be handled in accordance with FIU Policy 1710.343, Workplace Violence.

Accommodations for Disabilities

FIU is committed to providing access to applicants and employees with disabilities. To that end, FIU will provide reasonable accommodations in the workplace for qualified individuals with disabilities, unless to do so would result in an undue

hardship to FIU and participating sites, or would pose a direct threat to the health or safety of employees or patients of FIU and other participating sites. Requests for accommodations for residents with disabilities will be handled in accordance with the Americans with Disabilities Act of 1990 and its amendments.

Discrimination
FIU affirms its commitment to ensure that each member of the university community shall be permitted to work in an environment free from any form of illegal discrimination, including race, color, sex, pregnancy, religion, age, disability, national origin, marital status, and veteran status. The university recognizes its obligation to work towards a community in which diversity is valued and opportunity is equalized. FIU-106 is a regulation that establishes procedures for an applicant or a member of the university community (faculty, staff, affiliated third parties, and/or student) to file a complaint of alleged discrimination or harassment. It shall be a violation of the regulation for any member of the university community to discriminate against or harass any member of the university community or applicant. Discrimination and harassment are forms of conduct that shall result in disciplinary or other action as provided by the Regulations/policies of the university. Regulation FIU-106 provides for prompt and equitable resolution of reports of discrimination, harassment, and retaliation.

Related Policies
FIU Policy 1710.343: Workplace Violence, Regulation FIU-106: Nondiscrimination, Harassment and Retaliation (Title VII), Americans With Disabilities Act of 1990

Author	Maryam Shakir	1/24/2020
Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/24/2023

Resident Supervision

Policy #: 008.001
Policy Title: Resident Supervision
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Florida International University (FIU) has adopted the following policy to address resident supervision.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.J. Supervision: IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

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

Indirect Supervision with direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

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

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

PGY-1 residents: Residents that should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY-1 residents can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME Program Requirements.

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

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

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

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

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

Background
Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

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

The appropriate level of supervision depends on the individual resident's level of competency as determined by their knowledge, skill, and attitudes. The appropriate level of Program Faculty supervision for each resident is determined by the responsible Program Faculty and Program Director. The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of resident supervision, including oversight of levels of resident supervision inconsistent with this GME Policy.

In the course of residency training, circumstances and events may arise in which residents must communicate with appropriate supervising faculty members. These include but are not limited to:

1. Admission to the hospital
2. Admission to the ICU
3. Unstable patient
4. Direct or indirect supervision for any invasive procedures
5. Before discharge from the hospital, ER, or ambulatory site
6. Change of code status and other end-of-life decisions
7. Any situation in which the resident believes faculty input is necessary
8. Before a first-year resident orders a consult

Procedure

The quality of a resident's GME experience involves a proper balance between educational quality and the quality of patient care. In the Primary Care Internal Medicine Residency Program, the level of resident supervision must ensure the highest quality, safety, and effectiveness of patient care. Appropriate levels of resident supervision during educational and patient care activities include the following guidelines:

Level of Supervision

1. The level of resident supervision must be consistent with the educational needs of the resident. This also includes supervision of activities that may influence learner safety (i.e., clinical and educational work hour limitations, stress).
2. The level of supervision must be appropriate for the individual resident's progressive responsibility as determined by the resident's level of education, competence, and experience. The program must demonstrate that the appropriate level of supervision is in place for all residents.
3. The ACGME has also defined certain other applicable Common and specialty/subspecialty-specific Program Requirements that relate to appropriate levels of resident supervision. Levels of resident supervision must be in compliance with these Requirements.

Determination of Progressive Responsibility

1. There are multiple layers of supervision of resident educational and patient care activities, including supervision by an advanced-level resident. Advanced-level resident supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsible Program Faculty and Program Director.
2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
3. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care earned by each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
4. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents.
5. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Communication with Supervising Faculty

1. The programs will set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.
2. The availability of Program Faculty and/or the ability to communicate with Program Faculty at all times is an integral part of the supervision of resident educational and patient care activities.

Feedback

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

Related Policies
N/A

Author	Maryam Shakir	11/27/2019
Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/25/2023

Resident Clinical and Educational Work Hours

Policy #: 009.001
Policy Title: Resident Clinical and Educational Work Hours
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to maintain clinical and educational work hours.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following: IV.K.1.a) residents/fellows must not be required to engage in moonlighting; IV.K.1.b) residents/fellows must have written permission from their program director to moonlight; IV.K.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

Definitions
Supervising Physician: Is a physician, either faculty member, or senior resident designated by the Program Director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Background
FIU is committed to and is responsible for promoting quality of care and patient safety as well as resident well-being. FIU acknowledges the frequent need for the effacement of self-interest in the course of patient care but would like to foster a humanistic environment that supports the professional development of physicians and ensures the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must be given importance in the allotment of residents' time and energy. Clinical work and educational assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Policy
The Program Director is responsible for ensuring that residents in his/her training program are not exceeding their clinical work and educational limitations. All residents and faculty will receive a copy of the clinical experience and education policy. Clinical work and education will be monitored by the Program Director or designee on an ongoing basis to ensure compliance. All residents are required to input their clinical work and education hours into the program software database on at least a weekly basis. The Program Director, Program Faculty, and Chief Resident(s) are charged with monitoring the demands of all call activities and making the necessary adjustments in scheduling to deal with excessive service demands and/or fatigue. Residents are encouraged to proactively notify the Program Director without fear of reprisal when their schedule indicates a violation of the clinical experience and education policy. Residents may also refer to the policy on Resident Grievances.

Procedure
All FIU sponsored resident work schedules shall be in compliance with Accreditation Council of Graduate Medical Education (ACGME) clinical work and education requirements. Clinical work and education are defined as all clinical and academic activities related to the graduate medical education program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical work and education do not include reading and preparation time spent away from the duty site.

1. Maximum Hours of Clinical and Educational Work per Week
    a. The scheduled work week shall not exceed 80 hours per week, averaged over a four-week period, inclusive of in-house clinical and education activities, clinical work done from home, while on call, and all moonlighting which must have prior approval from the Program Director as outlined in the resident moonlighting policy, and program specific policies.
2. Mandatory Time Free of Clinical Work and Education
    a. The program must design an effective program structure that is configured to provide residents with educational opportunities for rest and personal well-being.
    b. Residents should have eight (8) hours off between scheduled clinical work and educational periods.
    c. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour average and the one-day-off-in-seven requirements.
    d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. At home call cannot be assigned on these free days.
3. Residents must have at least 14 hours free of clinical and educational work after 24 hours of in-house call activities.
4. Maximum Clinical Work and Educational Period Length

a. Clinical and Educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
b. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes that residents have appropriate support from their clinical teams, and that they are not overburdened with clerical work and/or other non-physician responsibilities.
c. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
d. Additional patient care responsibilities must not be assigned to a resident during this time.

5. Clinical and Educational Work Hour Exceptions
    a. In rare circumstances, after handing off all other responsibilities, a resident, on his or her own initiative, may elect to remain beyond their scheduled period of duty or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events.
    b. These additional hours of care or education will be counted toward the 80-hour weekly limit.
    c. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
6. Night Float
    a. Residents must not be assigned more than two months of night float during any year of the educational program, or more than four months of night float during the course of the residency
    b. Residents must not be assigned to more than one month of consecutive night float rotation.
    c. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
7. On-Call
    a. Residents must be scheduled for in-house call no more frequently than every-third night (when averaged over a four-week period).
    b. Time spent on patient care activities by residents on at-home call must count towards the 80-hour average maximum weekly hour limit. The frequency of at-home call is not subject to the every-third night *and* must satisfy the requirement for one-day-in-seven free of duty clinical work and education, when averaged over four weeks.
    c. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
    d. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour weekly maximum weekly limit.
8. Moonlighting
    a. Residents are not required to engage in moonlighting.
    b. A resident can request to moonlight but can only moonlight with written permission from the Program Director.
    c. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
        i. The Program Director, Program Coordinator, and/or Supervising Physicians will monitor the effect of moonlighting activities on a resident's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight.
    d. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit
        i. It is the resident's responsibility to inform the Program Director of moonlighting hours.
    e. FIU or the Primary Care Internal Medicine Residency Program may prohibit moonlighting by residents.

Related Policies
Resident Grievances, Resident Moonlighting, Resident Fatigue Mitigation

Author	Maryam Shakir	11/22/2019
Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/25/2023

Resident Moonlighting

Policy #: 010.001
Policy Title: Resident Moonlighting
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to further elaborate upon resident moonlighting.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following: IV.K.1.a) residents/fellows must not be required to engage in moonlighting; IV.K.1.b) residents/fellows must have written permission from their program director to moonlight; IV.K.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows

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

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

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

1. Providing direct patient care
2. Conducting "wellness" physical examinations
3. Reviewing medical charts, EKGs, or other information for a company or an agency
4. Clinical teaching in a medical school or other educational programs involving clinical skills

5. Providing medical opinions or testimony in court or to other agencies
6. Serving as a sports team physician or medical official for an event

Background

Residency training is a full-time educational experience. It is recognized that excessive numbers of hours worked by intern and resident physicians can lead to errors in judgment and clinical decision-making. This can have an impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications.

The ACGME defines External Moonlighting as voluntary, compensated, medically related work performed outside the institution where the resident is in training or at any of its related participating sites. Internal Moonlighting is defined as voluntary, compensated, medically related work (not related to training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Internal Moonlighting is not permitted. External Moonlighting must not interfere with the resident's educational performance; nor must those activities interfere with the resident's opportunities for rest, relaxation, and independent study. Therefore, there will be a high degree of sensitivity to the physical and mental well-being of trainees and every attempt will be made to avoid scheduling excessive work hours leading to sleep deprivation. The following policy applies to all interns and residents in the Primary Care Internal Medicine Residency Program that wish to moonlight. However, residents are not required to engage in moonlighting activities as a condition for appointment. For the purpose of this policy “Moonlighting” will refer to External Moonlighting.

Policy

Residents seeking to moonlight must first obtain prior written approval from their Program Director. This written statement of permission must be kept in the resident's file. The resident's performance in the program will be monitored for any adverse effects from moonlighting. The Program Director may withdraw his/her permission to moonlight at any time.

Eligibility

1. Residents must be in PGY-2 or beyond. PGY-1 residents are *not* permitted to moonlight.
2. A resident who is on formal academic review, probation or suspension is prohibited from engaging in any moonlighting activities during the period of remediation.
3. A resident wishing to moonlight must complete a Moonlighting Form (see attached); the Program Director has the right to reject the type or venue of Moonlighting being requested.
4. A resident approved to moonlight must either purchase sufficient malpractice insurance to cover his/her moonlighting activities or obtain written assurance from the hiring entity that it will provide malpractice insurance and workers’ compensation coverage to the resident. That insurance is separate from the coverage provided by FIU for the resident’s core training program. FIU's malpractice policy for residents *does not* extend to medical services rendered outside of officially scheduled assignments, duties, or rotations.
5. It is the sole responsibility of the resident to apply for and obtain a permanent license to practice medicine to support any moonlighting activities and to apply for and obtain their own DEA # if one has not already been issued.
6. The resident is responsible for reporting all moonlighting hours. Failure to report moonlighting hours will result in suspension and/or dismissal from the residency program.

80-Hour Maximum Weekly Limit

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

2. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives outlined by the educational program. Time spent by residents Moonlighting must be counted towards the 80-Hour Maximum Weekly Limit.
3. Moonlighting hours must be entered into the clinical and educational hour tracking system on a weekly basis.
4. Moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the resident to the program, as such the Program may limit the number of hours that can be spent moonlighting in a given month.

Supervision
FIU and the Primary Care Internal Medicine faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting.

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

Monitoring
1. Moonlighting must never interfere with a resident's primary responsibilities to his/her program. It should not interfere with the resident's ability to participate in the educational opportunities of the training program and with the ability of the resident to achieve the goals and objectives of the educational program.
2. Moonlighting must not interfere with the resident's ability to provide patient care

Procedure
Approval
1. Moonlighting permission must be specifically requested in writing from the Program Director.
2. Requests must be submitted and approved before the commencement of the services.
3. These forms (see attached) are only valid for the current academic year and must be renewed prior to July 1st of each succeeding academic year if the resident wishes to continue to moonlight.
4. The resident's moonlighting request must be included as part of the institution's resident file.
5. The request for moonlighting must indicate the number of hours the resident will be working in the moonlighting job.

Loss of Moonlighting Privileges
1. Moonlighting may be disallowed if any adverse effects are documented. If a resident/experiences educational difficulty or excessive fatigue, the Program Director at his/her discretion may suspend moonlighting privileges.
2. A letter will be submitted by the Program Director to the resident and the Office of Graduate Medical Education (GME) stating that the resident is no longer permitted to moonlight.

Clinical Work and Educational Hours Monitoring
1. Clinical work and educational hour compliance must be documented. This will be reviewed by the resident with the Program Director on a monthly basis.
2. Failure to accurately document moonlighting hours will result in the suspension of moonlighting privileges.

Related Policies
Resident Clinical Work and Educational Hours, Resident Fatigue Mitigation

Revised		03/08/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/25/2023

Moonlighting Request Form

Resident Name:
PGY:
Program:
Program Director:

Reason for request (please concisely state why you ought to be allowed to moonlight):

GME Office Use Only:
Resident academic standing:

- ☐ Satisfactory
- ☐ Unsatisfactory

- ☐ Approved
- ☐ Rejected

Program Director Signature: _____
Date: _____

Policy #: 011.002
Policy Title: Resident Vacation and Leaves of Absence
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to address resident vacation and other leave(s).

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement *IV.H. Vacation and Leaves of Absence. IV.H.1. The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. This policy must: IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; be available for review by residents/fellows at all times; and IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).*

Definitions
Personal leave: Leave that is used by the resident for vacation, bereavement, maternal/paternal leave, or the Family and Medical Leave Act.

Wellness leave: Leave that is used by the resident for wellness, medical appointments, and/or serious illness.

Wellness leave may not be utilized as personal leave or a means to extend personal leave. Wellness leave is meant to be utilized to maintain mental and physical wellness.

Background
FIU and the ACGME entitles residents to leave with pay for the purpose of vacation and sick leave, during the training period July 1st through June 30th, as described in this section.

The maximum time a resident can be away from a program in any given year is determined by the requirements of the specialty board involved. If specialty board regulations for time away from the program differ from that which is outlined in this policy, the Program Director will create a program-specific policy and provide the DIO written notice of the applicable specialty board regulation.

Policy
Personal Leave
1. Residents are permitted twenty (20) paid days per year to be used for personal time off.

2. Residents are permitted five (5) paid days per year to be used for wellness, elaborated upon below.
3. Any absence in excess of that which is permitted by specialty-specific boards may increase the length of training.
4. The residency program needs to make appropriate arrangements with any department that may be affected by the resident's leave.
    a. Responsibility for meeting the certification requirements of the specialty board rests with the individual resident and Program Director.

Time Lost from Residency

Time lost from residency training must be made up according to the specifications of the Accreditation Council for Graduate Medical Education, the specialty-specific Residency Review Committee (RRC) and at the discretion of the Program Director.

Remuneration for time off, beyond the specified paid vacation and health coverage, is not guaranteed. It will be at the discretion of the Program Director.

1. Requests for additional paid time off must be approved by the Office of Graduate Medical Education and the DIO.
2. If the leave taken exceeds that which is allowed by the program, the resident may be required to extend his/her training to fulfill Board requirements.

No Vacation Days

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

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

1. In-Training Exams
2. Objective Structured Clinical Examinations (OSCEs)
3. Orientation
4. Resident Research Poster Competition
5. Emergency Medicine rotations
6. Intensive/Critical Care rotations
7. General Wards rotations

Bereavement Leave

In the event of death of a member of your immediate family, you may be granted a Bereavement Leave for up to three (3) normally scheduled consecutive days with pay immediately following the death to arrange for and/or attend the funeral. Qualified bereavement leave does not reduce vacation time or sick days. Referenced in FIU Policy 1725.035

Family and Medical Leave Act

Reference FIU Policy 1725.125 FMLA Maternity/Paternity, and Medical Leave

The Family and Medical Leave Act of 1993 (FMLA) entitles employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve workweeks of leave in a 12-month period for:
    - The birth of a child and to care for the newborn child within one year of birth;
    - The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
    - To care for the employee's spouse, child, or parent who has a serious health condition.

- The serious health condition that makes the employee unable to perform the essential functions of his or her job;
- Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is covered military member on "covered active duty;" or
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service members' spouse, son, daughter, parent, or next of kin (military caregiver leave).

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Military leave
Military Leave falls under the Uniformed Services Employment & Reemployment Act of 1994 (USERRA) and Florida state law. FIU complies with all military leave and Uniformed Services Employment and Reemployment Rights Act (USERRA) provisions as required by law.

Jury Duty
Residents will be granted a paid Leave of Absence to serve on jury duty or to serve as a witness (if subpoenaed) provided they give the Program reasonable advance notice of their obligation to serve. Residents called to jury duty or as a witness for FIU may be eligible to receive their current rate of pay while on jury duty. This is referenced in FIU Policy 1710.165

Academic Time
Residents that have scheduled exams or are participating in an educational conference do not need to submit personal or wellness leave. This time will be considered educational hours and must be submitted as clinical or educational work hours on the residency management software.

Procedure
Personal Leave

1. Residents are required to notify the Program Coordinator, Program Director, and personnel associated with scheduling in writing of all leave requests to determine eligibility. Residents must also utilize the residency management software to submit such requests.
2. The following rules apply for all leave requests:
    a. Leave may not be taken during dates that are blocked on the schedule. See No Vacation Days section above.
    b. Residents must obtain prior approval in writing from the Program Director, which should include all coverage arrangements, prior to presenting their vacation request to the Program Coordinator.
    c. Any changes to vacations previously scheduled require approval from the Program Director. These change requests must be made a minimum of 6 weeks before the start of the earliest affected rotation.
    d. Leave will be granted and charged in one-day increments for each workday of leave requested and approved.
    e. All residents must submit their vacation requests for the next academic year to the Program Coordinator and scheduling personnel by the date set by the program. Failure to submit a request by the deadline will result in vacation being assigned at the discretion of the Program Director.
    f. Final approval of vacation requests and all requests for leave for any purpose is at the discretion of the Program Director.
3. Hospital holidays are counted as part of the yearly training of the residents. Residents will receive regular pay (versus holiday pay) for holidays. If you are on call during a holiday, you must complete your duty. Residents who are not on call or who are not required to be at work may have the day off at the discretion of the Program Director.
4. A holiday schedule may be enforced by the Program Director and must be adhered to. Every effort will be made to ensure fair and just allocation of days off for holidays over the course of the training period.

Wellness Leave

FIU supports positive health behaviors in its trainees. Residents are expected to obtain a primary care provider and follow a lifestyle that promotes healthy behavior.

Unexcused or excessive sick time beyond the period allotted must be made up at the end of the residency training period without additional pay.

1. Unexpected Sick Leave

The Program Director, Program Coordinator, and personnel associated with scheduling must be notified for any unexpected sick days.

   a. A leave form should be submitted as soon as possible following an unplanned absence from work. If the illness precludes work for two or more consecutive days, a physician's note may be requested by the Program Coordinator. The Office of Graduate Medical Education has the right to require a doctor's note for all illnesses.
   b. Failure to notify the office of GME or supervising physician will result in disciplinary action by Program Director.

2. Planned Sick Leave

If a resident has planned sick leave (hospitalization, surgery, medical treatment, pregnancy), the resident should submit a leave form as soon as possible.

   a. If the leave taken exceeds that which is allowed by a program, the resident may be required to extend his/her training to fulfill Board requirements. Time lost from residency training must be made up according to the specifications of the Accreditation Council for Graduate Medical Education, Residency Review Committee for the Specialty, and at the discretion of the Program Director.

Academic Time

Residents are required to notify the Program Coordinator, Program Director, and personnel associated with scheduling in writing of all leave requests to determine eligibility. Residents must also utilize the residency management software to submit such requests.

Parental Leave

Parental Leave shall be granted through a formal request to the Program Director. The resident should inform the Program Director as early as possible to allow for adjustments in the curricular schedule to accommodate the leave. The leave duration will be counted in the total time away allowed for the year by the respective specialty board.

It is the responsibility of the resident and the Program Director to ensure board eligibility and RRC requirements are met within the original residency training period or through an extension of training.

Bereavement Leave

Residents are required to notify the Program Coordinator and Program Director if they would like to request bereavement leave. Bereavement leave must be approved by the Program Director.

Military Leave

A resident required to serve active duty, fulfill military training requirements, perform training, or provide emergency services in the Armed Forces of the United States, shall be granted an unpaid leave of absence from the program, and shall have employment, training, and reemployment rights in accordance with the law and FIU policies.

Extensions of Training

If a training extension is required, the resident, Program Coordinator, and Program Director are responsible for ensuring all program and institution requirements are met in the new training timeframe. The Program Director is to submit a request for

temporary complement increase as appropriate. Residents whose extension is required and approved will be paid for makeup or extended time provided funds are available at that time.

Related Policies
Resident Agreement of Appointment, FIU Policies 1710.165, 1725.125, 1725.035

Author	Maryam Shakir	03/26/2020
Revised		04/19/2024
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	05/21/2024

Resident Fatigue Mitigation

Policy #: 012.000
Policy Title: Resident Fatigue Mitigation
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to address fatigue mitigation

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement III.B.5.a).(2) and III.B.5.a).(3), which requires sponsoring institutions to oversee: systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and, an educational program for residents/fellows and faculty members in fatigue mitigation.

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

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

Background
Residency training is a full-time educational experience. Symptoms of fatigue are normal and expected to occur periodically with resident physicians, just as it would in other professional settings. Residents may occasionally experience effects of inadequate sleep and/or stress. Fatigue may lead to errors in judgment and clinical decision-making.

Isolated incidents of excess fatigue or stress in residents may occur in patient care settings or in non-patient care settings (such as lectures and conferences). In patient care settings, patient safety, as well as the personal safety and well-being of the resident, mandates implementation of an immediate response. In non-patient care settings, responses may vary depending on the severity of and the perception of the resident's fatigue.

Policy

All residents are expected to be present, appropriately rested and fit to provide the services required by their patients and prepared to carry out their obligations to their educational programs. Programs and sponsoring institutions must educate their residents and faculty on fatigue.

1. Residents and faculty must be able to recognize the signs and symptoms of fatigue.
2. Residents who perceive that they are too fatigued to maintain professional responsibility for their patients have the professional responsibility to immediately notify a supervising attending, senior resident, or Program Director without fear of reprisal
3. If a supervising attending or senior resident recognizes that a resident is demonstrating evidence of excess fatigue, then they are required to consider the immediate release of the resident from any further patient care responsibilities at the time of recognition.
4. If a resident feels they are unsafe to drive home, residents can sleep in the on-call suite. They are also permitted to request transportation from the GME office to get safely home and back to work.
5. The perception or evidence of frequent fatigue or stress in a resident will be investigated by the Program Director or supervising attending to determine contributing factors or possible impairment. For further details please refer to the Resident Impairment Policy

Procedure

The Graduate Medical Education office will provide all faculty and residents information and instruction on recognizing the signs of fatigue, sleep deprivation, alertness management, fatigue mitigation process and how to adopt this process to avoid potential negative effects on patient care and learning.

Patient Care Setting

1. In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence of excessive fatigue requires the supervising faculty or senior resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.
2. Residents recognizing excessive fatigue in themselves or fellow residents should report their observations and concerns immediately to a supervising attending, senior resident, or the Program Director.
3. The senior resident should discuss the situation with the resident to help identify the reason and determine what may be required to alleviate the situation.
4. The senior resident must attempt, in all circumstances without exception, to notify the supervising attending on-call or Program Director, depending on the ability to contact these individuals, prior to releasing the fatigued resident from his/her immediate clinical duties.
5. Once approved by the supervising attending or Program Director the resident will be released of his/her clinical or educational obligations for the day.

GME Office

1. Sleeping quarters are provided by the participating sites for overnight call assignments.
2. When a resident physician is post-call or at the end of the workday and does not feel safe to drive home, they may request a taxi or ride share voucher to get a ride home.

Related Policies

Resident Clinical and Educational Work Hours, Resident Impairment Policy

Author	Maryam Shakir	11.27.2019

Revised		
DIO Review	Robert Levine, MD	
GMEC Approval	Reviewed and approved	06.23.2020

Policy #: 013.000
Policy Title: Drug and Alcohol Policy for Residents
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to elucidate policy 1705.002 Drug-Free Campus/Workplace Drug and Alcohol Abuse Prevention Policy and Procedure within the context of Residents participating in ACGME-accredited graduate medical education programs.

Definitions
Alcohol Use: The consumption of any beverage, mixture or preparation, including any medication, containing alcohol.

Confirmed, Positive Drug Test: The result of a drug test in which a designated Medical Review Officer (MRO) verifies as positive.

Department Approved Professional (DAP): Substance abuse professionals that have been approved by the Department of Health, due to their credentials, expertise in treating healthcare practitioners, and the diverse services they offer.

Drug Test: A toxicological test of an individual's urine for evidence of the prohibited drug use. FIU will test for the following drugs: marijuana, cocaine, opiates (including morphine, codeine, heroin), four (4) semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone), amphetamines (including methamphetamine, amphetamine), and phencyclidine (PCP).
Note: FIU and the Veterans Administration do not allow the use of medical marijuana or other cannabis products by actively practicing healthcare professionals. This includes cannabidiol (CBD) products which may contain amounts of THC that result in positive toxicology testing.

Employee Assistance Program (EAP): A work-based intervention program designed to assist FIU employees in resolving personal problems that may be adversely affects the employee's performance. The program also is an awareness program where FIU employees are made aware of the dangers or illegal drug use.

Pre-Employment Testing: An applicant for an ACGME-accredited residency program must pass a drug test before employment.

Professionals Resource Network (PRN): The Professionals Resource Network, Inc. (PRN) is a legislatively enacted private non-profit organization for impaired healthcare professionals. The primary mission of PRN is to protect the health, safety and welfare of the public while supporting the integrity of the healthcare team and other professionals. PRN serves as the Consultant to the Florida Department of Health (DOH) and the Department of Business and Professional Regulation (DBPR) on matters relating to practitioner impairment. The DOH and the DBPR contract with PRN to provide mandated services of the Florida Statutes in Chapters 455 and 456, each individual's practice act. PRN is a voluntary alternative to the DOH/DBPR disciplinary process.

Refusal to Submit: Failure of a Resident to provide a required test sample (in the absence of a genuine inability to provide a specimen as determined by a medical evaluation) after he/she has received notice of the requirement to be tested in

accordance with this policy. Also includes engaging in conduct that clearly obstructs the testing process, such as substitution, intentional dilution, or adulteration of a sample.

Background

This statement applies only to Residents who provide medical services to patients at participating sites of the ACGME-accredited GME programs established by FIU. All covered individuals are required to read this statement and sign an acknowledgment that they agree to abide by its terms and conditions

In addition to consenting to and complying with the requirements of this policy, the Residents are also required to abide by and participate in any drug/alcohol testing program for the hospitals and/or clinical sites to which the Residents are assigned. This may result in the Residents consenting to participate in different testing programs such as random testing that is not otherwise required by FIU. This may also result in the Resident being tested twice for the same incident that triggers testing (i.e., once by FIU and once at the hospitals and/or clinical sites to which the Resident is assigned).

Policy

Residents are prohibited from:

1. Providing patient care or performing other training-related responsibilities while in an impaired state resulting from the use of alcohol, a controlled substance, an illegal substance, or any other substance, including but not limited to non-prescription drugs
2. Selling or using alcohol, controlled substances, illegal substances or any other substances in violation of any applicable State or Federal law
3. Possessing any illegal substances

Drug testing will be conducted in accordance with the GME Resident Recruitment & Selection Policy at FIU's expense. Initial drug testing in relation to the Resident Impairment Policy will also be at FIU's expense. Specifically, Residents will be tested for the presence of controlled substances as part of 1) pre-employment 2) and reasonable cause testing. The Program Director will be advised as soon as practicable about the need to conduct for-cause testing. All results will be forwarded to the Program Director or designee who will work with Program Leadership who have a need-to-know.

Types of Testing

1. Pre-Employment Testing: Residents that match into the Program will be tested for the controlled substances listed in the procedure; residents will not be tested for alcohol as part of their pre-employment screen.

A pre-employment finalist who submits a urine sample cannot be employed until a negative test result is confirmed.

2. Reasonable Cause Drug Testing: Any Resident suspected of using an illegal drug must be tested. Likewise, a Resident suspected of being intoxicated or under the influence of alcohol shall be tested.
    a. Reasonable cause to test a Resident will be based on a reasonable and articulable belief that the Resident has used an illegal drug based on direct observation of specific, contemporaneous physical, behavioral, or performance indicators of probable use.
    b. All observations, employee discussions, and anything else leading to conclusion that the Resident should be tested based on reasonable cause will be documented as soon as possible following the observations.
        i. Documentation will be shared on a need-to-know basis and may not remain confidential.
    c. A Resident will be placed on administrative leave pending the outcome of the drug-testing result. Refusal to Submit to a test will be documented and reported to the Program Director for appropriate discipline.
    d. Residents will sign an *Authorization to Release Information* to Program Leadership.

The Employee Assistance Program and Professionals Resource Network
FIU strongly encourages any Resident with drug or alcohol abuse to seek treatment FIU has an Employee Assistance Program (EAP) which provides the Resident with an avenue for getting help should they decide that they have a substance use or alcohol use problem. The EAP will also provide training to GME faculty and Residents on the dangers of illegal drug use (including misuse of prescription drugs).

FIU may refer Residents violating this policy to the Professionals Resource Network (PRN). Resumption of training will be contingent upon Program Director approval.

Related Policies
Resident Impairment Policy

Author	Maryam Shakir	4.19.2022
Revised		
DIO Review	Robert Levine, MD; DIO	4.19.2022
GMEC Approval	Reviewed and Approved	5.10.2022

Policy #: 014.001
Policy Title: Resident Impairment
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
FIU has adopted the following policy to address physician impairment.

This policy addresses ACGME Institutional Requirement IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment.

Definitions
Physician Impairment: The inability to practice medicine with reasonable skill or safety as a result of dependence or use of mind- or mood-altering substances; distorted thought processes resulting from mental illness or physical condition; or disruptive social tendencies. Examples of conditions that may cause impairment include mood disorders such as major depression; anxiety, sleep, or stress disorders; “burnout”; brain injury; or medical disorders such as endocrinopathies, central nervous system infections, etc.

Professionals Resource Network: The Professionals Resource Network, Inc. (PRN) is a legislatively enacted private non-profit organization for impaired healthcare professionals. The primary mission of PRN is to protect the health, safety and welfare of the public while supporting the integrity of the healthcare team and other professionals. PRN serves as the Consultant to the Florida Department of Health (DOH) and the Department of Business and Professional Regulation (DBPR) on matters relating to practitioner impairment. The DOH and the DBPR contract with PRN to provide mandated services of the Florida Statutes in Chapters 455 and 456, each individual’s practice act. PRN is a voluntary alternative to the DOH/DBPR disciplinary process.

Background
Impaired physicians may put their patients, coworkers, and themselves at risk. Physicians are known to be at increased risk for completed suicide. Recognizing this, we provide confidential resources for identification of at-risk physicians, referral for evaluation and treatment, monitoring recovery, and advocating for the safety of physicians that might have a physical or mental condition that could affect their ability to practice safely and skillfully.

Illness does not constitute impairment. However, impairment, whether physical, mental, or a substance use disorder, is managed as an illness permitting diagnosis and the opportunity for treatment. Further, impairment can change over time rather than remaining static. With successful recovery, physicians may return to work in an appropriate capacity. However, untreated and/or relapsing, impairment may preclude safe clinical performance. The Office of Graduate Medical Education (GME) and the Office of Employee Assistance (OEA) have developed comprehensive didactic programs to educate faculty and residents about impairment, including patient and personal risks associated with these conditions. Education includes training on recognition of impairment, risk for physician suicide, and problems of substance use.

This policy serves to address impairment of any type in residents, protect patients from risks associated with an impaired resident, and compassionately address impairment to allow diagnosis, treatment, and rehabilitation.

Policy

All residents are expected to be present, fit to provide the services required by their patients, and prepared to carry out their obligations. Program directors and faculty must monitor residents for signs of impairment, especially those related to depression, burnout, suicidality, substance use, and behavioral disorders. When a concern for resident impairment arises, faculty must report their concern to the Program Director. Residents are also responsible to report concerns about their own impairment, or possible impairment of their fellow residents. This reporting requirement applies to anyone who observes that a physician *may* be impaired. Actual evidence of impairment is not required. If there is a concern that a resident *may* be impaired, he/she must be removed from patient contact until approved to return to work by the Program Director.

Programs and FIU must educate their residents and faculty on physician impairment.

1. Residents and faculty must be able to recognize signs and symptoms of impairment.
2. Residents who perceive that they or another resident are exhibiting behaviors which may potentially interfere with their ability to practice have the professional responsibility to immediately notify a senior resident, supervising attending, and/or Program Director without fear of reprisal.
3. If a resident is suspected of or demonstrating impairment of their ability to provide safe care, the supervising attending, or Program Director must consider immediate release of the resident from any further patient care responsibilities at the time of recognition and referral for appropriate evaluation.

In achieving these goals, several principles are involved:

1. The safety of both the impaired resident and his/her patients are of prime importance.
2. The privacy and dignity of the impaired resident should be maintained as much as is possible in the context of safe patient care and departmental administration.
3. Program Leadership will work together to facilitate education, diagnosis and management.

Residents are expected to remain in good standing at all participating sites. As such, residents are to abide by the policies and procedures of all participating sites and are subject to policies and procedures as denoted by the individual institution.

A Resident found in violation of this policy either directly possessing or using alcohol or drugs as described above or through a confirmed, positive drug test may be referred to the PRN and subject to appropriate discipline.

Related Policies
Drug and Alcohol Policy for Residents

Author	Maryam Shakir	03/15/2022
Revised		03/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/27/2023

Resident Promotion, Appointment Renewal, and Dismissal

Policy #: 015.001
Policy Title: Resident Promotion and Appointment Renewal
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to address resident promotion and the renewal of a resident's appointment at FIU.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement *I V.D. Promotion, Appointment Renewal, and Dismissal.*

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

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

Background
FIU has determined that a resident's training must be graduated, with increasing levels of responsibility as required by the ACGME. A resident will progressively gain independence with the attainment of knowledge, clinical competence, and skill. This process will be known as progressive responsibility.

Residents will advance to higher levels of responsibility upon successful completion of program goals and objectives in the core competencies as defined by the ACGME. Ultimately, training should develop the resident into an independent practitioner.

Policy
The primary clinical site for FIU residents is the Veterans Affairs Healthcare System (VAHCS). As such, a resident must remain in good standing with the VAHCS to serve as a resident of ACGME-accredited residency programs sponsored by Florida International University.

Promotion Criteria
1. Programs will provide criteria for the advancement of a resident, i.e. promotion.
2. Programs will incorporate specialty specific ACGME milestones as part of their promotion criteria.
3. Programs must distribute the criteria for promotion to the residents at the beginning of each year and ensure that they are informed of these expectations.
4. Programs must periodically review the appropriateness of the competency-based criteria. This review happens as part of the Annual Program Evaluation (APE) process which is conducted by the Program leadership.
5. If a program determines that a resident meets the competency-based criteria, is capable of proceeding to the next level of progressive responsibility, then the Program Director must notify the resident in writing.

6. Promotion recommendations should be made by the Clinical Competency Committee and conveyed to the Program Director in writing.
7. The Program Director will then choose to uphold the Clinical Competency Committee's recommendation or not.
8. The Program Director's decision will be conveyed to the resident and GMEC in writing.
    a. Once the Program Director has approved the promotion of a resident, COM HR will renew the resident contract for the new academic year

Resident Advisement and Review

1. Programs must develop a process for resident review and advisement meetings regarding their academic progress. This review must occur at least twice annually.
2. Any concerns about academic performance should be reviewed with the resident and documented at these meetings. Underperforming residents should be given notice of their:
    a. Deficiencies
    b. Suspension of clinical and/or educational duties
    c. A process for improvement in their performance, i.e. remediation
    d. A date for re-review of their performance
    e. Reinstatement of suspended clinical and/or educational duties

Non-Promotion

1. If a program determines that a resident does not meet the competency-based criteria, is not capable of proceeding to the next level of progressive responsibility, and must repeat a portion of the training program, the Program Director must notify the resident in writing of his/her deficiencies and the reason(s) for not being promoted.
2. Non-promotion recommendations should be made by the Clinical Competency Committee and conveyed to the Program Director in writing.
3. The Program Director will then choose to uphold the Clinical Competency Committee's recommendation or not.
4. The Program Director's decision will be conveyed to the resident and GMEC in writing.
    a. Once the Program Director has determined that a resident will not be promoted, COM HR will be notified, and the resident contract will be updated accordingly for the new academic year

Non-Renewal or Dismissal

Continuation in residency programs is contingent upon satisfactory academic and professional performance by the resident. There are instances in which a resident's performance is far below the expected standard and he/she is not able to meet the promotion criteria. In this case, the CCC will make a recommendation to the Program Director (PD) that a resident is not allowed to complete the training program. This could be after a resident receives remediation, is suspended, given a notice of non-promotion, or following an egregious incident. The Program Director will make the final decision as to whether a resident appointment will not be renewed or if a resident will be dismissed immediately.

1. If a program determines that a resident does not meet the competency-based criteria, is not capable of proceeding to the next level of progressive responsibility, and must be removed from the training program, the Program Director must notify the resident in writing of his/her deficiencies and the reason(s) for not being renewed.
2. Non-renewal or Dismissal recommendations should be made by the Clinical Competency Committee and conveyed to the Program Director in writing.
3. The Program Director will then choose to uphold the Clinical Competency Committee's recommendation or not.
4. The Program Director's decision will be conveyed to the resident and GMEC in writing.
    a. COM HR will initiate the process of separation from the University.

Procedure

Promotion Criteria

1. The Program Leadership will review and approve promotion criteria as part of the Annual Program Evaluation.

2. The Program Director will provide the promotion criteria to all residents at the beginning of each academic year.
    a. The Program Director will document that each resident received a copy of the criteria and that the criteria were discussed.

Decision of Promotion/Non-Promotion

1. The Clinical Competency Committee will review each resident at least twice a year, with consideration given to the promotion criteria.
2. The CCC will make a recommendation to the Program Director regarding promotion for each resident.
3. The Program Director may accept or reject the CCC's recommendation. If the Program Director determines that a resident cannot meet the competency-based criteria, the Program Director must notify the resident in writing of his/her deficiencies and of the reason(s) for not being promoted.
4. The resident may appeal this decision in writing.

Non-renewal or Dismissal

1. The Clinical Competency Committee (CCC) will review each resident at least twice a year with consideration given to the promotion criteria.
2. The CCC will make a recommendation to the Program Director regarding non-promotion and non-renewal.
3. If the program determines that a resident's participation in the program is not going to be renewed, FIU will ensure that the resident receives a written notice of intent not to renew no later than four (4) months prior to the end of the contract term which is generally the end of the academic year (June 30th).
4. In the event the primary reason for non-renewal occurs within the four (4) months prior to the expiration of the term, FIU shall provide resident with written notice of its intent not to renew as soon as possible.
5. The Program Director must notify the resident in writing of his/her deficiencies and of the reason for non-renewal.
    a. The resident may appeal this decision in writing as referenced in the Resident Grievances policy.

Related Policies

Resident Agreement of Appointment/Contract, Resident Grievances, Resident Disciplinary Action.

Author	Maryam Shakir	01/24/2020
Revised		02/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/27/2023

Resident Grievances

Policy #: 016.001
Policy Title: Resident Grievances
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose

Florida International University (FIU) has adopted the following policy to serve as the formal process for residents to submit grievances relating to Accreditation Council of Graduate Medical Education's (ACGME)-accredited residency programs at the program and/or institutional level.

This policy addresses ACGME Institutional Requirement IV.E Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest.

Definition

Grievance: A dispute or complaint made by a resident in any ACGME-accredited programs to express dissatisfaction with an act, condition, or decision made by the institution, program leadership, faculty, staff, or peers; such that the act, condition, or decision affecting his or her program of study is arbitrary, illegal, unjust or creates unnecessary hardship. This includes, but is not limited to dismissal, non-renewal of resident contract, or other actions that could significantly threaten a resident's intended career development.

Interpersonal Complaints: These are non-grievable problems.

When an interpersonal problem arises, the resident is encouraged to initially discuss his or her complaint with the person(s) alleged to have caused the problem (resident, faculty member, healthcare provider, etc.). The discussion should be held as soon as the resident becomes aware of the act or condition that is the basis for the complaint.

If the resident is not satisfied with the response, the resident should discuss the problem with their Program Director. Issues can best be resolved at this stage and every effort will be made to achieve a mutually agreeable solution. If the residents' grievance is against a member of the organizational structure (PD, DIO), and cannot be resolved by discussion with that person, the resident should address their grievance to the next level of authority (DIO, Dean) in the process. Interpersonal complaints will not be further addressed in this policy.

Background

The residency program and Program Director (PD) are responsible for the conduct of the program and for the policy on defining satisfactory performance of the resident. The Sponsoring Institution, FIU, wishes to ensure that the application of such policies are not arbitrary, illegal, unjust, or create unnecessary hardship. Therefore, a policy and procedure for addressing resident dissatisfaction is established.

Grievance matters are those relating to the provisions of the Appointment Agreement. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing Graduate Medical Education on the part of any faculty member or representative of the program are subject to the grievance process. Complaints of harassment or sexual harassment will be handled in accordance with the specific published policies of Florida International University and the Herbert Wertheim College of Medicine (HWCOM).

Complaints made by residents against actions on the part of the Program or related faculty members based solely on academic or clinical performance including but not limited to failure to attain the educational objectives or requirements of the training program are not subject to interpretation and therefore cannot be grieved.

Policy

Programs must develop fair and consistent standards for residents. FIU requires that residents be provided a fair and reasonable opportunity for due process and grievance.

If a resident feels that a decision by the Program violates standards of fairness, then the resident is afforded a process whereby individuals outside the program may review such decisions. That process is detailed in the section below. The resident will not be entitled to legal counsel during the grievance process.

Procedure
Grievance Process
The grievance process is specific to grievance matters, as stated above.

If the resident poses a risk to patients or himself/herself, the resident may be immediately removed from clinical duties at the discretion of the Program Director.

Level 1: Informal Resolution

a. The resident will seek to resolve grievance matters, as stated above with the Program Director.

Level 2: Formal Grievance

a. If the grievance is not resolved to the satisfaction of the resident after discussion with the Program Director, the resident has the option to present the grievance, in writing, to the Office of Graduate Medical Education, specifically the Designated Institutional Officer (DIO).
b. The DIO will meet with the resident, the Program Director, and any other person deemed relevant to the grievance to determine the validity of the grievance and to determine the appropriate action to be taken.
c. The DIO will provide the resident with a notification of proposed action in writing.

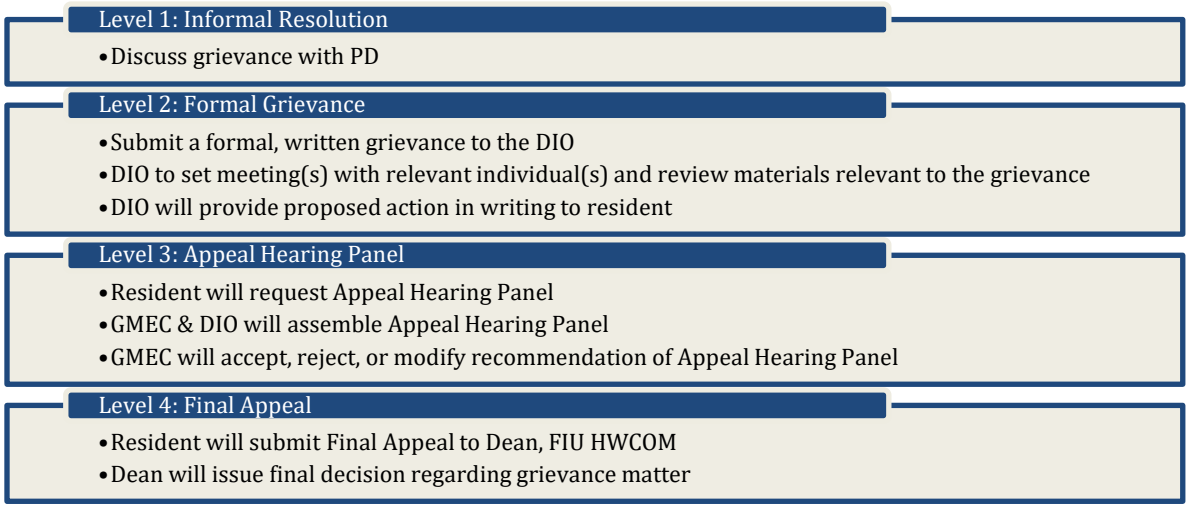
Level 3: Appeal Hearing Panel

a. If the grievance is not resolved to the satisfaction of the resident after discussion with the DIO, the resident has the option to request an appeal hearing.
b. A resident who wishes to request such an appeal hearing must do so within five (5) business days after notification of the proposed action. The resident must:
    i. Submit the request for a hearing in writing to the office of Graduate Medical Education.
    ii. State the reason(s) for the request with a complete description of the basis for the grievance.
c. The GMEC will create an ad hoc committee, the Appeal Hearing Panel, comprised of three persons, with one member of the committee appointed Chair by the DIO.
d. The DIO will arrange the date, time and location of such a hearing.
e. The Chair must convene a meeting of the Appeal Hearing Panel within fifteen (15) business days of receipt of the request for a hearing using the guidelines described below.
    i. The resident may choose to attend or not to attend the hearing.
        1. Failure to request or to attend the hearing will be construed as a waiver of the resident's right to be heard prior to possible disciplinary action. This will also waive the resident's right to any further appeal of the disciplinary action.
    ii. The resident has the right to select a faculty member from their program to serve as their representative at the hearing.
    iii. The Program Director shall designate a person to represent the program at the hearing.
    iv. All parties shall receive adequate notice of the complaint and opportunity to present evidence.
    v. Additional evidence may be requested by the Appeal Hearing Panel.
    vi. The GME office shall document and maintain a transcript of the hearing.
f. Conduct of the Appeal Hearing:
    i. The resident and Program Director shall present evidence, including the testimony of voluntary witnesses.
    ii. Hearing procedures will be considered informal and non-adversarial. FIU Counsel may, at the discretion of the DIO, attend the Appeal Hearing.
    iii. The recommendation of the panel, regarding the findings and proposed actions, will be made within three (3) business days of the hearing date and communicated in writing to the GMEC. The recommendation will state findings and reasons for the recommendation.

g. Receipt of the Appeal Hearing Panel's recommendation
    i. The recommendation(s) of the Appeal Hearing Panel to the GMEC shall be deemed advisory in nature, and may be accepted, rejected or modified, in whole or in part, by the GMEC.
h. Determination of outcome Appeal Hearing Panel
    i. The GMEC shall initiate any action, including disciplinary or corrective action, as appropriate and such action shall be communicated to the resident, Program Director and DIO in writing within three (3) business days of receipt of the Appeal Hearing Panel's recommendations.
    ii. The resident shall be informed of the right to a Final Appeal to the Dean of Florida International University's Herbert Wertheim College of Medicine.

Level 4: Final Appeal

a. If the grievance is not resolved to the satisfaction of the resident after the GMEC determines the most appropriate action the resident will be entitled to a Final Appeal. Such appeal must be submitted in writing to the Dean of FIU HWCOM within five (5) business days of receipt of notice of the GMEC's determination of action.
    i. If such an appeal is not requested within the time indicated, the resident shall be deemed to have waived his/her right to such an appeal and to have accepted the decision of the GMEC.
b. The Dean shall schedule a date for the Final Appeal, including a time and place for oral presentation if such has been requested by the resident.
    i. The Final Appeal shall take place within seven (7) business days after the resident has submitted a request for a Final Appeal.
    ii. The Final Appeal shall include all documentation from previous meetings and appeals. The resident will not be permitted to introduce new information at the Final Appeal.
c. The Dean will issue a final decision within fourteen (14) business days of the Final Appeal, unless more time is required by the Dean. In such case the Dean shall notify the parties of the expected time frame of the issuance of his decision but not to exceed an additional fourteen (14) business days.
d. The decision of the Dean is final and binding. Any action(s) taken in good faith by the Dean addressing the grievance is final.
e. Failure of the Resident to submit his/her concerns to writing, failure to meet time allowances, or failure to be present at any of the above steps constitutes a waiver of his/her right to appeal.



Related Policies
Resident Promotion and Appointment Renewal

Author	Maryam Shakir	11/21/2019
Revised		03/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/27/2023

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Due Process Procedure

Procedure #: 003.000
Procedure: Resident Due Process – Suspensions, Promotions, and Renewals
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following procedure to serve as due process for Residents as required by the Accreditation Council of Graduate Medical Education's (ACGME)-accredited residency programs at the program and/or institutional level.

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

Definitions
Dismissal: A decision implemented by the Program Director upon the recommendation from the Clinical Competency Committee, and/or the result of due process initiated by a Resident, that a Resident be removed from the residency program. This action would take place prior to the end of the current Resident contract term.

Grievance: A dispute or complaint made by a Resident in any ACGME-accredited programs to express dissatisfaction with an act, condition, or decision made by the institution, program leadership, faculty, staff, or peers; such that the act, condition, or decision affecting his or her program of study is arbitrary, illegal, unjust or creates unnecessary hardship. This includes, but is not limited to dismissal, non-renewal of Resident contract, or other actions that could significantly threaten a Resident's intended career development

Interpersonal Complaints: These are non-grievable problems.

When an interpersonal problem arises, the Resident is encouraged to initially discuss his or her complaint with the person(s) alleged to have caused the problem (Resident, faculty member, healthcare provider, etc.). The discussion should be held as soon as the Resident becomes aware of the act or condition that is the basis for the complaint.

If the Resident is not satisfied with the response, the Resident should discuss the problem with their Program Director. Issues can best be resolved at this stage and every effort will be made to achieve a mutually agreeable solution. If the Residents' grievance is against a member of the organizational structure (PD, DIO), and cannot be resolved by discussion with that person, the Resident should address their grievance to the next level of authority (DIO, Dean) in the process. Interpersonal complaints will not be further addressed in this policy.

Non-renewal: a recommendation from the Clinical Competency Committee to not renew the Resident's contract at the end of the contract term. This action would take place prior to a Resident's completion of the residency program.

Non-promotion: a recommendation from the Clinical Competency Committee for the lack of adequate academic performance that leads to repeating all or some of the training requirements.

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

Suspension: a recommendation from the Program Director or the Clinical Competency Committee for removal of a Resident physician from normal duty. During this time, the Resident may attend educational conferences but is not allowed to participate in clinical activities.

Background

The GMEC and Program Director (PD) are responsible for the conduct of the program and for the policy and procedure defining satisfactory performance of the Resident. The Sponsoring Institution, FIU, wishes to ensure that the application of such policies and procedures are not arbitrary, illegal, unjust, or create unnecessary hardship. Therefore, a policy and procedure for addressing Resident dissatisfaction is established.

Grievance and due process matters are those relating to the provisions of the Appointment Agreement. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing Graduate Medical Education on the part of any faculty member or representative of the program are subject to the grievance process. Complaints of harassment or sexual harassment will be handled in accordance with the specific published policies of Florida International University and the Herbert Wertheim College of Medicine (HWCOM).

Complaints made by Residents against actions on the part of the Program or related faculty members based solely on academic or clinical performance including but not limited to failure to attain the educational objectives or requirements of the training program are not subject to interpretation and therefore cannot be grieved. Remediation is not an adverse action and not covered under this procedure, thus remediation is not afforded due process.

Procedure

Promotion Criteria

3. Program Leadership will review and approve promotion criteria as part of the Annual Program Evaluation.
4. The Program Director will provide promotion criteria to all Residents at the beginning of each academic year.
    a. The Program Director will document that each Resident received a copy of the criteria and that the criteria were discussed.

Decision of Promotion/Non-Promotion

5. The Clinical Competency Committee (CCC) will review each Resident at least twice a year, with consideration given to the promotion criteria.
6. The CCC will make a recommendation to the Program Director regarding promotion for each Resident.

7. The Program Director may accept or reject the CCC's recommendation. If the Program Director determines that a Resident cannot meet the competency-based criteria, the Program Director must notify the Resident in writing of his/her deficiencies and of the reason(s) for not being promoted.
8. The Resident may appeal this decision in writing and follow due process as detailed below.

Non-renewal

6. The Clinical Competency Committee (CCC) will review each Resident at least twice a year with consideration given to the promotion criteria.
7. The CCC will make a recommendation to the Program Director regarding non-promotion and non-renewal.
8. In the event that the Program Director determines that a Resident's participation in the program is not going to be renewed, FIU will ensure that the Resident receives a written notice of intent not to renew no later than four (4) months prior to the end of the contract term which is generally the end of the academic year (June 30th).
9. In the event the primary reason for non-renewal occurs within the four (4) months prior to the expiration of the term, FIU shall provide Resident with written notice of its intent not to renew as soon as possible.
10. The Program Director must notify the Resident in writing of his/her deficiencies and of the reason for non-renewal.
    a. The Resident may appeal this decision in writing and follow due process as detailed below.

Decision to Suspend

1. Decisions to suspend may not be made by the CCC as they may be of immediate nature.
    a. If at any time the actions of Residents present a threat to themselves or a threat to the welfare or safety of patients, staff, or others or to the integrity of the program or Institution, the Program Director, in consultation with the GMEC, may immediately prohibit a Resident from participation in all aspects of the training program ("Suspension").
2. The Resident may be given notice of Suspension and the reasons for suspension verbally, with written notice to be provided to the Resident as soon as practicable.
3. At the end of the Suspension, the Program Director shall notify the Resident of further action in writing.
4. The Resident may appeal this decision in writing and follow due process as detailed below.

Due Process

Due process is specific to grievance matters, as stated above. Residents are not entitled to legal counsel throughout the process detailed below.

If the Resident poses a risk to patients or himself/herself, the Resident may be immediately removed, or suspended, from clinical duties at the discretion of the Program Director.

Level 1: Informal Resolution

b. The resident will seek to resolve grievance matters, as stated above with the Program Director.

Level 2: Formal Grievance

d. If the grievance is not resolved to the satisfaction of the resident after discussion with the Program Director, the resident has the option to present the grievance, in writing, to the Office of Graduate Medical Education, specifically the Designated Institutional Officer (DIO).
e. The DIO will meet with the resident, the Program Director, and any other person deemed relevant to the grievance to determine the validity of the grievance and to determine the appropriate action to be taken.
f. The DIO will provide the resident with a notification of proposed action in writing.

Level 3: Appeal Hearing Panel

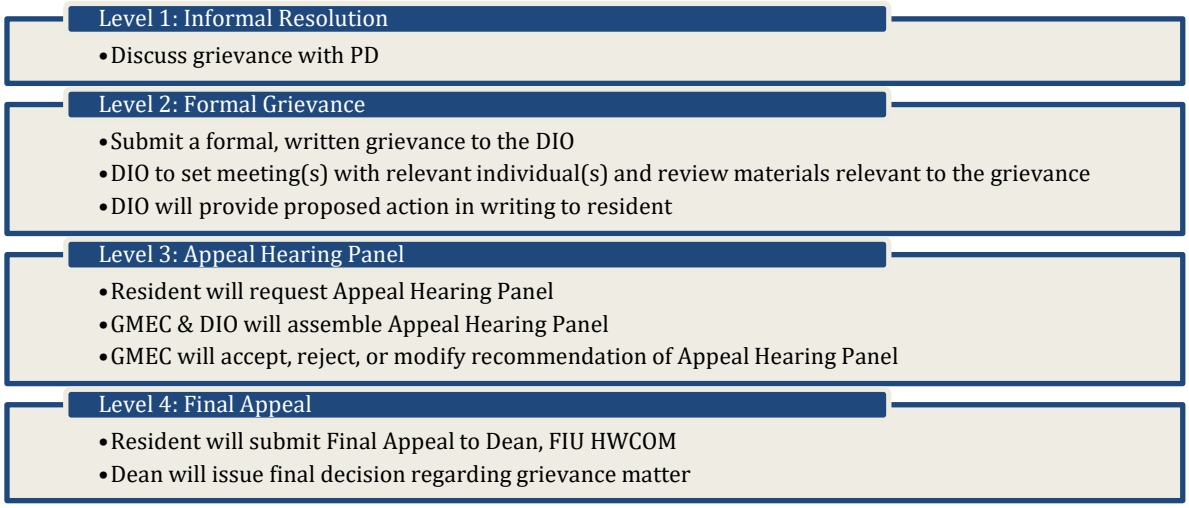
i. If the grievance is not resolved to the satisfaction of the resident after discussion with the DIO, the resident has the option to request an appeal hearing.
j. A resident who wishes to request such an appeal hearing must do so within five (5) business days after notification of the proposed action. The resident must:
    i. Submit the request for a hearing in writing to the office of Graduate Medical Education.
    ii. State the reason(s) for the request with a complete description of the basis for the grievance.
k. The GMEC will create an ad hoc committee, the Appeal Hearing Panel, comprised of three persons, with one member of the committee appointed Chair by the DIO.
l. The DIO will arrange the date, time and location of such a hearing.
m. The Chair must convene a meeting of the Appeal Hearing Panel within fifteen (15) business days of receipt of the request for a hearing using the guidelines described below.
    i. The resident may choose to attend or not to attend the hearing.
        1. Failure to request or to attend the hearing will be construed as a waiver of the resident's right to be heard prior to possible disciplinary action. This will also waive the resident's right to any further appeal of the disciplinary action.
    ii. The resident has the right to select a faculty member from their program to serve as their representative at the hearing.
    iii. The Program Director shall designate a person to represent the program at the hearing.
    iv. All parties shall receive adequate notice of the complaint and opportunity to present evidence.
    v. Additional evidence may be requested by the Appeal Hearing Panel.
    vi. The GME office shall document and maintain a transcript of the hearing.
n. Conduct of the Appeal Hearing:
    i. The resident and Program Director shall present evidence, including the testimony of voluntary witnesses.
    ii. Hearing procedures will be considered informal and non-adversarial. FIU Counsel may, at the discretion of the DIO, attend the Appeal Hearing.
    iii. The recommendation of the panel, regarding the findings and proposed actions, will be made within three (3) business days of the hearing date and communicated in writing to the GMEC. The recommendation will state findings and reasons for the recommendation.
o. Receipt of the Appeal Hearing Panel's recommendation
    i. The recommendation(s) of the Appeal Hearing Panel to the GMEC shall be deemed advisory in nature, and may be accepted, rejected or modified, in whole or in part, by the GMEC.
p. Determination of outcome Appeal Hearing Panel
    i. The GMEC shall initiate any action, including disciplinary or corrective action, as appropriate and such action shall be communicated to the resident, Program Director and DIO in writing within three (3) business days of receipt of the Appeal Hearing Panel's recommendations.
    ii. The resident shall be informed of the right to a Final Appeal to the Dean of Florida International University's Herbert Wertheim College of Medicine.

Level 4: Final Appeal

f. If the grievance is not resolved to the satisfaction of the resident after the GMEC determines the most appropriate action the resident will be entitled to a Final Appeal. Such appeal must be submitted in writing to the Dean of FIU HWCOM within five (5) business days of receipt of notice of the GMEC's determination of action.
    i. If such an appeal is not requested within the time indicated, the resident shall be deemed to have waived his/her right to such an appeal and to have accepted the decision of the GMEC.
g. The Dean shall schedule a date for the Final Appeal, including a time and place for oral presentation if such has been requested by the resident.

i. The Final Appeal shall take place within seven (7) business days after the resident has submitted a request for a Final Appeal.
ii. The Final Appeal shall include all documentation from previous meetings and appeals. The resident will not be permitted to introduce new information at the Final Appeal.

h. The Dean will issue a final decision within fourteen (14) business days of the Final Appeal, unless more time is required by the Dean. In such case the Dean shall notify the parties of the expected time frame of the issuance of his decision but not to exceed an additional fourteen (14) business days.
i. The decision of the Dean is final and binding. Any action(s) taken in good faith by the Dean addressing the grievance is final.
j. Failure of the Resident to submit his/her concerns to writing, failure to meet time allowances, or failure to be present at any of the above steps constitutes a waiver of his/her right to appeal.



Related Policies
Resident Grievances, Resident Promotion and Appointment Renewal

Author	Maryam Shakir	8/25/2022
Revised		
DIO Review	Robert Levine, MD; DIO	
GMEC Approval		8/26/2022

Significant Disruptions in Patient Care and Education

Policy #: 017.001
Policy Title: Significant Disruptions in Patient Care and Education
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to address program and/or institutional disruptions in patient care and education.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education.

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

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

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

Background
It is a primary goal of Florida international University to avoid the reduction in the size of or the closure of the Accreditation Council for Graduate Medical Education (ACGME) accredited program. However, on occasion, decreases in funding, training, faculty issues or related circumstances require closures and/or reductions in the size of a program that is in good standing with the ACGME.

Policy
The Sponsoring Institution will inform the ACGME, GMEC, the DIO, and the faculty and residents as soon as possible when it intends to reduce the size of or close ACGME-accredited programs, or if the Sponsoring Institution intends to close. The Sponsoring Institution will allow residents already in the program to complete their education or assist the residents in enrolling in another ACGME-accredited program(s) in which they can continue their education.

The residency program is responsible for notifying each resident in the program in the event of a reduction or closure in the program or institution. The Sponsoring Institution will provide payment of stipend and benefits up until the conclusion of the term of the existing resident agreement of appointment/contract.

Procedure
Notification of the ACGME and outside entities
1. The DIO will notify the ACGME of any changes to the institution's programs.

2. The institution will provide for proper care, custody, and disposition of residency education records, and appropriate notification to licensure and Specialty Boards.

Notification of GMEC

1. The GMEC will be notified immediately if the Sponsoring Institution decides that a program needs to be reduced in size, a program will be closed, or if the institution will no longer train residents.

Notification of Residents and Faculty

1. Programs will notify residents and faculty about any changes in resident complement or closures as soon as possible. Programs will make every effort to allow residents already in the program to complete their education.
2. Each program must make every effort to assist residents, displaced by closure of the program or by reduction in the number of residents, in identifying a program in which they can continue their education.

Related Policies
N/A

Author	Maryam Shakir	11/25/2019
Revised		08/26/2022
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	04/27/2023

GME Closures and Reductions

Policy #: 018.001
Policy Title: GME Closures and Reductions
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to address program and/or institutional closures and reductions.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, IV.O.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME accredited program(s) in which they can continue their education.

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

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

Background
It is a primary goal of Florida international University to avoid the reduction in the size of or the closure of the Accreditation Council for Graduate Medical Education (ACGME) accredited program. However, on occasion, decreases in funding, training, faculty issues or related circumstances require closures and/or reductions in the size of a program that is in good standing with the ACGME.

Policy
The Sponsoring Institution will inform the ACGME, GMEC, the DIO, and the faculty and residents as soon as possible when it intends to reduce the size of or close ACGME-accredited programs, or if the Sponsoring Institution intends to close. The Sponsoring Institution will allow residents already in the program to complete their education or assist the residents in enrolling in another ACGME-accredited program(s) in which they can continue their education.

The residency program is responsible for notifying each resident in the program in the event of a reduction or closure in the program or institution. The Sponsoring Institution will provide payment of stipend and benefits up until the conclusion of the term of the existing resident agreement of appointment/contract.

Procedure
Notification of the ACGME and outside entities

3. The DIO will notify the ACGME of any changes to the institution's programs.
4. The institution will provide for proper care, custody, and disposition of residency education records, and appropriate notification to licensure and Specialty Boards.

Notification of GMEC

2. The GMEC will be notified immediately if the Sponsoring Institution decides that a program needs to be reduced in size, a program will be closed, or if the institution will no longer train residents.

Notification of Residents and Faculty

3. Programs will notify residents and faculty about any changes in resident complement or closures as soon as possible. Programs will make every effort to allow residents already in the program to complete their education.
4. Each program must make every effort to assist residents, displaced by closure of the program or by reduction in the number of residents, in identifying a program in which they can continue their education.

Related Policies
N/A

Author	Maryam Shakir	11/25/2019
Revised		03/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	05/02/2023

Social Media

Policy #: 019.000
Policy Title: Social Media
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to provide guidance as to the use of social media and/or social networking sites for communication.

Definitions
Social Media: a means of mass communication, including but not limited to blogs, opinion pieces in newspapers and other public forums, online discussion boards, online communities, social networks (defined as application enabling user social communication), microblogs, podcasts, photo and video sharing sites. Examples include, but are not limited to Facebook, LinkedIn, Twitter, Flickr, Snapchat, YouTube and online comment sections.

Background
FIU supports the proper use of social media and/or social networking sites, while recognizing the need to manage the use of social media to protect the reputation of the university, participating hospitals, and clinical affiliates. Additionally, the university endeavors to ensure the privacy of its faculty, staff, and patients.

This policy establishes the standards that enable the appropriate and consistent use of social media by all trainees, and personal use of social media does not interfere with work responsibilities.

Policy
This policy addresses resident usage of social media and/or social networking sites in all contexts, as representatives of Florida International University. The purpose of the policy is to ensure that graduate medical education activities of FIU's Primary Care Internal Medicine Residency Program is not compromised through social media and/or social networking site usage, either by a group or individual residents. The goal of this policy is to promote ethical behavior and professional accountability in FIU residents.

Each member of the university community is expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in the conduct of his or her responsibilities.

General Information
Trainees represent or may be viewed as representing the university, the VAHCS and other participating sites, and the medical community when publishing content online, in print, or otherwise. If you identify yourself as employed or affiliated with FIU, or an affiliate, you must make it clear your views are personal and that you are not a spokesperson of or for these organizations. Trainees should be aware that:

1. All material published on the internet or in news sites should be considered public and permanent.
2. Any information posted on social networking sites may be disseminated (whether intended or not) to a larger audience, and a post may be taken out of context or remain available online in perpetuity.
3. There is no expectation of privacy when using institutional computers and electronic devices.

Professionalism

The tone and content of all electronic conversations should remain professional and courteous. While utilizing social media and/or social networking sites, residents will:

1. Refrain from posting unprofessional images or behavior that may tarnish their professional image and impair their ability to practice medicine effectively, become licensed, and/or participate in positions of trust and responsibility within an institution or within the community.
2. Never post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or any other entity. Never use social media to discriminate or harass any individual based on race, color, gender, religion, national origin, disability, age, veteran status, genetic information or any other characteristic protected by state or federal law.
3. Never use social medial to impersonate another user or mislead a recipient about one's identity

Copyright Law, Proprietary Rights, Advertisements and Endorsements

1. Residents must avoid discussing sensitive, proprietary, confidential, or financial information about any institution. Any posts of the aforementioned nature must be done with prior written authorization by the appropriate official of the respective institution.
2. Residents should not include FIU, participating hospitals, or clinical affiliates in their social media and/or social networking site "brand", i.e. handles, web addresses, or usernames. Unauthorized use of institutional information or logos is prohibited,
3. No institutional phone numbers, email address, or websites may be posted on a website without written permission from an authorized institutional official.
4. Never imply you are endorsing a person or product on behalf of FIU, the VAHCS, or other participating sites or affiliates in print media, social media and/or social networking sites.
5. Do not post advertisements on behalf of FIU, its products or services, or that of its affiliates without official authorization.

Patient Privacy and Confidentiality

Just as in the clinical setting, patient privacy and confidentiality must be protected at all times, including social media and/or social networking sites.

1. Physician and patient privacy and confidentiality are of utmost importance
2. All health care providers have an obligation to abide by the privacy of health information as dictated by the Helath Insurance Portability and Accountability Act (HIPAA)
3. Identifiable Protected health information (PHI) should never be made available on the internet, even if no one other than the patient is able to identify him/herself.
4. Patient images must never be posted online. Patient images should be obtained with written consent, using institutional devices. Patient images must only be stored or transmitted using institutional devices and never posted online.
5. Personal phones, cameras, and other devices must never be used to photograph or record patients; they must also not be used to receive, store, or transmit identifiable information about patients.
6. Residents should not relay patient room numbers or refer to them by any other names in any social media post.
7. Transitions of care and/or sign out must not be done by routine email or data sharing sites that have not been previously approved by the university.

HIPAA Compliance and Physician-Patient Interactions

1. Residents should not associate with patients on social media and/or social networking sites, nor should they review patients' profiles on these sites.
2. It is not appropriate to provide specific medical advice to a patient on social media.

3. Social media and/or social networking communication and interaction is subject to the same criteria of professionalism as in-person communication.
4. Resident should consistently monitor their internet presence to ensure their personal and professional information is accurate and reflects their professional conduct.
5. Residents should ensure they have implemented appropriate privacy settings to avoid inadvertent dissemination of personal information to others outside of their control.

Procedure

The permissible and prohibited practices herein are not exhaustive. Any communication between residents and/or faculty with social media and/or social networking sites that appears to be associated with FIU should be conducted in a professional manner, abide by copyright law and proprietary rights, and maintain patient privacy.

1. Residents should practice the best practices for privacy in social media, including but not limited to, enhancing the privacy settings on all social media sites.
2. Limit Internet use for social networking to your personal time only. If using a device owned by FIU or participating sites, you must abide by FIU or the site's device policies as applicable.
3. Residents, faculty, and GME staff are encouraged to report violations to FIU's Office of GME and program leadership. Violations involving PHI should be reported according to site policies and should include privacy and information security officers for both the site and FIU.
4. This policy governs all GME programs sponsored by FIU. However, the Miami VAHCS and other participating sites may have additional policies related to the use of social media that are more restrictive, residents are subject to the policies of their respective teaching sites while performing clinical duties at the site.

Author	Maryam Shakir	11.17.2020
Revised		
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	12.1.2020

Vendor Interactions

Policy #: 020.001
Policy Title: Resident Vendor Interactions
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to clarify vendor interactions between representatives and corporations with FIU residents.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs.

Definitions
Lending Institution
Any entity (other than an institution of higher education or a governmental entity such as the U.S. or Florida Department of Education) involved in the making, holding, consolidating or processing of any student loans.

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

Background
Vendors, contractors, patients or others may offer gifts or gratuities to employees of FIU. FIU employees are prohibited from using or attempting to use their position(s) in order to obtain special benefits or privileges for themselves or others. Offerings may represent a potential for conflicts of interest, or the appearance of such, on part of the employee and FIU. FIU employees, their spouses and children must not accept or request anything of value if it might be perceived as influencing the employee's actions.

In addition, pharmaceutical and medical device companies may use non-monetary gifts, financial compensation, personal visits, educational events, and other strategies in an attempt to influence prescribing or other medical practices.

Policy
This policy addresses resident 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 of FIU's Primary Care Internal Medicine Residency Program is not compromised through vendor influence, either as a group, or through interactions with individual residents. The goal of this policy is to promote ethical behavior and professional accountability in FIU residents.

Procedure
The permissible and prohibited practices herein are not exhaustive. Any interaction between residents and/or faculty with vendor representatives that has the appearance of undue influence in clinical or academic practices is discouraged.

Residents train at participating sites and it is possible they will encounter differing policy statements on various aspects of vendor interactions and conflicts of interest. This policy will supersede policies of other institutions that are in conflict with FIU's policy on vendor interactions unless the participating site has a more restrictive policy.

Pharmaceutical Samples
The acceptance by a resident of free pharmaceutical samples for delivery to patients is prohibited. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents and faculty.

Vendor gifts
"Gifts" refers to items or services having an attributable value. Gifts include real property; the use of any property; a preferential rate or terms on a transaction; forgiveness of a debt;
transportation; lodging; parking; food or beverage; dues and fees; tickets; plants and flowers; personal services; invitations to participate in social events, entertainment or recreational opportunities; and promotional items.

Residents may not accept a personal gift if it is given for the purpose of influencing a work-related decision; as such, residents cannot accept a gift themselves, or on behalf of FIU, 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.*

A resident may accept a personal gift if it is unsolicited and is not from a vendor or manufacturer of a health care product or from a representative of any such vendor or manufacturer. If the gift value is over $100, the resident must contact the Compliance Office of FIU.

A gift of any value may be accepted by an employee on behalf of the University, provided the gift is promptly and properly transferred to the University through the FIU Foundation.

Gifts from Lending Institutions
All Florida International University officers and employees are prohibited from accepting anything of more than nominal value on their own behalf or on behalf of another person or entity from any Lending Institution.

Food and Beverages
The provision of food and beverages by vendors is not permitted at FIU facilities or at off-campus events held by FIU or any of its faculty. In off-campus events not sponsored by FIU residents can accept and consume food and beverages provided by others under limited circumstances. Food and beverages incidentally provided at an event may be accepted when the resident is attending because the Program Director or Department Chair has determined the event is related to the resident's job duties and necessary for training purposes. Incidental means the resident would attend the event regardless of whether food and beverages were provided, and the food and beverages are provided to all attendees at the site of the event and are part of the official program. Food and beverages may also be accepted and consumed at events sponsored by civic, charitable, specialty or job-related professional organizations, governmental or community organizations. In other situations, residents should refrain from accepting gifts of food and beverages from vendors or non-profit entities created and supported by vendors.

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 through FIU, in which the donor(s) specifically identified 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 (actual costs) of the educational activity.
2. The donation is made to programs, divisions or departments for general educational purposes and not for individual residents or fellows.

3. No individual is specified by the vendor as the recipient of funds for travel, accommodation, meeting registration, or books.
4. No industry representative may participate in or market at on- or off-site educational events.
5. Sponsorship complies with ACCME standards.
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 on the proper use or calibration of a product already acquired by FIU or participating site. In such cases, the vendor may be present as a consultant solely to advise on the specific device and must not market other products. Teaching or supervising physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing, and patients/surrogates must confirm consent. Vendors must be clearly identified so that they are not mistaken as clinical staff.

Vendors may sponsor resident training on equipment already in use at FIU or an affiliated institution. In situations where the training is to take place at a non-FIU site, the vendor may not contribute to a specific resident's travel, housing, or per diem expenses incurred as part of the training. Vendors may contribute to an unrestricted grant that the program could use to reimburse residents for travel costs and per diem according to FIU 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 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 participating in such activity must report for duty hour purposes the actual time spent in the activity, must also disclose to the Program Director the amount of any compensation offered, including non-monetary items, and submit a Conflict of Interest form. If approved in advance by the Program Director, the resident or fellow must also submit a request as per the Resident Clinical Educational Work Hours Policy.

Purchase Decisions

1. If a resident is appointed to committees with charge for vendor decisions, the following conditions apply:
    a. Residents must disclose to the committee chair the following in writing prior to joining the committee or influencing purchasing and submit a Conflict of Interest form.
    b. The names of vendors from whom the resident has ever accepted gifts or funding including research funding, speaker fees, visiting professorships, advisory board compensations, travel funds, etc.
    c. The amount of compensation received per year for each discrete financial relationship with each vendor.
2. When a resident 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:
    a. Recuse him/herself from the committee's discussion of that vendor's product and any competing products under consideration.
    b. The resident must not attempt to persuade or dissuade fellow members of the committee from voting for the product, nor vote on the product in question or its competitors' products.
    c. 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. The Program Director must

communicate this policy to their residents as part of the Program orientation and reinforce it through inclusion in Program handbooks and other information sites for resident reference.
Programs should provide training to residents on vendor relations and conflicts of interest, including reference to this policy and other relevant institutional policies. The Program Director is encouraged to include assessment of vendor interactions as part of the semi-annual review process. Programs should correct actions as they arise to ensure compliance with the policies described herein.

Related Policies
FIU Gift Policy 140.131

Author	Maryam Shakir	01/21/2020
Revised		03/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	05/02/2023

Non-Compete

Policy #: 021.001
Policy Title: Resident Non-Compete
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose
Florida International University (FIU) has adopted the following policy to ensure that residents are not restricted by non-competition in their agreement of appointment/contract.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.M. Non-competition The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

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

Background
The ACGME institutional requirements state that ACGME-accredited programs are prohibited from including a non-competition clause in resident agreement of appointments/contracts. Therefore, residents are not restricted by a non-compete in return for fulfilling their educational obligations.

Policy
Resident physicians enrolled in FIU-sponsored residency programs shall not be required by the Sponsoring Institution to sign any type of non-compete agreement or restrictive covenant for the benefit of FIU.

Author	Maryam Shakir	01/21/2020
Revised		03/22/2023
DIO Review	Robert Levine, MD; DIO	
GMEC Approval	Reviewed and approved	05/02/2023

Resident Supervision & Accountability

IM Policy #: 001.000
Policy Title: Resident Supervision & Accountability
Sponsor: Robert Levine, MD; PD
Approved by: IM Faculty

Purpose
Florida International University (FIU) has adopted the following policy for its ACGME-accredited Internal Medicine (IM) residency program to elaborate upon resident supervision.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) IM program requirement IV.A.3.: Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision and VI.A.2.: Supervision and Accountability, VI.A.2.e) Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).along with Institutional Requirement IV.J. Supervision: IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirement. These standards are not meant to comply with standards required for billing purposes.

Definitions
Direct Supervision: The supervising physician is physically present with the resident during the key portions of the patient interaction. PGY-1 residents must initially be supervised directly in the key portions of the patient interaction.

Indirect Supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available for guidance and is available to provide appropriate Direct Supervision.

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

PGY-1 residents: Residents that should be supervised either directly or indirectly. The achieved competencies under which PGY-1 residents can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME IM Program Requirements.

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

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

Program Faculty: Any individuals who have received a formal assignment to teach resident physicians. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location. The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents; administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.

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

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

Background
All residents provide patient care under the auspices of an attending physician appropriately credentialed and privileged in their specialty and who serves as the physician of record or the treating physician for the patient.

Although the attending physician is ultimately responsible for the care of the patient, each physician shares in the responsibility and accountability for their efforts in the provision of care.

Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. A resident will be expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

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

The appropriate level of supervision depends on the individual resident's level of competency as determined by their knowledge, skill, and attitudes. The appropriate level of Program Faculty supervision for each resident is determined by the responsible Program Faculty and Program Director. The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of resident supervision, including oversight of levels of resident supervision inconsistent with this GME Policy.

There must be a readily identifiable and accessible attending physician for all services available 24/7. The resident must provide the patient with the attending physician's name whenever requested, including the name of the covering attending. In order to facilitate safe, reliable, rapid patient care in the context of resident training the following is required:

1. Each service must have a single consistent-on-call contact number 24/7.
2. Each service chief (or designee) is responsible for maintaining an accurate calendar of the resident-on-call and the responsible supervising attending physician for days, nights, and weekends.

3. The calendar must contain the resident-on-call, the supervising attending, and their contact numbers. If the resident carries the service pager, then the attending's contact number (not an office number) must be provided so that the attending can be reached urgently by their residents or other health care providers.
4. If the attending physician is not reachable, then the service chief (or program director) should be called to support the resident. Thus, each monthly calendar must also include the Service Chief's 24/7 contact number.

In the course of residency training, circumstances and events may arise in which residents *must communicate* with appropriate supervising faculty members. These include but are not limited to:

1. Admission to the hospital
2. Admission to the ICU
3. Unstable patient
4. Unexpected transfer of a patient to a higher or lower level of care or, to another service
5. An unexpected patient death
6. An adverse event
7. An identified medical error
8. Appropriate supervision for invasive procedures the resident is not credentialed to perform
9. Before discharge from the hospital, Emergency Department, or an ambulatory site
10. Change of code status and other end-of-life decisions
11. Any situation, including administrative issues, in which the resident believes faculty input is necessary
12. Before a first-year resident orders a consult

Any concerns about inadequate or inappropriate levels of supervision should be addressed by the program leadership, with involvement of the GME Office and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about resident supervision to the attention of the GME Leadership.

Procedure

The quality of a resident's GME experience involves a proper balance between educational quality and the quality of patient care. In the Primary Care Internal Medicine Residency Program, the level of resident supervision must ensure the highest quality, safety, and effectiveness of patient care. Appropriate levels of resident supervision during educational and patient care activities include the following guidelines:

Level of Supervision

4. The level of resident supervision must be consistent with the educational needs of the resident. This also includes supervision of activities that may influence learner safety (i.e., clinical and educational work hour limitations, stress).
5. The level of supervision must be appropriate for the individual resident's progressive responsibility as determined by the resident's level of education, competence, and experience. The program must demonstrate that the appropriate level of supervision is in place for all residents.

Determination of Progressive Responsibility

6. There are multiple layers of supervision of resident educational and patient care activities, including supervision by an advanced-level resident. Advanced-level resident supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the Program Faculty and Program Director.
7. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care earned by each resident must be assigned by the program director and faculty members.
    a. The Program Director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

    b. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents.
    c. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.
8. The program must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).
    a. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
9. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
10. The program must delineate whether direct, indirect (available in house or at home), or oversight supervision is required for each resident and experience, and whether this is provided by an attending or higher-level resident.
    a. PGY1 residents should be supervised directly; or indirectly with direct supervision immediately available (on premises).
    b. Each program, in compliance with their ACGME program requirements, must delineate when a PGY1 may be supervised indirectly with direct supervision immediately available.
11. The program must maintain a roster of the residents and delineation of the level of supervision required for each resident for common procedures of that specialty. The roster must be updated and accessible through the Sponsoring Institution's Learning Management system

Communication with Supervising Faculty
Residents must communicate with appropriate supervising faculty members in the following circumstances:

13. Admission to the hospital
14. Admission to the ICU
15. Unstable patient
16. Unexpected transfer of a patient to a higher or lower level of care or, to another service
17. An unexpected patient death
18. An adverse event
19. An identified medical error
20. Appropriate supervision for invasive procedures the resident is not credentialed to perform
21. Before discharge from the hospital, Emergency Department, or an ambulatory site
22. Change of code status and other end-of-life decisions
23. Any situation in which the resident believes faculty input is necessary
24. Before a first-year resident orders a consult

Related Policies
N/A

Author	Maryam Shakir	11/27/2019
Revised		05/31/2023
PD Review	Robert Levine, MD; DIO	06/01/2023
Faculty Approval	Reviewed and approved	06/08/2023

Resident & Faculty Well-Being

IM Policy #: 002.000
Policy Title: Resident & Faculty Well-Being
Sponsor: Robert Levine, MD
Approved by: IM Faculty

Purpose
Florida International University (FIU) has adopted the following policy for its ACGME-accredited Internal Medicine (IM) residency program to elaborate upon support services provided to residents and faculty to promote well-being.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Internal Medicine Program Requirement, which requires policies that encourage optimal resident/fellow and faculty member well-being.

Background
Florida International University's IM Program, in accordance with applicable laws and the requirements of accrediting agencies, provides residents with support services to maintain their well-being.

Policy
This policy serves to ensure that each FIU-sponsored graduate medical education (GME) program addresses the well-being of its residents and faculty.

Violations of this policy will be referred to the appropriate management personnel for follow-up and for applicable sanctions.

Procedure
To ensure compliance the institutional support services below will be available to residents and faculty.

Accommodations for Disabilities
FIU is committed to providing reasonable accommodation to employees and students with disabilities if requested. To that end, FIU will provide reasonable accommodations in the workplace for qualified individuals with disabilities unless to do so would result in an undue hardship to FIU or would pose a direct threat to the health or safety of employees or patients of FIU's participating GME sites. Requests for accommodations for residents and fellows with disabilities will be handled in accordance with the Americans with Disabilities Act and should be directed to the Office of Inclusion, Diversity, Equity, & Access. https://diversity.fiu.edu/contacts/.

Confidential Counseling:
All FIU employees are eligible to participate in all Office of Employee Assistance programs and services. https://hr.fiu.edu/employees-affiliates/assistance-wellness/. Confidential counseling services are available during normal business hours; after-hour services are provided by protocol call services and may be accessed by phone or online. The Resident Policy and Procedure Manual provides details of coverage.

Physician Impairment and Substance Abuse:
FIU is responsible for providing a safe-working environment for the residents in GME training programs. It is also responsible for assuring the safety of patients as well as those who work around them and ensuring that residents are physically and mentally capable of performing their clinical and educational duties. Residents must undergo reasonable cause drug and/or alcohol testing as a condition of the appointment. Continued participation as a resident in the GME program is contingent upon participation in as well as the results of the substance abuse testing conducted at the request of

FIU at any point during employment. FIU is a Drug Free Workplace. Violations can result in disciplinary action up to and including termination. A violation may also be reason for evaluation and treatment of a drug and/or alcohol disorder or further disciplinary action.

Policies Regarding Sexual or Other Forms of Harassment:
Complaints of sexual or other forms of harassment will be handled in accordance with FIU-105 Sexual Harassment (Title IX) and Sexual Misconduct file:///C:/Users/Liz%20Marston/Downloads/FIU-105-2020-08-13%20(15).pdf and FIU-106 Nondiscrimination, Harassment and Retaliation (Title VII) file:///C:/Users/Liz%20Marston/Downloads/FIU-106-2018-06-08%20(24).pdf.

Related Policies
FIU-105 Sexual Harassment (Title IX) and Sexual Misconduct; FIU-106 Nondiscrimination, Harassment and Retaliation (Title VII); ; Resident Impairment; Resident Services

Author	Maryam Shakir	09/01/2020
Revised		05/25/2023
PD Review	Robert Levine, MD; PD, DIO	05/31/2023
Faculty Approval	Reviewed and approved	06/07/2023

Clinical Experience and Education Work Hours

IM Policy #: 003.000
Policy Title: Clinical Experience and Education Work Hours
Sponsor: Robert Levine, MD; PD
Approved by: IM Faculty

Purpose
Florida International University (FIU) has adopted the following policy for its ACGME-accredited Internal Medicine (IM) residency program to elaborate upon the clinical and education work hours.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Internal Medicine Program *Requirement VI.F. Clinical Experience and Education:*
Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities and Institutional Requirement IV.J. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

Definitions
Supervising Physician: Is a physician, either faculty member, or senior resident designated by the Program Director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Background

FIU's IM residency program is committed to and is responsible for promoting quality of care and patient safety as well as resident well-being. The program acknowledges the frequent need for the effacement of self-interest in the course of patient care but would like to foster a humanistic environment that supports the professional development of physicians and ensures the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must be given priority in the allotment of residents' time and energy. Clinical work and educational assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Policy

The IM Program Director is responsible for ensuring that residents in the program are not exceeding their clinical work and educational limitations. All residents and faculty will receive a copy of the clinical experience and education policy. Clinical work and education will be monitored by the Program Director or designee on an ongoing basis to ensure compliance. All residents are required to input their clinical work and education hours into the program software database on at least a weekly basis. The Program Director, Program Faculty, and Chief Resident(s) are charged with monitoring the demands of all call activities and making the necessary adjustments in scheduling to deal with excessive service demands and/or fatigue. Residents are encouraged to proactively notify the Program Director without fear of reprisal when their schedule indicates a violation of the clinical experience and education policy. Residents may also refer to the policy on Resident Grievances.

Procedure

All resident work schedules shall be in compliance with Accreditation Council of Graduate Medical Education (ACGME) clinical work and education requirements. Clinical work and education are defined as all clinical and academic activities related to the graduate medical education program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical work and education do not include reading and preparation time spent away from the duty site.

1. Maximum Hours of Clinical and Educational Work per Week
    a. The scheduled work week shall not exceed 80 hours per week, averaged over a four-week period, inclusive of in-house clinical and education activities, clinical work done from home, while on call, and all moonlighting which must have prior approval from the Program Director as outlined in the resident moonlighting policy, and program specific policies.
2. Mandatory Time Free of Clinical Work and Education
    a. The program must design an effective program structure that is configured to provide residents with educational opportunities for rest and personal well-being.
    b. Residents should have 8 hours off between scheduled clinical work and educational periods.
        i. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour average and the one-day-off-in-seven requirements.
    c. Residents must have at least 14 hours free of clinical and educational work after 24 hours of in-house call activities.
    d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. At home call cannot be assigned on these free days.
3. Maximum Clinical Work and Educational Period Length
    a. Clinical and Educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
    b. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes that residents have appropriate support from

their clinical teams, and that they are not overburdened with clerical work and/or other non-physician responsibilities.

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

4. Clinical and Educational Work Hour Exceptions
    a. In rare circumstances, after handing off all other responsibilities, a resident, on his or her own initiative, may elect to remain beyond their scheduled period of duty or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events.
    b. These additional hours of care or education will be counted toward the 80-hour weekly limit.
    c. The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.
5. Moonlighting
   Moonlighting is further discussed in the Institutional Resident Moonlighting Policy.
    a. Residents are not required to engage in moonlighting.
    b. A resident can request to moonlight but can only moonlight with written permission from the Program Director.
    c. The Program Director, Program Coordinator, and/or Supervising Physicians will monitor the effect of moonlighting activities on a resident's performance in the program; adverse effects on clinical performance may lead to withdrawal of permission to moonlight.
        i. It is the resident's responsibility to inform the Program Director of moonlighting hours.
        ii. Further details on moonlighting are addressed in the Moonlighting Policy.
    d. The Program Director may prohibit moonlighting by residents.
    e. PGY-1 residents are not permitted to moonlight.
6. On Call & Night Float
    a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
        i. Residents must not be assigned more than two months of night float during any year of training, or more than four months of night float over the three years of residency training. Residents must not be assigned more than one month of consecutive night float.
    b. Residents must be scheduled for in-house call no more frequently than every-third night.
    c. Time spent on patient care activities by residents on at-home call must count towards the 80-hour average maximum weekly hour limit. The frequency of at-home call is not subject to the every-third night of call restriction noted above; at-home call must satisfy the requirement for one-day-in-seven free of duty clinical work and education, when averaged over four weeks.
        i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
    d. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour weekly maximum

Related Policies
Resident Grievances, Resident Moonlighting

Author	Maryam Shakir	09/01/2020
Revised		05/31/2023
PD Review	Robert Levine, MD; DIO	06/01/2023
Faculty Approval	Reviewed and approved	06/08/2023

Resident Promotion and Remediation

Policy #: 004.000
Policy Title: Resident Promotion and Remediation
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose

Florida International University (FIU) has adopted the following policy to delineate promotions criteria for its Primary Care Internal Medicine residency program.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement IV.D.1: The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment

Background

Residency is essential to the transformation of the medical student to an independent practitioner along the continuum of medical education.

A resident is expected to progressively increase his or her level of proficiency in order to advance within a residency program.

This policy is to ensure that residents' progress through each year of residency with the appropriate knowledge, skills, and attitudes needed to assume progressive responsibility for patient care. This policy allows residents to track their progression with a full understanding of what is required to move to the next level of training.

Policy

For a resident to complete the FIU Primary Care Internal Medicine residency program, he or she must successfully meet the following standards.

The resident must exhibit clinical and academic performance and competence consistent with the curricular standards and the level of training undergone. If critical deficiencies are identified in the resident, remediation procedures will be initiated. Remediation will be monitored as stated in the Primary Care Internal Medicine program's Remediation Procedure and added to the resident's academic portfolio.

The resident must satisfactorily complete all assigned rotations as supported by evaluation documentation in each Post Graduate Year (PGY).

Recommendations regarding promotion to the next level of residency are made by the Clinical Competency Committee and the final decision to promote a resident to the next post-graduate year is made by the Program Director.

PGY1

- The resident must pass a complete clinical skills exam (direct observation by faculty) with a score of 80 or above.
- The resident must receive an overall "Satisfactory" evaluation in all of his or her required rotations.
- The resident must successfully pass an OSCE.
- The resident must not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee.
- The resident must be continually eligible to practice medicine on a limited license in Florida
- The resident must complete the GME returning resident orientation.
- The resident must be compliant with all FIU policies including, but not limited to, being up to date with his or her duty hour log.

PGY2

- The resident must successfully complete an OSCE exam
- The resident must pass USMLE Step 3 by 24 months of residency
- The resident must receive an overall grade of "Satisfactory" or above on all required rotations
- The resident must have completed a minimum of two of the five of each required ABIM procedure (see Procedure Policy)
- The resident must not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee
- The resident must be continually eligible to practice medicine on a limited license in Florida
- The resident must complete the GME returning resident orientation
- The resident must have up-to-date ACLS certification
- The resident must be compliant with all FIU policies including, but not limited to, being up to date with his or her duty hour log
- The resident must complete a board study plan and have it approved by the resident's APD*
- The resident must have completed and logged all required ABIM procedures and required procedures as determined by the Program Director

PGY3

- The resident must receive an overall grade of "Satisfactory" or above on all required rotations
- The resident must not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee
- The resident must be continually eligible to practice medicine on a limited license in Florida
- The resident must have completed or is on track to complete an approved scholarly activity
- The resident must present an approved Senior Talk
- The resident must be compliant with all FIU policies including, but not limited to, being up to date with his or her duty hour log
- The resident must have completed and logged all required ABIM procedures and required procedures as determined by the Program Director
- The resident must complete the GME/HR/ and MSM IM exit procedures
- The resident must be performing as "Satisfactory" or above in all six ACGME competencies
- The Program Director must determine that the resident has had sufficient training to practice medicine independently as evidenced by meeting the goals above and a final summative assessment.

Procedure

The Program Director must certify that the resident has fulfilled all criteria to move to the next level in the program. The resident must demonstrate professionalism, including the possession of a positive attitude and behavior, along with moral and ethical qualities that can be objectively measured in an academic and/or clinical environment.
The resident must achieve a satisfactory score on program-specific criteria required in order to advance in accordance with ACGME guidelines.

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

Process and Timeline for Promotional Decisions

Reappointment agreements are prepared based on the residency Program Director's recommendation for promotion. When a resident will not be promoted to the next level of training, the Program will provide the resident with a written notice of intent no later than four months prior to the end of the resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.

If a resident's appointment agreement is not going to be renewed, the residency Program must notify the resident in writing no later than four months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four months of the contract period, the residency Program must give the resident as much written notice as possible prior to the end of the appointment agreement expiration.

For more information concerning adverse events, refer to the Resident Grievance Policy.

Related Policies
N/A

Author	Maryam Shakir	03/22/2023
Revised		
PD Review	Robert Levine, MD; DIO	05/31/2023
Faculty Approval	Reviewed and approved	06/08/2023

Internal Medicine Vacation and Leaves of Absence

IM Policy #: 005.000
Policy Title: Internal Medicine Vacation and Leaves of Absence
Sponsor: Robert Levine, MD; PD
Approved by: IM Faculty

Purpose
Florida International University (FIU) has adopted the following policy for its ACGME-accredited Internal Medicine (IM) residency program to elaborate upon vacation and leaves of absence.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) *Internal Medicine Program Requirement VI.C.2. VI.C.2.a) VI.C.2.b)* There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.

Definitions
Personal leave: Leave that is used by the resident for vacation, bereavement, maternal/paternal leave, or Family and Medical Leave Act.

Wellness leave: Leave that is used by the resident for wellness, medical appointments, and/or serious illness.

Background
FIU and the ACGME entitles residents to leave with pay for the purpose of vacation and sick leave, during the training period July 1st through June 30th, as described in this section.

The maximum time a resident can be away from an internal medicine program in any given year is determined by the requirements of the internal medicine specialty board. If specialty board regulations for vacation and sick leave accrual and usage differ from that outlined in this policy, the Program Director will provide the DIO written notice of the applicable specialty board regulation and seek approval for a modification of this policy. Please note that this procedure is in conjunction to the HWCOM Institutional Policy on Resident Vacation and Leaves of Absence.

Procedure

Personal Leave

1. Residents are permitted twenty (20) paid days per year to be used for personal time off.
2. Residents are permitted ten (10) paid days per year to be used for wellness, elaborated upon below.
3. Any absence in excess of that which is permitted by specialty-specific boards may increase length of training.
4. The residency program needs to make appropriate arrangements with any department that may be affected by the resident's leave.
    a. Responsibility for meeting the certification requirements of the specialty board rests with the individual resident and Program Director.

Personal Leave is chosen as part of an annual block schedule. Residents provide their preference from a list of scheduling options provided to them. Residents are provided their schedules on a first come, first served basis. The following year, scheduling options will be given in descending order from the previous year. Vacation is then added to Medhub as part of the yearly schedule for each resident; the IM program coordinator will also input vacation entries into Panthersoft on behalf of the resident.

Planned Wellness Days

Planned Wellness Days must be submitted at least 45 days in advance on Medhub as an absence request. This is a requirement of the Miami Veterans Affairs Medical Center as cross coverage must be managed across various clinics. You will receive notice of approval or denial of your request via Medhub.

Unplanned Wellness Days

Unplanned Wellness Days are to be utilized for acute illness, fatigue, family emergency, and parental leave. Please notify a supervising attending and program coordinator(s) as soon as possible so that coverage can be obtained for your scheduled duties. Please also submit your absence request via Medhub at your earliest convenience. If you are ill for more than 2 consecutive scheduled shifts, a doctor's note will need to be submitted along with your absence request.

COVID-19

Residents should inform Program Leadership along with their supervising attending when they first develop symptoms of COVID-19. Ideally, residents will be put on sick leave for 5 days from the onset of symptoms. After this isolation period, residents may return to the site. Coverage will be provided as needed.

Time Lost from Residency

Time lost from residency training must be made up according to the specifications of the Accreditation Council for Graduate Medical Education, the Internal Medicine Residency Review Committee (IM-RRC) and at the discretion of the Program Director.

Remuneration for time off, beyond the specified paid vacation and health coverage, is not guaranteed. It will be at the discretion of the Program Director.

1. Requests for additional paid time off must be approved by the Office of Graduate Medical Education and the DIO.

2. If the leave taken exceeds that which is allowed by the program, the resident may be required to extend his/her training to fulfill Board requirements.

Vacation and leaves of absence may extend the length of training for residents, depending on length of absence and internal medicine board eligibility requirements. Teammates should assist colleagues in need and equitably reintegrate them upon return.

No Vacation Days
There are certain days in the academic year during which residents are not permitted to request vacation time. This ensures that all residents are available on site for important program activities that cannot be re-scheduled.

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

1. In-Training Exams
2. Objective Structured Clinical Examinations (OSCEs)
3. Orientation
4. Emergency Medicine rotations
5. Intensive/Critical Care rotations
6. General Wards rotations

Related Policies
Institutional: Resident Vacation and Leaves of Absence Policy

Author	Maryam Shakir	03/22/2023
Revised		
PD Review	Robert Levine, MD; DIO	05/31/2023
Faculty Approval	Reviewed and approved	06/08/2023

Resident Remediation Procedure

Procedure: Resident Remediation Procedure
Sponsor: Robert Levine, MD; DIO
Approved by: Graduate Medical Education Committee

Definition
Informal Remediation: Early intervention strategy, prior to a formal remediation, to address deficiencies acknowledged and/or documented by supervising attendings that may preclude a resident from meeting promotions criteria.

Formal Remediation: Intervention strategy that occurs when deficiencies are significant enough to warrant formal documentation by supervisors as informal remediation failed or issues are substantial; resident is in danger of not meeting promotions criteria.

Purpose
Florida International University (FIU) has adopted the following procedure to address the specific deficiencies and remediation strategy associated with a struggling resident. The purpose of remediation is not punitive, but rather collaborative in order to help improve the performance of the resident, build confidence and knowledge.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Internal Medicine Program Requirement V.A.1.d) The program director or their designee, with input from the Clinical Competency Committee, must: meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, develop plans for residents failing to progress, following institutional policies and procedures.

Background
FIU has determined that a resident's training must be graduated, with increasing levels of responsibility as required by the ACGME. Through the attainment of knowledge, clinical competence, and skill, a resident will progressively gain independence in patient care. At the conclusion of the program, the resident will be capable of independent practice having attained these skills and the ability to continue life-long learning. This process will be known as progressive responsibility.

Residents will advance to higher levels of responsibility upon successful completion of program goals and objectives in the core competencies as defined by the ACGME. Ultimately, training should develop the resident into an independent practitioner. However, when academic deficiencies are identified by the faculty or Clinical Competency Committee (CCC), residents will receive individualized remediation plans to address deficiencies as recommended by the CCC and approved by the Program Director.

Procedure
The Clinical Competency Committee (CCC) meets, at a minimum, on a quarterly basis to review resident progress. At these meetings, if the CCC determines that resident is failing to progress as appropriate for their level of training, the CCC may make recommendations for an adverse action (see Policy on Promotions, Non-renewal of Contract). Based on the promotion criteria found below, the CCC will provide recommendations to the Program Director to promote, not promote and/or dismiss a resident through a non-renewal of contract. The CCC will assess each learner on the 6 milestone domains and their sub-competencies utilizing the scales below, respectively.

Concerns from faculty and supervising attendings may be communicated to the CCC, Program Director, or Associate Program Director. These concerns may lead to remediation as discussed below.

Milestone Competency
Not observed
Unsatisfactory
Conditional on Improvement
Satisfactory
Superior

Sub-competencies
Not observed
Level 1: Novice, beginning intern; critical deficiencies
Level 2: Developing learner; advanced intern or junior resident
Level 3: Advanced learner; advanced junior resident or senior resident
Level 4: Graduation target; senior resident
Level 5: Aspirational, role model or coach

If the CCC believes that resident progress is not sufficient, or is not likely to be sufficient, for promotions (see promotions criteria, Appendix I), then an *informal* or formal remediation procedure will be prompted at the discretion of the Program

Director or designee. Remediation procedures will automatically be prompted for residents that score ≤35th percentile on the Internal Medicine In-training Exam.

Informal remediation will be at the discretion of the Program Director and may be followed by a formal remediation procedure. The process will be determined as appropriate by the Program Director or designee.

The formal remediation procedure will be as follows:
In the absence of a patient safety concern, where the Resident is immediately placed on administrative leave, remediation procedures may include:
A verbal or written notification from the Program Director or designee that remediation is to take place
A formal meeting between the Resident and the Program Director or designee to discuss Resident deficiencies
A formal Letter of Concern (Appendix II) sent to the Resident
Weekly meetings to discuss Resident progress with Program Director or designee
Final evaluation of the Resident to see if he/she meets expectations delineated in the Letter of Concern
Recommendations made to the PD or designee
Expectations met, continued monitoring not required
Expectations met, continued monitoring required
Expectations not met; further remediation required
Expectations not met, dismissal and/or non-renewal of contract
PD or designee accepts or rejects recommendations
PD or designee relays final decision to resident

Related Policies
Resident Promotion and Appointment Renewal

Author	Maryam Shakir	9/14/2022
Revised		
PD Review	Robert Levine, MD	10/20/2022

Appendix I

Promotions Criteria
PGY1
The resident must:

- Be continually eligible to practice medicine on a limited license in Florida
- Be compliant with all FIU policies including, but not limited to, being up to date with his or her clinical and educational hour log
- Successfully pass summative OSCE
- Receive an overall grade of "Satisfactory" or above on all required rotations
- Meet, at a minimum, all "Level 2" criteria for all milestone sub-competencies
- Not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee

PGY2
The resident must:

- Be continually eligible to practice medicine on a limited license in Florida
- Be compliant with all FIU policies including, but not limited to, being up to date with his or her clinical and educational hour log
- Re-certify for ACLS before PGY3
- Successfully pass summative OSCE
- Satisfactorily complete a QI/Patient Safety Project
- Pass USMLE Step 3 by March 1st of PGY2
- Complete a board study plan and have it approved by the resident's APD
- Receive an overall grade of "Satisfactory" or above on all required rotations
- Meet, at a minimum, all "Level 3" criteria for all milestone sub-competencies
- Not have any professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee

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PGY3
The resident must:

- Be continually eligible to practice medicine on a limited license in Florida
- Be compliant with all FIU policies including, but not limited to, being up to date with his or her clinical and educational hour log
- Complete and log all required procedures
- Complete an approved scholarly activity
- Successfully pass a summative OSCE
- Meet all requirements of the American Board of Internal Medicine.
- Receive an overall grade of "Satisfactory" or above on all required rotations
- Perform at "Satisfactory" or above in all six ACGME competencies
- Meet, at a minimum, all "Level 3" criteria for milestone sub-competencies.
- Not have any professionalism or ethical issues that preclude him or her from independent practice in the opinion of the Clinical Competency Committee
- Complete GME/HR/IM exit procedures
- Have sufficient training to practice medicine independently as evidenced by meeting the goals above and a final summative assessment. To be determined by the Program Director.

Appendix II

Formal Letter of Concern

Click or tap to enter a date.

Dr. *Type resident name*

On behalf of the *Type name of residency program* Clinical Competency Committee (CCC) and *Type program director name,* this letter is to inform you that you are placed on remediation, for concerns with your clinical performance to date as more fully detailed below. This letter serves as official notification of a need to resolve issues of performance. The dates for this plan run from *Click or tap to enter a date.* to *Click or tap to enter a date.*

This decision is based on *Insert Sources of Information, examples: formal review of all evaluations, consensus from the CCC, specific complaints from nurses/patients/residents/faculty* and constitutes our expert opinion as educators in *Type Name of Residency Program*.

Based on this Information the following specific areas of concern have been identified:

Remediation Plan Template

Competency	Deficiency	Action Plan	Outcomes	Deadline
Ex. Medical Knowledge	Deficiency in appropriately prioritizing problem lists within cont. clinic and rotations.	Direct observation by 2 or more faculty per week Monitor timely and accurate completion of documentation and patient encounters	2 or more written evals by faculty or direct observation every week Continuous monitoring of timely completion of notes by cont. clinic attendings	
	Resident has not satisfactorily completed academic plan which involved several assignments with due dates and recurrent feedback	Direct observation of 2 or more faculty per week Self-guided studying for Step 3		
		Remediation plan: MK assignments/AAFP modules, weekly readings, and 20 AAFP questions per week	Remediation plan: Weekly AAFP scoresheets AAFP Journals Readings with case study focus	

Date	Expectations Met?	Areas for Further Improvement
Remediation Initiated (D1)		
W1 Check in (D8):		
W2 Check in (D15):		
W3 Check in (D22):		
W4 Check in (D29):		
Final Evaluation (D30):		

This plan has been formulated in accordance with the residency program and institution's policies, and has been reviewed by the CCC, among others.
If each of the above issues are successfully remediated this letter will *Choose an item.*

It is our hope that you will complete this period of *Choose an item.* and acquire a better understanding of yourself and the skills necessary to continue as an *Choose an item.* physician.

Failure to achieve and sustain improvement will result in additional action, which may include among other remedies:

- ☐ Remediation
- ☐ Probation
- ☐ Non-Promotion
- ☐ Non-Renewal of Contract
- ☐ Termination

You should be aware that steps such as remediation, academic probation, extension of training, and termination can be reported to the American Board of Internal Medicine, state licensing agencies, and future employers. Please review FIU GME Policy 015.000 Resident Promotion and Appointment Renewal.

Signatures:
By signing this document, the resident indicates that he/she has met with the program director and has discussed and reviewed this document.

_____
Resident Name Click or tap to enter a date.

_____
Program Director Name Click or tap to enter a date.

_____
Additional Name Click or tap to enter a date.

_____
Additional Name Click or tap to enter a date.

FIU
Miami VAHCS
The TQCVL confirms that an HPT is:

- enrolled in or accepted into the accredited or VA sponsored training program and has had primary source verification of appropriate qualifications and credentials as required by the admission criteria of the training program;
- qualified, and has the required credentials, to participate in the accredited training program as agreed to by the sponsoring institution, affiliated participating institutions, and the VA;
- eligible for appointment to a Federal Government position;
- physically and mentally fit to perform the essential functions of the training program; and
- immunized following current CDC guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.

A TQCVL is required for all HPTs. Stipend-paid HPTs must be US citizens, therefore non-US citizen documentation only pertains to WOC HPTs.

A TQCVL is required for all HPTs. All VA appointed stipend-paid and WOC trainees are protected from personal liability while participating in training at a VA healthcare facility. Protection is provided under the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d). The liability, if any, of the United States for injury or loss of property, or personal injury or death shall be governed exclusively by the provisions of the Federal Tort Claims Act.

A TQCVL confirms that the trainees listed are physically and mentally fit to meet the requirements of their training program. The letter attests to the HPT's health status and ensures that the trainee has appropriate tuberculosis and immunization screenings recommended for healthcare workers, as per State and/or CDC requirements and VHA policy. A fully executed TQCVL serves as documentation of these requirements and is accepted in lieu of the pre-placement examination and evaluation.
(Based on: OHRM Bulletin - HR Professionals Webinar: Policy Updates to VA Handbook 5019, Employee Occupational Health Service (Thursday, November 9, 2017) and HR Questions and Answers, Pre-placement Physical Exams 11.9.17)

Trainees listed on the TQCVL must meet all criteria stated in the document as is appropriate to each individual. If a trainee does not meet these criteria they should not be listed on the TCQVL. Trainees are not permitted to participate in a clinical rotation until they meet the criteria on the TQCVL and, as applicable, until reasonable accommodations are made to meet these requirements. Only after a trainee meets all criteria may a new TQCVL be submitted with their name added to the HPT list. Program directors should inform the VA DEO of any pending issues for a specific HPT. Unqualified trainees MUST NOT be listed on the final TQCVL.

Once a TQCVL has been submitted to the DEO, a program director has up to 72 hours to inform the VA DEO of any changes in the academic status of individual trainees, adverse actions that affect the trainee appointment, or changes in the trainee health status that pose a risk to the safety of trainees, other employees, or patients.

The TQCVL verifies the following items for all listed trainees:
Non-US Citizens:

VA appointment of all non-US citizen HPTs must be approved by the Medical Center Director or Designee. The Medical Center Director's acceptance signature on the TQCVL denotes approval. Non-US citizens are not authorized to receive a stipend and must not be appointed in a VA paid status. Non-US citizen trainees must meet all program enrollment criteria. Programs must ensure that a US citizen trainee will not be displaced by appointing a non-US citizen at the VA. Non-US citizens who are not legally entitled to reside, or work, in this country are not eligible for Federal appointment.

Prior to appointment of a non-US citizen the following must be confirmed:

- Documented proof of immigrant, non-immigrant, or exchange visitor status:
  - Appropriate visa (J-1, J-2, H-1B, H-4, E-3) status; (other visas require discussion between DIO and DEO and may need decision of VA General Council); or
  - Permanent Resident Card (formerly "Green Card"); or
  - Deferred Action for Childhood Arrivals (DACA) trainee, Employment Authorization Document (Form I-766).

HPTs must have a US social security number (SSN) prior to beginning the VA pre-employment, on-boarding process. HPTs not eligible to apply for an SSN are not eligible for a VA appointment and must perform their clinical training at a non-VA facility.

Appointment of non-US citizen trainees must be approved by the Medical Center Director or Designee. Acceptance and signature on the TQCVL denotes approval. Otherwise a or separate approval letter must be obtained and filed in the onboarding case file.

Selective Service System:
Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. Male for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are barred from any position in any Executive Agency. Program Directors can ask trainees to visit
https://www.sss.gov to register, print proof of registration or, if not registered, apply for a status information letter (SIL). The SIL denotes one's requirement for registration, and, if applicable, exemption from the registration requirement.

Male Under Age 26	https://www.sss.gov Print proof of registration letter **OR** Register and print proof of registration letter
Male Over Age 26	https://www.sss.gov Print proof of registration letter **OR** Apply for Status information letter (SIL)

Males who are required to register but who failed to do so by their 26th birthday are **barred from any position in any Executive Agency.**

Personal Identity and Credentials Verification:

• All trainees will be issued a Personnel Identify Verification (PIV) credential. Trainees must possess and provide two, official pieces of government ID. The trainee's full, legal name, as it appears on the IDs, will be the name submitted to VA on the TQCVL. A list of acceptable IDs may be found on the following VA website.
https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf
• States have begun issuing Secure Driver's Licenses (Real ID https://www.dhs.gov/real-id). Be sure trainees have sufficient IDs to receive a PIV.

All trainees must have had primary source verification of educational credentials as required by the admission criteria of the training program. Requirements vary based on type of health professional and the training program and may include:
• Reference letters, primary source verification of current and past license(s), registration(s) in any field, or certification(s) through the state licensing board(s) and/or national and state certification bodies. As well as Drug Enforcement Administration (DEA) registration as required by the training program;

• International medical school graduates have had primary source verification of the Educational Council for Foreign Medical Graduates (ECFMG) certificates as appropriate;

• All licensed trainees must be screened against the National Practitioner Data Bank (NPDB). This may apply to some post-degree associated health trainees who have obtained licensure. Queries can be done at or through your credentialing or graduate medical education office. https://www.npdb.hrsa.gov/

• As a rule, students are not listed in the national practitioner database unless they were previously licensed, for example a dental student with a degree as a Registered Nurse (RN).

• All trainees must be screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE) https://exclusions.oig.hhs.gov/. The LEIE is an OIG compiled list of individuals who are currently excluded from participation in Medicare, Medicaid and all other Federal healthcare programs. Trainees found on in the LEIE are NOT eligible for VA appointment.

For paid trainees receiving a stipend in VA sponsored programs, the program director of must ensure that the local VA facility has documentation of screening against the NPDB, as appropriate, and that the LEIE has been reviewed.

Health Requirements:
See Appendix A: Healthcare Guidelines for TQCVL document

Physically and Mentally Fit to Perform Essential Functions: Trainees must be physically and mentally able to perform essential functions required by their training program.

• If the trainee is in **a VA sponsored program (accredited in VA's name)**, the VA program director must review documentation that there has been a physical examination performed in the last year. Trainees should be apprised of the VA's conditions of employment and provide required physical examination information.

• Trainees covered by a TQCVL are considered to meet the essential requirements of their training program with or without accommodations.

Free from Communicable Disease: Trainees must be free of communicable disease and conform with the following requirements.

The affiliate, or VA program director, must ensure that the trainee has obtained TB screening. Trainees should be apprised of the VA's conditions of employment and provide required TB screening information per CDC guidelines or State requirements. In cases where the trainee has not completed their TB screening by the first day of their rotation, the VA facility will refuse the trainee appointment until the required health screenings have been performed.

• Annual TB screening may be required for trainees and would consist of:

1. Initial baseline testing upon hire: either Tuberculin Skin Test (TST) or Interferon–Gamma Release Assays (IGRAs) following current CDC recommendations

2. Annual or serial screening: Determined by state regulations and/or VHA facility annual risk assessment outcomes.

Trainees in multi-year programs who require annual TB screening may receive annual TB screening at the VA facility.

• The affiliate, or VA program director, must ensure that the trainee has completed the hepatitis B vaccination series or has signed a declination waiver. Trainees should be apprised of the VA's conditions of employment and provide required hepatitis B vaccination information. In cases where the trainee has not started or completed their hepatitis B vaccination series by the first day of their rotation, the VA facility will refuse the trainee appointment until the required health screenings/vaccinations have been performed or a declination waiver has been signed.

• The affiliate, or VA program director, must ensure that the trainee has met VHA policy on influenza vaccinations. Currently, that means the trainee has obtained annual influenza vaccination not later than November 30th of each year. Trainees that decline vaccination must wear a face mask while at the VA healthcare facility throughout the influenza season.

• When requested, the affiliate must be able to provide the VA with individual trainee health examination (physical) and evaluation (vaccination) documentation.

***NEW* Checklist for HPTs Training at VA Facilities: Am I Eligible?**
To assist Affiliates and program directors with verifying and collecting certain information for the TQCVL, a new *Checklist* has been created. Give the checklist to the trainees and enlist their help in determining that they are eligible for VA appointment. https://www.va.gov/oaa/app-forms.asp If a trainee cannot comply with any of the items on the checklist, then they are not eligible for VA appointment, cannot perform training at the VA, and should not be listed on the TQCVL HPT List of Trainees.

NOTE: Eligibility does not confirm HPT suitability. All trainees also undergo either a special agreement check screening or background investigation.

The Trainee Qualifications and Credentials Verification letter (TQCVL) is confirmation that the HPT is fit to perform the essential functions, physical and mental, of the training program, immunized following current Center for Disease Control (CDC) guidelines and eligible for VA appointment.

Items to Review for Health Screen:
• Evidence of physical examination and evaluation in the past 12 months
• Evidence that the HPT meets the physical requirements of the training program
• Evidence of Tuberculosis screening
• Evidence of Hepatitis B vaccine, natural infection/recovery, or appropriate declination waiver

• Assurance that the HPT will be immunized for seasonal influenza by November 30th of every year OR wear a mask when at a VA healthcare facility

Interpreting Physical Examination:
Trainees covered by a TQCVL are verified to be in satisfactory physical condition to meet the requirements of their training program. HPTs should provide to the signer of the TQCVL evidence of a physical examination performed in the past 12-months stating they are able to meet the physical demands of the position. The US Office of Personnel Management (OPM) specifies three levels of "Physical Demand" factors:
Level 8-1 – The work is sedentary with no special physical demands
Level 8-2 – The work requires some physical exertion above average agility and dexterity
Level 8-3 – The work requires considerable and strenuous physical exertion

Interpreting Tuberculosis TB Screening Testing:
If a trainee has received TB screening outside of VA the following guidance on how to interpret this screening will assist in reviewing the results. Additional details may also be found on the CDC website.
https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

1. The two-step Mantoux tuberculin skin test (TST) should be used for baseline or initial testing.
• Potential results:
o Positive — consider the HPT as TB infected
 A second TST is not indicated
 HPT should be evaluated for TB disease
 Seek assistance from EMPLOYEE /OCCUPATIONAL HEALTH
o Negative — consider the HPT as not TB infected
o Document result

2. TB blood testing performed for baseline or initial screening does not require two-step testing and is not affected by BCG vaccination.
• Potential results:
o Positive — consider the HPT as TB infected
 HPT should be evaluated for TB disease
 Seek assistance from EMPLOYEE /OCCUPATIONAL HEALTH
o Negative — consider the HPT as not TB infected
o Document result

Interpreting Hepatitis B Testing Results:
Hepatitis B serologic testing involves measurement of several hepatitis B virus (HBV)-specific antigens and antibodies. Different serologic markers or combinations of markers are used to identify different phases of HBV infection and to determine whether a patient has acute or chronic HBV infection, is immune to HBV because of prior infection or vaccination, or is susceptible to infection. Additional details may also be found on the CDC website.
https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm

How Do I Interpret Hepatitis B Serologic Test Results?	Results	Clinical State
Serologic Marker		
HBsAG	Negative	Susceptible
anti-HBc	Negative	

anti-HBs	Negative	
HBsAG	Negative	Immune due to natural infection
anti-HBc	Positive	
anti-HBs	Positive	
HBsAG	Negative	Immune due to hepatitis B
anti-HBc	Negative	vaccination
anti-HBs	Positive	

If you have additional questions, consider contacting your Employee/Occupational Health for further guidance.

JMH

Health Insurance Portability and Accountability Act {HIPAA)

PRIVACY AND SECURITY OF HEALTH INFORMATION

Of the many types of personal information, *health information* is among the most sensitive. The Health Insurance Portability and Accountability Act of 1996 (known as HIPAA) is federal legislation that protects the privacy and security of patients' health information. Protected health information under HIPAA includes oral, written or electronic information that relates to an individual's physical or mental health or the provision of health care to an individual or
payment for health care. Protected health information can pertain to a health condition or payment in the *past, present or future.*

HIPAA is divided into three main components: Standards for "computer to computer" electronic transactions, information system security standards and privacy standards. The HIPAA privacy regulations delineate the permissible uses and disclosures of *protected health information.* Under the privacy regulation, persons who deal with protected health information as part of their job must access, use, collect or disclose only the minimum health information that is necessary to complete their work-related task. Uses or disclosures of health information that do not relate to an individual's treatment, payment for treatment or health care operations will generally require specific authorization signed by the patient, unless there is an exception provided in the regulation. HIPAA also requires that there be appropriate and reasonable *administrative, technical and physical safeguards* to protect the privacy of individuals' health information.

As employees, we must ask ourselves, "Why does the confidentiality of health information need to be protected?" Aside from possible sanctions from the federal government for noncompliance, it is the *right thing to do* in order to assure patients that their right to privacy is respected. Patients will:

- Be more open with healthcare providers if they are assured that their sensitive health information will be kept confidential;
- Know that their sensitive health information will not be released to unauthorized entities; and
- Will not worry that they will be discriminated against because of their health information.

I understand that the Health Insurance Portability and Accountability Act (HIPAA) has established privacy and security standards that I must adhere to in the daily responsibilities of my job at the Jackson Health Systems. I also understand that Jackson Health System has adopted a HIPAA Policies & Procedures manual, which I must adhere to. In accordance with the level of access of my job description, I must respect and keep patient information confidential whether in oral, written or electronic format as mandated by the HIPAA regulation and

Jackson Health System HIPAA policy. Unauthorized disclosure of patient information may result in disciplinary action up to and including termination,

Employee Signature Date

Print Name Position/Title

Department Campus

Needlesticks and Occupational Exposure to Bloodborne Pathogens

Residents who experience a needlestick or occupational exposure to bloodborne pathogens are required to follow the guidelines of the institution where the exposure occurs as listed below:

Immediate Actions

- ❒ Immediately wash the exposed area immediately with soap and water or flush mucus membrane.
- ❒ Immediately notify your clinical supervisor (Attending Physician) of an accident or injury occurring while on the job.
- ❒ Follow the treatment plan established by the health care providers evaluating the exposure.
- ❒ During the day, residents must go to the Employee Health Department at the site where the exposure occurred.
- ❒ Off-hours and on weekends residents should go to the Emergency Room of site where the exposure occurred.
- ❒ The clinical site will provide immediate medical evaluation and treatment including a supply of post-exposure prophylaxis if appropriate. Ongoing care will be provided by ……(not sure how to word this…is it an FIU entity or their personal healthcare provider?)
- ❒ The incident must also be reported by the resident to the program (does this mean program director)
  - During the day, this must be done immediately following initial treatment (preferably while at the Employee Health Department at the hospital).
  - If off-hours, a message with the resident's contact number must be left.

Blood-Borne Pathogen Training

All residents/fellows are required to receive an annual training in blood-borne pathogens.

Initial training is done at orientation for all new residents/fellows at each clinical site. The annual training renewal is part of the Institutional Curriculum requirements. The training is through the HealthStream web-based courses.

_____

Resident/Fellow (print Last name, First)

Program:_____

Program Director: _____

The ACGME common program requirements allow for greater flexibility within an established framework to provide programs and residents discretion to structure clinical experiences that best support professional development. This added flexibility caries responsibilities for residents, who must recognize when they are too fatigued to provide safe, high quality patient care and to programs and faculty who must ensure that residents remain within the 80-hour maximum limit. The following institutional clinical and educational work hour (duty hour) statement outlines the minimum requirements that each program must follow. In addition, each program must have a written policy on resident/fellow clinical and educational work (duty) hours. In developing of such policy, consideration should be given to the educational opportunities for and personal well-being of the residents/fellows, and the needs of the patient, including patient safety, and continuity of care. All policies must be in compliance with the policies, procedures and requirements of the Florida International University Herbert Wertheim College of Medicine (FIU HWCOM) and the requirements of all relevant accrediting bodies (i.e., Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC)).

Clinical and educational work (Duty) hours are defined as all required clinical and academic activities and include patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, moonlighting/extra-credit rotations, clinical work done from home, scheduled academic activities (i.e., conferences, morning report, lectures, etc.), and research that is a required part of the residency/fellowship program. It does not include reading and preparation time spent away from theFIU HWCOM and its affiliated hospitals.

The requirements are as follows:

- ❒ Clinical and educational work hours are limited to no more than 80 hours per week, averaged over a 4-week period inclusive of in-house call, clinical and educational activities, clinical work done from home and all moonlighting/extra credit.
- ❒ Residents/fellows must be provided with 1 day (defined as a continuous 24 hour period) in 7 free from all clinical and academic activities, averaged over a 4-week period. At home call may not be assigned on these free days.
- ❒ Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four (4) hours of additional time may be used for activities related to patient safety such as providing effective transitions of care and/or resident education. Additional patient care responsibilities must not be assigned during this time.
- ❒ Residents/fellows should have eight (8) hours off between scheduled clinical and educational work periods. There may be instances when the resident chooses to stay to care for a patient or return to the hospital with fewer than eight (8) hours free. This flexibility may be exercised within the context of the 80-hour and the one-day-off-in-seven requirements.
- ❒ Residents must have at least 14 hours free of clinical work and education after 24-hours on in-house call.
- ❒ Night float experiences must occur within the context of the 80-hour and one-day-off-in-seven requirements.

- ❒ In-house call must occur no more frequently than every third night, averaged over a 4-week period. Program Directors must be notified if residents/fellows trade call schedules. Such trading should not violate the every third night restriction.
- ❒ PGY 1 residents are not allowed to take primary at-home call.
- ❒ At-home call is not subject to the every-third-night limitation, but must not be so frequent or taxing as to preclude rest or reasonable personal time. Time spent on patient care activities by residents on home call must count towards the 80-hour maximum weekly limit. Residents/fellows taking at-home call must have 1 day in 7 free from all clinical and academic responsibilities, averaged over a four-week period.
- ❒ Residents/fellows must have the written permission from the Program Director to participate in extra credit rotations at any HWCOM affiliated hospital.
- ❒ All extra credit rotations must be part of the program and therefore, count toward the 80-hour duty hour limit.
- ❒ If moonlighting is permitted by the program, the resident/fellow must get permission from the Program Director to participate, and that all hours worked must be approved by the Program Director and count towards the 80-hour work week (see Moonlighting/Extra Credit).

All residency and fellowship programs must comply with UConn SOM's duty hour restrictions as well as any restrictions specified by their respective RRC. Resident/fellow programs may not request an exemption from these restrictions.

The Graduate Medical Education Committee (GMEC) is responsible for monitoring compliance with the duty hour requirements. Recording of duty hours must be performed electronically in MyEvaluations.com or another GME-approved electronic format.

I agree to comply with the Duty Hours policy as detailed above and by my Program Director.

Signed:_____ Date:_____
Resident/Fellow

I have reviewed the Duty Hour requirements for my program with the resident/fellow.

Signed:_____ Date:_____
Program Director

Dress code

Residents/fellows are expected to be professionally dressed, well-groomed and must maintain a professional demeanor. It is very important to promote an appropriate view of the institution, build patient trust and maintain a safe work environment. Appearance should conform to the standards/norms of the clinical and nonclinical setting in which the resident/fellow is working.

This policy outlines minimum standards; programs and hospitals may have more stringent requirements which should be followed.

Supervisors have the right to determine the appropriateness of compliance with this policy. A resident/fellow that is deemed inappropriately dressed may be sent home and appropriate corrective action may be taken.

Identification

The ID badge and coat (if applicable) for the hospital currently training in should be worn and clearly visible for all clinical encounters. Badges should be worn above the waist.

If lost or stolen, the police department of the appropriate hospital should be contacted as soon as possible to make arrangements for replacement and reporting.

ID badges are the property of the hospital and must be returned upon termination of training and employment.

Footwear

All employees must wear shoes that are appropriate to their job. Shoes should be clean and in good repair. Closed-toed shoes are required in patient care areas and areas where extra protection may be needed (research labs). In addition, OSHA requires that protective clothing/covering be worn that will prevent blood or other potentially infectious materials from reaching the skin.

Flip-flops, slippers, open toed shoes and excessively high-heeled shoes are examples of inappropriate footwear.

Clothing

Clothing should fit properly, be clean and in good condition. Business casual is appropriate for most areas. Do not wear clothing that is non-professional in appearance, length, or fit such as:

- Any clothing including lab coats that are soiled or torn
- Shorts, skorts, miniskirts shorter than above the knee or deeply slit skirts
- Cut offs, overalls, leather pants, legging, stretch pants or sweatpants
- Bare shoulders, midriff, or backs (Tank or tube tops, halter tops, spaghetti straps or strapless tops or dresses)
- Any attire that is considered provocative or exposing undergarments (too tight, low cut, below the waist or sheer clothing)
- Scrubs should only be worn in the operating room (pre and post as well) unless indicated by the program's dress code.

Grooming and Hygiene Standards

Good personal hygiene and cleanliness is an essential part of providing high-quality service. Patients, guests and staff have a right to expect general cleanliness and good oral hygiene. Hair should be worn to prevent contamination or cause a safety hazard. Facial hair should be neatly trimmed and maintained. Some things to avoid:

- Fragranced lotion, perfume or cologne
- Smoke odors
- Artificial nails, extenders and embedded jewelry

Holidays

Residents are subject to the schedules given to them by their PD, local directors, and/or designee. They will not receive extra time off for observed holidays. During any such holiday, Residents will take part in regularly scheduled clinical and educational work activities as usual. If a resident is not scheduled to report during a holiday, they may enjoy the holiday free of clinical and administrative duties.

Forms

Resident Acknowledgement of Learning Objectives

I, Click or tap here to enter text., acknowledge that I have received the learning objectives for the Choose an item. service/rotation.

Click or tap here to enter text.

_____

Signature of Resident

Click or tap to enter a date.

_____

Date

Policy and Procedure Compliance Attestation

I, _____, hereby certify that I have read the Policies and Procedures of
(PRINT NAME)

the FIU VAHCS Primary Care Internal Medicine Program and am responsible for adhering to the information contained therein.

Click or tap here to enter text.

_____
Signature of Resident

Click or tap to enter a date.

_____
Date

Drug and Alcohol Policy Consent Form

Definitions
Drug test: A toxicological test of an individual's urine for evidence of the prohibited drug use. FIU will test for the following drugs: marijuana, cocaine, opiates (including morphine, codeine, heroin), four (4) semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone), amphetamines (including methamphetamine, amphetamine), and phencyclidine (PCP).
Note: FIU and the Veterans Administration do not allow the use of medical marijuana or other cannabis products by actively practicing healthcare professionals. This includes cannabidiol (CBD) products which may contain amounts of THC that result in positive toxicology testing.

Program Leadership: Program Director, Office of Employee Assistance, Office of Employee Labor Relations

I hereby consent to allow a third party facility to take a specimen of my urine and/or blood and submit it to a laboratory testing service for a pre-employment, random, or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of the drug test available to Program Leadership of Florida International University

I understand that refusal to be tested or any attempt to affect the test results or test sample will result in withdrawal of any provisional employment offer I have received from Florida International University or termination of employment, depending on when the results are received.

I agree to hold harmless and release from all claims Florida International University and its agents (including the third-party facility conducting drug testing) from any liability arising in whole or part out of the collection of specimens, testing and the appropriate use of the information from such testing.

Resident Name: _____

Resident Signature: _____

Date: Click or tap to enter a date.

Moonlighting Form

Resident Disclosure & Request for Approval of Moonlighting Activities

Disclosure of Proposed Moonlighting

1. Resident Name: _____
2. Residency Program: _____
3. Training Year: _____
4. Specific description of the activity: _____
5. Name of institution/organization in which the services will be provided:
   _____
6. Dates on which moonlighting activities will commence _____ and end _____
7. Average number of moonlighting hours worked per week: _____
8. Maximum length of shift: _____
9. Amount of time off (number of hours) between end of moonlighting and the beginning of the scheduled accredited program: _____
10. Source(s) of compensation for moonlighting: _____
11. Will professional fees be billed for this activity? (Check one)

☐ Yes, professional fees will be billed for my moonlighting activities.
☐ No, professional fees will not be billed for my moonlighting activities.

I, _____, hereby certify that I have read the Moonlighting Policy for
(PRINT NAME)

Residents in its entirety and am responsible for adhering to its policies and procedures, and information contained therein.

_____ _____
Signature Date

Resident Travel Request Form

Resident Name: _____
Personnel Number: _____
Program: _____
Name of Conference: _____
Location of Conference: _____
Dates of Travel: _____ to _____

☐ Attending ☐ Presenting

_____
Coordinator or Program Director Signature

NOTE: Residents are subject to FIU travel request and reimbursement policies and procedures.

FMLA Form

https://hr.fiu.edu/wp-content/uploads/sites/61/2016/11/Certification-of-Health-Care-Provider-for-Employees-Serious-Health-Condition.pdf